EMOTIONAL EXPERIENCES OF PARTICIPANTS IN ALL-MALE PSYCHOTHERAPY GROUPS

by

SHAHIEDA JANSEN

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Supervisor: Professor Kopano Ratele

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DECLARATION

I declare that the thesis

EMOTIONAL EXPERIENCES OF PARTICIPANTS
IN ALL-MALE PSYCHOTHERAPY GROUPS

is my own work and that all the sources I have used or quoted have been indicated
and acknowledged by means of complete references.

Cape Town, 11/11/15

Place, date

Ms Shahieda Jansen
Student number: 6722-377
ACKNOWLEDGEMENTS

- I am grateful to my husband, Prince Destiny Ugo, for introducing me to the kind of masculinity that I had always yearned for.

- Every time my niece and nephew address my brother, Sulayman Jansen, as Abatie (father) I am reminded that I am a privileged witness to his courageous journey into fatherhood.

- The willingness of the men’s group participants to risk positive changes in their lives bestows on me the honour of ‘masculine affirming’ female.

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ABSTRACT

Studies indicate that, except for anger, many men tend to avoid expressing their feelings, especially those feelings indicative of personal vulnerability and emotional dependency (Levant, Hall, Williams, & Hasan, 2009). Men are frequently portrayed as lacking the ability to recognise, own and find words with which to express their feeling experiences; this is captured by the term alexithymia (Levant, Hall, Williams, & Hasan, 2009). Defined by ‘restrictive emotionality’, alexithymia literally indicates ‘without words for emotions’. Roland Levant has contended that men who are strongly influenced by ideas of traditional masculinity tend to be alexithymic (Levant, Hall, Williams, & Hasan, 2009).

The central aim of this study was to focus on and understand the emotional experiences of participants of all-male or gender-homogenous group psychotherapy of this study. The study used a qualitative approach to understand how men emotionally engage or do not engage and express their emotions. Men who had been in all-male group psychotherapy were purposively selected to participate in this study. In-depth interviews guided by a semi-structured questionnaire were conducted and analysed according to the thematic analytic method.

This study explored and described the accounts of lived emotional engagements of male participants in an all-male psychotherapy group. The study sought to highlight the significance of an explicit masculine framework with male emotions within a framework of non-deficit assumptions. The non-deficit approach to men privileges the strengths and unique contributions that men make as partners and fathers (Dollahite & Hawkins, 1998).

This study aspired to demonstrate that a gender-conscious model in working with male emotions enhances men’s capacity for a quality and depth of emotional engagement that echoes the more optimistic research on the male capacity for self-reflection and openness to subjective transformation (Kiselica, 2003).
KEY TERMS

Psychotherapy
Male
Gender
Masculinities
Emotions
Group psychotherapy
Men’s group
All-male psychotherapy groups
Behavioural change
Therapeutic interventions
Health
Health promotion
Therapeutic strategies
Violence prevention
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Chapter 1

INTRODUCTION TO THE STUDY

1.1 General background

Researchers report varying degrees of emotional avoidance and adherence to “traditional” masculinities among men (Rabinowitz & Cochran, 2008; Robertson & Fitzgerald, 1992; Schrock & Schwalbe, 2009). Men have been described as lacking the ability to own, recognise and express emotions (Levant, Hall, Williams, & Hasan, 2009).

There is mounting evidence of the negative impact of male emotional malfunction on men themselves but also on the rest of society (Dolan, 2002; Fonagy, 1999; Hayslett-McCall & Bernard, 2002; Miller, 1997; Mkhize, 2004; Ratele, 2013; Sattel, 1976; Scheff, 2003; Sonken & Dutton, 2003). The growing focus on men both by researchers (Shefer, Ratele, Shabalala & Buikema, 2007) and clinicians (Good, Thomson & Brathwaite, 2005) has included examinations of the problems men cause for themselves and others (Hearn, 2007) as well as a new emphasis on the vital link between men’s emotional experiences, their subjective wellbeing and the quality of their relationships with others (Fonagy, 1999; Ridge, Emslie & White, 2011; Sonkin & Dutton, 2003).

While a large number of studies have focused on women as victims of violence (Abrahams, Jewkes, Hoffman & Laubscher, 2004; Jewkes & Abrahams, 2002), males are apparently as likely to be victims of violence (Shefer, Ratele, Shabalala & Buikema, 2007) and not only its perpetrators (Ratele, 2013). Furthermore, males are as likely as females to be casualties of poor health, including mental illness (Cochran & Rabinowitz, 2003). Males are more likely to abuse substances (Kalichman et al.; Morojele et al., 2006), commit suicide (Moscicki, 1997) and homicide (Ratele, 2008b), serve time in prison and act out violently (Levant, 1996), especially against other men (Shefer et al., 2007), as well as against women and children (Jewkes & Abrahams, 2002; Sonkin & Dutton, 2003).
This study sought to increase the understanding of men’s self-reflection, engagement with therapeutic culture and other emotional experiences during a masculinised therapeutic encounter (Good, Thomson & Brathwaite, 2005; Reddin & Sonn, 2003). A masculinised therapeutic framework is also referred to as all-male group psychotherapy, male-focused therapeutic intervention and gender-homogenous group psychotherapy.

A masculinised therapeutic framework or masculinised therapy involves singling out males for a separate, explicitly masculine gendered intervention to maximise therapeutic effectiveness (Van Wormer, 1989). In the study critical yet empathic attention was paid to the subjective emotional experiences of participants in response to all-male group psychotherapy as an effective gender-conscious strategy with male emotions.

Feelings, often used interchangeably with ‘emotions’, refer to subjective experiences of joy, happiness, sadness, frustration, helplessness and so on (Hochschild, 1979). Owning and expressing emotions may involve the awareness of feelings, expression of emotions and processing and management of emotions (Hochschild, 1979). ‘Emotion work’ is a term that refers to attempts to manage emotions in accordance with the requirements of a particular context, custom or rule (Hochschild, 1979).

Male emotionality involves the gendered ways in which men respond to emotional stimuli, the way they process and experience their emotions including emotional expression and restriction. Some men may not become emotionally aroused in response to an emotion provoking stimulus. Some may be prone to avoid or deny awareness of certain emotions. Others may be aware of their emotions but may not easily interpret and recognise their feelings. This in turn influences emotional expression, the ‘performance’ and demonstration of feelings to self and others (Wong, Pituch & Rochlen, 2006).

In psychotherapy ‘emotional work’ involves the exploration and processing of negative feelings such as loss, sadness, vulnerability and abandonment (Greenberg & Pascual-Leone, 2006). The examination and sensitive processing of emotional distress have been confirmed to be therapeutic and an important component of the
process of personal transformation (Greenberg & Pascual-Leone, 2006). The emotional work in the all-men’s groups of this study required participants to work with their feelings (Coombs, Coleman & Jones, 2002), explore the distress and negative emotions related to their present concerns, particularly adverse childhood experiences, in order to facilitate personal growth and transformation (Greenberg & Pascual-Leone, 2006). Grounding men in emotions and emotion-directed interventions refer to actions that are taken to encourage awareness, recognition and expression of feelings during male-focused psychosocial change encounters. Emotion-directed interventions in a psychotherapeutic context may increase accounts and narratives of emotional experiences as well as improve the processing and expression of negative emotion and distress (Coombs, Coleman & Jones, 2002).

A major focus of the men’s groups in this study was to intervene in men’s emotions: to encourage male participants to acknowledge, feel and express a broad range and depth of emotions. Men’s groups require participation in a special kind of male-to-male emotional intimacy (Lewis, 1978; Patrick & Beekenbach, 2009; Rabinowitz, 1991). Participants in these groups are encouraged to verbally express and reflect on their feelings with each other. Over time they learn to trust the open exploration and expression of feelings usually hidden from others, particularly other men, including the feelings they hide from themselves (Lewis, 1978).

In these therapy groups the disclosure of sensitive and traumatic emotional experiences related to intimate childhood and adult relationships is expected. When some of the men’s group participants of this study become emotional and vulnerable, sometimes to the point of shedding tears, participants and the group facilitators respond with sensitivity, concern, support and containment. Participants gradually grow comfortable with each other and exchange hugs and other non-erotic displays of male closeness and intimacy (Rabinowitz, 1991). These ritualised acts of intimacy, directly expressing liking, caring, concern, closeness and an obvious enjoyment of each other’s company, generalise beyond the confines of the therapeutic group session into the parking area, where they hang out with each other cracking jokes, teasing and laughing for a few minutes after group.
The open and direct expression of feelings through words, symbols or action in these groups facilitates the communication of feelings to self and others through an increased awareness and acknowledgement of emotions, through improved reflections and understanding about the meanings of emotional experiences and through enhanced emotion regulation (Fonagy & Bateman, 2007; Greenberg & Pascual-Leone, 2006).

The study was prompted by the view that an explicit masculinised therapeutic framework (Barker & Ricardo, 2005) provides a nurturing environment to facilitate the expression of feelings, especially negative feelings like sadness, shame, abandonment and loneliness. The expression of feelings in the all-men’s psychotherapy groups of this study is assumed to emotionally reconnect men – especially those who have experienced trauma and violence – to themselves and others, thereby interrupting and diverting the need to act out their distress on themselves and others (Dolan, 2002; Ratele, 2013). The study was motivated by the ‘working hypothesis’ that some males can participate in unstructured group psychotherapy with quality and depth of emotional engagement, revealing some men’s openness to reflect on themselves and their willingness to change their behaviours under appropriate conditions (Jennings, 1987; Kiselica, 2003; Reddin & Sonn, 2003).

1.2 Problem statement

The extraordinary high numbers of young black South African males as both victims and perpetrators of violence suggest that many men may be reacting with violence from a position of powerlessness (Langa & Kiguwa, 2013; Niehaus, 2005). In the words of Ratele (2013), young black men may appear to be fearless even though they are highly vulnerable to violence and other social and health problems.

This apparent gendered tendency to deny vulnerability or to position oneself ‘outside of tender feelings’ may be one of the reasons why researchers tend to put men’s socially dominant status in the foreground and neglect to account for the complex web of marginality, subordination and hegemonic masculinity positioning that renders some, particularly young black men, vulnerable to social and health
problems (Ratele, 2013). A more nuanced understanding of men’s lives brings into focus the distress inherent in the binaristic and seemingly contradictory position of masculine hegemony and subordination occupied by some working class black South African men.

The literature indicates that young black men are disproportionately located in a range of socially and subjectively powerless positions (Ahmed, Bawa & Ratele, 2009). They face considerable obstacles in achieving a socially desirable masculinity (Langa & Kiguwa, 2013). Therefore it seems that this population may be most at risk of venting their historical, structural and socio-economic powerlessness and induced frustrations on themselves and the larger South African society (Niehaus, 2005).

The predicament of men and the problems they cause others are well documented (Hearn, 2007). Both internationally and within South Africa a number of programmes have been launched in response to societal ills caused by men (Peacock & Botha, 2006), yet there seems to be a dearth of effective male-focused interventions (Sternberg & Hubley, 2004).

This current project is framed within an emergent and overt focus on men as the exclusive target of emotion-directed interventions (Barker & Ricardo, 2005). The project is grounded on the researcher’s clinical journey from accidental to purposeful interest in gender-homogenous group psychotherapy. The all-male psychotherapy group is considered as an explicit gender strategy to ground men in emotions. This therapeutic strategy is aimed at interrupting both men’s tendency to distance themselves from subjective vulnerability and their projection of their distress onto others, key of which are other subordinate males, women and children (Hearn, 2007).

The use of a masculinised therapeutic model with male emotions directs men’s encounters with themselves and each other to include ‘emotional work’ (Greenberg & Pascual-Leone, 2006). A focus on men’s emotions inspires a different conversation between men (Reddin & Sonn, 2003) and about men (Ridge, Emslie & White, 2011). Emotionally engaged men are hypothesised as more likely to creatively transform their frustrations towards collectively galvanising a more ‘viable’
masculinity, a transformation that could lead to the reduction of violence and other problems experienced and driven by males, instead of transferring their subjective feelings of distress onto others (Dolan, 2002; Hearn, 2007). Narratives about men can change from a pre-occupation with violence and other negative behaviours ascribed to men, towards the possibility of discovering a range and depth of male subjectivity hitherto unexplored (Ridge, Emslie & White, 2011).

1.3 Back story of the development of the research question

From the beginning of my consulting work as a clinical psychologist in private practice in 2006 I was conscious of a sense of intimidation, curiosity and self-consciousness as well as a lack of confidence when consulting with male clients. Like many other female therapists, I consulted mainly with female clients. I was aware of being more comfortable with women clients and my preference to consult with them rather than with males. Contact with male psychotherapy clients was limited to partners or relatives that would enter the therapeutic space during the rare occasion of couple’s therapy or as part of a family consultation. I had occasionally consulted with men with trauma-related presentations referred from the private emergency counselling centre where I rented room space. Therapy with these men was, however, usually brief and limited to a focus on the resolution of their symptoms.

During this time I was consulting with two male clients, both married and fathers of teenage daughters, who had requested personal therapy because they sought more emotionally intimate relationships with their wives. In the course of their consultations they impressed me with their ‘uncharacteristic’ commitment to the psychotherapeutic process, especially their tolerance to take a critical look at themselves (Jennings, 1987). These clients expressed concern over the wellbeing of their families. During their sessions they questioned whether they were good fathers; they explored the state of their marital relationships and were keenly invested in keeping their families together. They appeared to benefit from therapy and implemented changes in their personal lives. Interestingly, both these men were married to women who reportedly expressed a firm disinterest in the process of personal change. One of the wives was reported to exhibit behaviour suggestive of a destructive personality with apparently
little demonstrated concern for the welfare of her daughters. I was struck by the seeming ‘in vivo’ display of ‘gender role reversal’ in the psychotherapeutic domain.

These therapeutically available men compelled me to review my assumption that emotional engagement in general and personal growth and self-change in particular were the exclusive preserve of women (Dutton, 1994). I was experiencing first-hand that at times, men, rather than women, may behave as the ‘custodians of personal change’ (Jennings 1987). For men to behave as if they are interested in psychotherapy and self-change goes against expected male gender behaviour. My experience of these ‘uncommon personal change agents’ went contrary to views of men as less interested and committed to psychotherapeutic support (McCarthy & Holliday, 2004). It has been alleged that men only seek out support when forced to by the criminal justice system (Mankowski, Haaken, & Silvergleid, 2002). Once inside the therapeutic setting they are apparently restrained with self-disclosure and more likely to prematurely terminate the therapeutic relationship (McCarthy & Holliday, 2004). Furthermore, even when men are keen to get close to their emotions, they have been portrayed as emotionally inept, lacking the ability to find words for their feeling experiences. This condition is referred to by the term alexithymia (Levant, Hall, Williams, & Hasan, 2009).

Three years later, in a different therapeutic setting, the opportunity presented itself for an exclusive concentration on males during therapeutic encounters. I had introduced a culture and practice of group psychotherapy in the student counselling centre that I was managing at a local university. In the first semester of 2009 I was recruiting student clients for one of the short-term psychotherapy groups that we were piloting as an alternative to the individual therapies on offer at the centre.

Male and female students had been referred to this group and clients of both genders were exposed to group therapy preparation activities to enhance their anticipated participation in the group (Gauron & Rawlings, 1975). To my surprise only male participants arrived for the first session. I was unprepared for this gender-homogenous turnout because I had expected a mixed-gender group, which until then had been the norm in the group intervention practice of the student counselling
centre. I nevertheless responded by facilitating the group as if same-gender group psychotherapy was a regular practice in this psychotherapeutic setting.

I was aware of a shift in the dynamics of the group process and attempted to adjust my facilitation behaviours accordingly. However, I did not fully understand the dynamics I was observing or how to respond. The participants’ verbal and written evaluations during the termination phase suggested that a distinct male camaraderie had evolved in the group. They expressed a preference for the all-male environment. One participant indicated that in the absence of women there was no need to ‘perform’ and that he was therefore less distracted and more focused on himself.

The literature that I consulted at that stage to increase my understanding of same-gender group therapy echoed the “performances” and dynamics that I had observed in this episode of gender-homogenous group psychotherapy with males on a university campus. The literature concurred with the reflection of one participant that in male-only therapeutic groups there are no women to ‘perform’ for (Van Wormer, 1989). Almost all the participants felt that their emotional style differed from that of women. This was confirmed by at least one clinician (Golden, 2009).

Over the period of this accidental brief term of all-men’s group psychotherapy I continued to notice, but only fully appreciated much later, the uniquely male culture that had emerged inside the group (Van Wormer, 1989). Sense-making of the dynamics that I had observed in this chance all-male group process was facilitated by my group therapy supervisor. I was supported and enabled towards transitioning to purposeful recruitment of male clients for future all-male groups during group therapy supervision.

All-male psychotherapeutic groups became a purposeful intervention at the student counselling centre. Emboldened by the literature reports on all-male group psychotherapy I gradually adapted my facilitation style to anticipate and accommodate an emerging masculine or male culture within these groups. Males who seek individual therapy at this centre were deliberately targeted and recruited for participation in male-only brief-term psychotherapeutic groups at this historically
disadvantaged university in the Western Cape, South Africa. These professional experiences and reflections led to the formulation of the aims of this study.

1.4 Structure of the thesis

The thesis comprises six chapters. In Chapter 1 the objective is to introduce the study. It provides the background to the development of the research question. A detailed description of the shift from accidental all-male group psychotherapy to the purposeful targeting of males for participation in gender-homogenous group psychotherapy is provided. The aim and objectives of the research are then stated, followed by reflections on the significance of this study in the area of male subjective wellness and distress. The chapter ends with thoughts on the potential contribution of this study to the area of male-focused psychosocial interventions.

Chapter 2 consists of a comprehensive literature review on three key aspects, namely (i) masculinity, (ii) men’s emotions and (iii) all-male group psychotherapy. The review begins with a discussion of the construction of masculinities, with special attention to local South African masculinities, including their search for socially valued masculinities. This is followed by an examination of the dimensions of the concept emotion and ends with a description of the application of emotional work in the all-men psychotherapy groups of this study. Next is the consideration of the experience and expression of emotions within a gender context, which includes an overview of male-gendered help-seeking and treatment attitudes and behaviours. Thereafter emotion is situated within its cultural context. The review concludes with detailed descriptions of gender-homogenous unstructured group psychotherapy as an effective model of therapeutic change for men.

Chapter 3 focuses on the theoretical framework and conceptual structure underpinning the study. A macro-level sociological analysis of emotion disrupts views of male violence as exclusively irrational, pathogenic and limited to destruction, towards a re-appraisal of male violence as amenable to creative therapeutic engagement. The latter part of the chapter integrates a sociological analysis of emotions with the micro-level therapeutic engagement of emotion by drawing on psychotherapeutic theories such as interpersonal group psychotherapy,
emotion-focused therapy, attachment theory as well as culture-specific constructions of emotion. A macro-level sociological analysis of emotions integrates key elements of successful therapeutic engagement of men’s emotions in this study, which include a reframed understanding of male violence, the structural cultural realities in which some men are embedded, masculine performances and group-based therapeutic interventions.

**Chapter 4** is concerned with the methodology of the research study. The chapter outlines the methods, tools and procedures used to respond to the central aim of the study. It describes the demographic diversity of the research participants and the differential treatment that was applied in the two research settings. Aspects of the interviewing process, including the development of the schedule of interview questions, the use of multiple interviewers and the pilot interview, are explained. The final sections of the methodology examine issues of trustworthiness, ethical considerations and the consent procedures that were followed with the research participants.

**Chapter 5** presents the findings and a discussion. It provides the analysis and preliminary findings of the research with the use of the data sense-making tool, thematic analysis. The chapter starts out by situating the data analysis within the context of the interviews that took place between the interviewers and research participants. The outline of the relational frame of the data collection process was followed by background information about the therapeutic context including descriptions of the treatment sites, common presenting problems of the research participants and treatment characteristics of group therapy. The rest of the chapter deals with the discussion of the major themes that were analysed namely group therapy, gender, male emotional expressiveness and childhood influences followed by the conclusion.

**Chapter 6** contains the conclusion, research and therapeutic recommendations of the study. The chapter restates the major aim of the research. A summary of the four themes and major findings that have emerged from the data analysis process is affirmed. This is followed by statements about the research and therapeutic implications of the study results for male clients and practitioners who work with
men. The therapeutic recommendations include a description of the Afro-Eastern dimensions of person, a culture-specific therapeutic technique. This graphical fusion of African humanism and Eastern psychology integrates capacities such as the emotional physical and mental dimensions united by a spiritual component to enhance the ideological and practical engagement of the male client during the psychosocial encounter. The chapter closes with reflections on the limitations of the study, followed by the conclusion.

1.5 Research aims and the significance of the study

The observations made during this clinical journey led to the central aim of this study. The study is a qualitative exploration of the emotional experiences of participants of gender-homogenous psychotherapy groups. It explored the way the participants of these men’s groups engaged their feelings. The study hoped to identify themes and processes of male self-reflection in a psychotherapeutic group setting and other issues and experiences that are typically expected to emerge during therapeutic encounters.

The objectives of this research were to:

- uncover how men in this study deal with a range of feelings related to presenting problems in a psychotherapy group setting;
- describe the extent and depth with which men in this study confront personal vulnerability in a psychotherapy group setting; and
- describe the subjective experiences of male participants of this study’s engagement of psychotherapeutic change work.

South African masculinities have been regularly associated with the examination of violence (Morrell, 1998; Ratele, 2008a; Ratele, 2008b). Above and beyond references to men as the creators of problems (Hearn, 2007), men’s experiences have also been explored within the changing political landscapes of South Africa (Reid & Walker, 2005). The diverse dimensions of fatherhood have been
investigated, including themes of income generation, socio-economics and culture (Hunter, 2006; Mkhize, 2004; Wilson, 2006) as well as a focus on how men have been affected by HIV/AIDS (Campbell, 1997; Kalichman et al., 2005). There have been depictions of men as performers of ruling and hegemonic masculine ideologies (Connell & Messerschmidt, 2005; Gibson & Lindegaard, 2007; Ratele, Shefer, Strebel & Fouten, 2010) as well as references to them as victims and sufferers of historical, racial and socioeconomic trauma (Kandirikirira, 2002; Reid & Walker, 2005; Wilson, 2006).

However, we do not seem to know men in more personal and subjective ways (Ridge, Emslie & White, 2011). We do not read reports of local men’s beliefs about themselves and others. There are few narratives detailing male personal anxieties, fears, moods and internal conflicts (Ridge, Emslie & White, 2011). The incidence of depression among men has been reported to be on the rise (Cochran & Rabinowitz, 2003), but we do not know whether (local) men experience depression and if they do how they manage it (Danielsson, Bengs, Lehti, Johansson & Hammerstrom, 2009).

The overriding concern seems to be related to what men do, alongside a relative absence of information on how they might feel about some of the things they do (Ridge, Emslie & White, 2011). In addition to the incidence of significant male-driven violence, there are reports of male susceptibility for certain problems and diseases, prompting the observation that men appear to be equally in need of care (Courtenay, 2000). Hence there is a justifiable concern about male distress especially as displayed through violence, yet we do not know if South African men ‘bottle up’ their distress only to ‘explode’ with political protests (Langa & Kiguwa, 2013), gender-based violence (Abrahams, Jewkes, Hoffman & Laubsher, 2004), homicides (Ahmed, Bawa & Ratele, 2009) and related acts of destruction that characterise the local context (Hamber, 2000).

Such lack of first-hand accounts of male subjective distress may be offset by a more close-up view of male subjective distress and wellbeing (Ridge, Emslie & White, 2011). A more subjective and personal account of male experiences may moderate the overreliance on exclusively social constructivist approaches to understand men (Ridge, Emslie & White, 2011). The relevance of this study lies in getting close
enough to the participants in the study to engage with a key subjective aspect of themselves – their feelings. A study that focuses on male reflection of feelings and engagement in self-transformation raises the possibility that the men in the study may acquire more productive ways to cope with and identify preferred avenues through which to discharge and process their distress. This opens up possibilities of interventions to prevent violence (Ahmed, Bawa & Ratele, 2009).

Deep processing of emotions may lead to behaviour change (Greenberg & Pascual-Leone, 2006). This study may assist mental health professionals in understanding how some men engage the process of emotion-based personal transformation (Greenberg & Pascual-Leone, 2006). Men’s groups have also been found to be an important source of social support for men, and a location from which to acquire new ways of being with themselves and others (Reddin & Sonn, 2003). These groups may improve our understanding of the help-seeking behaviours of the participants in this study and their use of “male-friendly” mental health spaces (McCarthy & Holliday, 2004). All-male psychotherapy groups are a mental health context which can yield knowledge of how men forge emotional intimacy with themselves and others (Patrick & Beckenbach, 2009; Reddin & Sonn, 2003).

It is hoped that this study will contribute to more nuanced debates on male violence. Enhanced understanding of male subjective distress may change the views of men as trapped in ‘cycles of violence’ (Barker & Ricardo, 2005; Hamber, 2000). Contrary to what has been written about the male lack of introspection and unwillingness to seek help (Mankowski et al., 2002), research provides input on men’s ability to self-monitor their health and their interest in their bodies’ functioning (Smith, Braunack-Mayer, Wittert & Warin, 2008). Some men are responsive to mental health marketing and recruitment strategies directed at them (Cochran & Rabinowitz, 2003; Nahon & Lander, 2008).

The focus of this study is men’s emotional voice, on how these male research subjects deal and cope with this subjective aspect of their lives. The research zoomed in on a qualitative engagement of men and their emotions. An opportunity was created to hear the individual stories of male pain and distress and their
emotional reactions, how they made sense of and responded to their personal dilemmas (Ridge, Emslie & White, 2011).

The study supports the current turn towards engagement of male wellness and distress. It highlights the importance of holistic engagement of men that reveals male complexity. It is hoped that more would be done to enquire how men make meaning of their condition and how they manage their distress as well as the kind of solutions to their distress that they would support (Kiselica, 2003).

1.6 Potential contribution of this study to the area of male-focused psychosocial interventions

The potential contributions of the study are at conceptual and practical levels in the area of male-focused psychotherapeutic interventions. The most significant potential contribution is in its privileging of a hopeful, non-deficit, conceptual framework of men (Dollahite & Hawkins, 1998), which brings into view the important influences of men as partners and fathers (Popenoe, 1996). The research paints a more benevolent picture of men, anticipating positive benefits for men and others from male re-integration with their emotions.

The study also seeks to introduce a humanistic conceptual frame of male vulnerability to violence, advocating for a more holistic, nuanced and textured understanding of the twin occurrence of male dominance and vulnerability of South African men (Ratele, 2013). The study brings into focus the critical importance of emotions in shaping men’s attitudes and behaviour (Lewis, 1978) and that without considering the role of emotions little advance may be made into the understanding of and approaches to male-focused behaviour change interventions.

The current approach to violence prevention, treatment and empowerment interventions, certainly in South Africa but to differing degrees in other countries, still largely targets women (Sternberg & Hubley, 2004; Varga, 2001). Taking a more inclusive gender perspective in the prevention, treatment, empowerment and health promotion efforts the present study invites a reappraisal of the restricted gendered approach to intervention content, design and implementation that effectively
excludes those very men who are frequently reported to be most implicated in the perpetration of ill-heath on other men, women, children and the broader society (Sternberg & Hubley, 2004; Varga, 2001).

At a practical level the study offers an explicit male-focused emotionally based methodology with which to effectively intervene with men as perpetrators of violence in South African society, but also as vulnerable victims of violence (Ratele, 2013). In this way, the study will potentially contribute to the reduction of male-driven violence perpetration and victimisation. By introducing the centrality of an explicit masculine framework for effective intervention approaches with men (Barker & Ricardo, 2005) the study may equip mental health programme developers and practitioners in content and skills on how to effectively engage the male client (Wegner, Landry, Wilkinson & Tzanis, 1998).

Lastly, in its application of an attitude of gender consciousness with male clients but also in its integration of the embodied gender of the practitioner who works with men, the study extends appreciation of the radical importance of gender during the psychosocial encounter (Dienhart, 2001). Gender is reaffirmed as a significant diversity factor in the locally and universally feminised profession of psychology (Denmark, 1998; Skinner & Louw, 2009). The therapeutic setting of the male client is defined as a context that necessitates the explicit presence of gender, relentlessly affirmed and respected.
Chapter 2
LITERATURE REVIEW

2.1 Introduction

The literature on masculinities, emotion and men’s psychotherapy groups is vast and too much to cover in its entirety. This chapter limits itself to the literature sources of gender-conscious and emotion-focused therapeutic engagement of the participants of the men’s psychotherapy groups of this study. The processing of men’s emotions is contextualised within the broader socio-cultural contexts of South African masculinities, with some consideration of male strivings for a valued masculinity and concerns about male-driven violence. I review literature on the three key aspects related to the study, namely masculinity, men’s emotions and all-male group psychotherapy.

I discuss the construction of masculinities with attention given to South African masculinities. The concept hegemonic masculinity is considered in its manifestations within the South African context, where black men occupy the ambiguous status as the perpetrators and victims of hegemonic masculinity. South African male strivings and challenges for a valued masculinity are reviewed taking into account the historical and current socio-economic forces. This section is concluded with reflections on working-class men’s experiences of emotions of despair and hopelessness in response to poverty, social dislocation and frustrated yearnings for a viable masculinity.

I begin by introducing a discussion of emotion, stating the definitional concerns and touching on the multidimensionality of emotion and its multiple components. This is followed by explanations of the clinical application of emotions in a psychotherapeutic context. Next I explore men’s help-seeking behaviour and their interaction with mental health treatment settings. Then I will focus on an examination of the experience and expression of emotion in response to cultural expectations. As part of this discussion I will briefly consider the concept of ubuntu as an African-centred spiritual philosophy that inspires feelings and expressions of unifying
emotions. I will conclude this part of the discussion with the integration of emotion with masculinity contexts, gender and cultural dynamics in the experience and expression of emotions.

The concern of the final two sections is gender-homogenous unstructured group psychotherapy as an effective model of therapeutic change for men, which incorporates a discussion of some of the benefits of gender-homogenous group psychotherapy for men (Heppner, 1981). In this section I reflect on the procedures and strategies used for the effective masculinisation of a men’s group. I outline the emotion-focused approach to the therapeutic engagement of men’s emotions and introduce the other theoretical orientations that support the emotion-focused treatment of men’s emotions, comprising interpersonal unstructured group therapy, attachment theory (Bowlby, 1979), emotion-focused therapy (Fosha, 2000; Greenberg & Pascual-Leone, 2006), ubuntu as an African-centred (Piper-Mandy & Rowe, 2010) philosophy of emotions and psychodynamic psychotherapy (Garland, 2010).

The next section focuses on the capacity of men’s groups to form the male gender identity. I discuss the men’s group as a site where father-hunger can potentially be assuaged as well as a location to attend to male-inflicted wounds. The final part of this section explores the relevance of manhood initiation rituals for all-men’s group psychotherapy. I conclude with an overview of the chapter.

### 2.2 Masculinities

Modern theories of masculinities have moved towards a social constructionist perspective of multiple masculinities responsive to time, race and culture, class position and other contextual factors (Pleck, 1995). Men’s understanding of themselves as men is thus conceived as psychologically, relationally and socially constructed (Levant & Pollack, 1995).

Masculinities, according to critical and social constructionist researchers, are gendered activities or gender performances (Connell & Messerschmidt, 2005). The emphasis on performativity favours an understanding of masculinity as experiential,
as doing, relational and inevitably social acts that are continuously performed by male-gendered subjects (Butler, 1996). Researchers widely agree that masculinity is an ensemble of acts rather than one single unchanging attribute, hence the tendency to refer to masculinities (Ratele, 2008a).

Masculinity is frequently approached as an identity project, as acts and things men and boys do as men and boys that are shaped by cultural scripts or models about males and females (Ratele, Shefer, Strebel & Fouten, 2010, p. 10). Morrell (1998) defines masculinity as a ‘collective gender identity’, with identity being something that people do.

This approach to masculinity as identity relates to the idea of discourse as membership of a collective of common beliefs, ideals, norms and practices (Gee, 1999). According to Gee (1999) discourse refers to the beliefs, meanings and preferred ways of doing that are shared by a group of people. Masculinity in this sense of discourse then is the script, model or culturally preferred ways that shape the way men in a specific context are supposed to behave, and are expected and socially rewarded to perform (Ratele, Shefer, Strebel & Fouten, 2010).

Reeser’s (2010) view that the concept of masculinity itself is unreliable, unstable, vulnerable and contested prompts cautiousness in the use of the term. Flood (2002) takes issue with the inconsistent use of the category ‘masculinity’ in scholarship on men and masculinities. According to him the description ‘masculinity’ is used in so many different ways that it may lose its usefulness as a concept. The term is used to refer to the discourses, norms and practices of masculine behaviour within a particular context (Flood, 2002).

This author is being mindful of the distinction between masculinities and men. Masculinities as a concept is an abstract category. Masculinity discourses may not refer to actual men and their concrete practices (Flood, 2002). Masculine discourses may be limited to the level of discourse about masculinity, to the ideas and beliefs about what a man is supposed to be like. When speaking of men, however, reference is being made to embodied persons who may be socially and structurally-culturally situated within particular historical contexts. Not all men internalise the
masculinity discourses that they are exposed to or internalise them to the exact same degree of faithfulness (Flood, 2002). Some may even actively resist, reject or transform the masculine ideas of their socialisation (Gibson & Lindegaard, 2007).

This plasticity and instability of the definition of masculinity reflects the idea of gender performativity, that masculinity is constructed and continuously reinforced through its legitimising of male-gendered performances. The discourses of masculinity bring about this simultaneous production and destabilisation of masculinity (Butler, 1996). Masculinity is thus not a fixed, permanent or essential ‘thing’ (Flood, 2002).

The recent concern with the fluidity and contestability of masculinity contrasts with historical Western capitalist societies’ view of men as a ‘natural’ social group (Mitchell, 1984). Masculinity was a taken for granted category of privilege and normality. It was ordinary and expected to have ideas about men as dominant, powerful, ‘strong’ and ‘different’ from women (Flood, 2002).

Activated by feminisms, socioeconomic changes and other societal transformations saw a shift from a reign of taken for granted legitimisation of masculinity (Mitchell, 1984; Silberschmidt, 2001). The increased visibility of men as gendered beings particularly since the 1980s (Kimmel, 1997; Schrock & Schwalbe, 2009) has been accompanied by progressively outspoken troubling ideas about the behaviour of men (Hearn, 2007; Kimmel, 1997), the questioning of assumed male privileges and powers (Connell, 2005), disquiets about the definitions of masculinities (Flood, 2002) and concerns related to the ‘crisis of masculinity’ in modern-day popular and academic writings about men (Itulua-Abumere, 2013).

Yet it is this fluidity and contestability of masculinity that facilitates its adaptability across diverse historical, socio-cultural and political contexts (Reeser, 2010). Masculinities differ widely within and across cultures and social classes and also shift in response to structural forces (Reeser, 2010). Morrell (1998) suggests that ideas about masculinity have to be situated within its socio-cultural, economic and political contexts. He goes on to say that the concept masculinity is sensitive to issues of race and class and changes over time.
This brings us to a key dimension of masculinities. Besides its fluidity, dynamism and plurality, masculinity is organised around politics and power. There have been references to the power differences between men and women, but the focus here is on the hierarchical structures of power among men that have given rise to concepts such as hegemonic and marginalised masculinities (Connell & Messerschmidt, 2005).

Hegemonic masculinity refers to the most valued forms of masculinities some men ‘do’, but many more may aspire to ‘do’ but are unable to (Connell & Messerschmidt, 2005). This highly prized or socially valued forms of masculinities are the most desired or sought after category of manhood, which frequently involves positions of power over women and other categories of men. These hegemonic masculinities may be founded on the combined forces of structural, social, ideological and behavioural masculine capital limited to some men who may exclude men of racial, cultural and social class minorities (Hondagneu-Sotelo & Messner, 1994; Ratele, 2008). Hegemonic masculinity may involve racial dominance, class privileges, institutional forms of power, control over valued resources and the benefits accruing from the subordination of women and other marginalised social groups (Connell & Messerschmidt, 2005).

Hearn & Morrell (2012) suggest that the concept of hegemonic masculinities needs to be understood within the dynamic manner of its uptake in specific locations. In South Africa for instance with its history of race-based class relations, white men tended to be the major performers of hegemonic masculinity in their exercise of racism, violence, the economic and employment coercion of black men, land grabs and other less overtly brutal forms of racialised domination (Beinart, 1992). During colonialism white masculinities displaced, dislocated or relegated local masculinities to the status of marginalised or subordinated masculinities (Morrell, 1998). African forms of masculinities also changed and reorganised themselves in response to the inroads of colonialism and white patriarchies and continued with some cultural practices of African manhood constructions (Morrell, 1998).

Historically white men ruled over black men. In these unequal race relations African adult black men used to be referred to as ‘boys’, symbolising not just the economic
domination of white ‘baasskap’ that existed between white and black, but a reinforcement of the menial status of black men’s racial category (Morrell, 1998). However, even during the height of colonial rule in South Africa African forms of masculinities survived (Morrell, 1998). Working class men earning small wages and excluded from privileges of gender power could still dominate women and children in the domestic setting (Morrell, 1998). This position as both victims of hegemonic masculinity and its perpetrators is what bestows on local men an ambiguous experience of subjugation and dominance with gendered others (Ratele, 2013).

The new visibility of socially constructed masculinities brings attention to the collaborations and complicities, as well as the tensions and conflict among men on what it means to be a man (Hearn, 2007). The significance of access to resources for the construction of socially valued masculinities continues to be evident within the South African context (Langa & Kiguwa, 2013).

In the South African context employment and the ability to generate income may contribute to a sense of value of being a man. Having an income means being able to feed one’s children, or pay their school fees (Wilson, 2006). Both men and women have been found to suffer from depression when they are unable to feed their starving children (Wilson, 2006). Being able to afford to build a home for one’s family, or the capacity to secure the bridal price to get married, or being a father to a child may serve the same purpose towards the achievement of a socially valued masculinity (Hunter, 2006). Hence, male material and socio-economic circumstances may shape men’s capacity to meet the culturally defined expectations of masculinity, which in turn has consequences for male wellbeing and that of women and children and the rest of society (Dolan, 2002; Silberschmidt, 2001).

The economic, political and socio-cultural structures that historically used to embed African communities and provide the meaning-frames from which many men could derive understandings of themselves were colonised and radically disrupted (Mkhize, 2004). Although not necessarily affluent, pre-colonial African men had access to land, stable extended family networks, and cultural and spiritual traditions that were a kind of masculine social capital. All of these were part of ubudoda (‘manhood’ in the Nguni languages) that fostered the well-being of men, women and children.
(Moodie, 2001). *Ubudoda* facilitated men’s observance of culturally defined benevolent masculine activities such as participation in decision-making, distribution of social goods, and material and social provision for women and children (Moodie, 2001). Notably, *ubudoda* meant rules were enforced against the mistreatment of women (Mkhize, 2004). Colonial and apartheid rule had as one of their consequences not only the destabilisation of African communities and families, but also the distortions of the meaning of *ubudoda*.

Within the context of colonial history and contemporary inequalities in sub-Saharan Africa, the notion of a hegemonic group of men (where a distinction between men and masculinities needs to be made) referred to in the literature probably holds true for a minority of men. These men form the small economically successful class (Ratele, 2008a). Their lives are characterised by sufficient material resources, social status and other forms of external ‘trappings of success’ (Silberschmidt, 2001). But even these men do not necessarily dominate by consent – consent being central in understanding hegemonic masculinity (Connell & Messerschmidt, 2005).

The experiences of many South African males are shaped by economic, political and socio-cultural dynamics that challenge basic material survival (Bhorat, 1994). Black men, as contrasted with white men, continue to be the major victims of unemployment (Stats SA, 2014). They also frequently find themselves coerced to participate in authoritarian labour market practices that negatively affect their masculinity, social position and socio-cultural systems (Wilson, 2006).

Many men in southern Africa still participate in migrant labour practices, which require that they live far away from their families for long periods of time (Richter & Morrell, 2006). This results in a loosening of cultural ties and an alienation from the protective values and norms of their communities of origin (Morrell & Richter, 2006). This may explain why men living in single-sex conditions like the men’s mine hostels surrounding large mining projects (Campbell, 2003) have been described to live unstable lives characterised by alcoholism, promiscuity and elevated levels of HIV infections (Campbell, 1997).
The violent colonial forces that dispossessed African males of their indigenous land and related means of production simultaneously destroyed and uprooted them from their cultures and traditions (Moodie, 2001). The concept ‘psychosocial dislocation’, which describes the familial and cultural breakdown with the resultant loss of social and subjective capital (Richter & Morrell, 2006), captures the cumulative effects of brutality due to racial legacies, historical loss of land and material dispossession.

The combination of these material and spiritual-cultural losses gave rise to distorted forms of masculinities sometimes characterised by violence, irresponsibility, criminality and disrespect (Mkhize, 2004; Moodie, 2001). Enactments of distorted forms of masculinities can result in trauma, suffering, violence and destruction. Dolan (2002) reflects on the manifestations of distorted forms of masculinities when referring to the violence perpetrated by men that are frustrated in their desires for a socially esteemed masculinity, against themselves (including suicide) and others, involving the destruction of people and property, as well as their participation in wars.

At this point I would like to emphasise the significance of appreciating the association between male structural cultural experiences and the socio-cultural values of manhood and the broader cultural values of dignity, humanity and need fulfilment (Dolan, 2002). I do not want to create an impression that working-class men become violent due to their lack of material resources, as basic and as fundamental as access to material resources may be. Other researchers have described the sophisticated and less overt forms of violence against women that middle and upper middle-class ‘new age men’ are capable of (Hondagneu-Sotelo & Messner, 1994).

In the Southern African context an exclusively economic explanation for male violence has already been found wanting. There is no direct link between violence and poverty (Beinart, 1992), yet it is also recorded that structural violence such as racial discrimination, inequality and poverty evoke (emotional) reactions and agency in those who endure long periods of race and class-based socio-economic disempowerment and related deprivations (Barbalet, 2001). I would like to end this section by briefly reflecting on some of the existentialist dimensions of the socio-economic deprivation and disempowerment of local men.
There is some similarity between the term spiritual poverty used in the psychosocial change work with America’s urban poor (Aponte, 1994), and the concept social dislocation described earlier (Richter & Morrell, 2006). Spiritual poverty is a form of familial and broader community breakdown, loss of cultural values, social chaos and under-organisation that gives rise to hopelessness, despair and a lack of vision (Aponte, 1994). The loss of cultural identity and of broad socio-cultural networks and meaning-making frameworks that used to operate as protective safety nets among poor communities is referred to as under-organisation among the new poor in the American context (Aponte, 1994).

The loss of communal spirit and a sense of meaning are described as the equivalent of the physical body losing its immunity against ill health. A community with a broken spirit is a community that cannot be a stable, coherent container to individuals and families. Divorce, desertion, alcoholism, violence, HIV/AIDS and other social ills come to define these communities (Aponte, 1994). This existential crisis, exacerbated by equally catastrophic levels of material poverty among the poor, can be equated with the experience of emptiness. Emptiness refers to individuals isolated from tradition and communal ties in modern capitalist societies characterised by material abundance and technological advancement (Cushman, 1990).

The combination of material and spiritual impoverishment brought about by historical and current socially constructed experiences of South African men (Kandirikirira, 2002), may have to be factored in to explain the proliferation of distorted forms of masculinities in the local context (Mkhize, 2004). These distorted forms of masculinities are probably implicated in the excessive levels of seemingly commonplace gender-based violence (Jewkes & Abrahams, 2002; Niehaus, 2005; Posel, 2005), and other acts of violence perpetrated by young black men (Barker & Ricardo, 2005; Hamber, 2000; Langa & Kiguwa, 2013), hence the reference to South African society as pervasively violent (Gibson & Lindegaard, 2007).

What follows now is an explanation of emotion and attempts to define emotion.
2.3 Emotion

Emotions or feeling as a key influence in male behaviour has tended to be neglected in studies of problems or crises of masculinity, certainly in studies of African masculinities (Ratele, 2008a). Many scholars, practitioners and policymakers have often ignored the existence of or minimised men’s emotional lives (hooks, 2004). Morrell (1998) notes the limitations of political and economic explanations as singular approaches to understanding local male violence. This study is intended to contribute towards understanding and finding a place for emotion and feeling in working on and with African men and masculinities.

While emotion is a complex, multi-dimensional concept, it can be simply defined as an individual's state in responses to stimuli (Hochschild, 1979). Emotions and feelings are psychological and physical responses characterised by awareness and unconscious aspects, biological and bodily components, as well as the release of expressive and inhibition elements (Gross & Levenson, 1997). Social constructivist perspectives on emotion emphasise its social and dialogical nature (Hochschild, 1979), describing ‘feeling experiences’ as taking place both inside and outside the mind, with less emphasis on the private internal and psychological trait it is popularly made out to be (Zorn & Boler, 2007).

Emotions appear to serve a survival function. Neuroscientists refer to the survivalist ‘intelligence’ of affective consciousness (Panksepp & Biven, 2012). According to affective neuroscientists, feelings – in other words the ability to feel basic emotions such as joy, hurt, sadness and feelings of belonging – are primal biological givens central to psychological health (Panksepp & Biven, 2012).

It is now necessary to unpack some of the dimensions of the concept emotion. I start by distinguishing between affect, mood and emotion. Affect is defined as the ‘less evolved’, non-reflective basic but conscious component of mood and emotion (Ekkekakis, 2012). Core affects include pleasure (as in feeling good), vigour, tiredness, tension and displeasure (Ekkekakis, 2012).
Affect is biological – more precisely, affects are neurophysiological ‘states’ generated by deep subcortical structures that predate cortical intelligence and are the source of the ‘affective mind’ (Panksepp & Biven, 2012). According to Panksepp and Biven (2012) this affective mind is composed of seven primal affective systems, namely care (nurturance), seeking (expectancy), play (social joy), rage (anger), lust (sexual excitement), grief (sadness) and fear (anxiety). These affects are not acquired, although they may be modified by environment and learning. Primordial affects are inborn, built into the cerebral repertoire, and part of instinctual human experiences and expressions (Panksepp & Biven, 2012).

A mood is also a conscious feeling felt at a particular time, but it is a more general, widespread, diffuse feeling. A mood also lasts longer than an emotion, which will be described next. One can be in an angry mood or irritable or anxious and these mood states may be responses to specific causes, but the mood response may be a delayed reaction to a particular trigger (Ekkekakis, 2012).

Emotion is a combination of affect states, cognitive elements of meaning-making, behavioural and expressive components as well as hormonal and neurophysiological dimensions. An emotion is a complex feeling. Like the experience of mood, emotions may be conscious and are experienced in response to an actual or a fantasised object. Examples of emotion include anger, fear, jealousy and love (Ekkekakis, 2012).

Emotion is described as multi-componential and multidimensional, having diverse features, properties, functions, elements and parts (Frijda, 2008). Emotion may have a pleasant or an unpleasant dimension (Ellsworth & Smith, 1988). Although the function or need for emotions is still subject to debate (Frijda, 2008) emotions are assumed to facilitate human adaptation (Panksepp & Biven, 2012). The ability to feel assist human beings in meeting their needs, and to successfully negotiate their environment (Ellsworth & Smith, 1988). Cognition is said to be an important component of emotion (Frijda, 2008), and so is biology (Panksepp, 2008).

Emotion is a concept that is difficult to define, and the field of emotions must still find a common approach to theorising emotion (Barbalet, 2001). Researchers on emotion
bring different points of view from disciplines such as philosophy, history, sociology, culture, neuroscience and psychology (Solomon, 2008). Biologically emotion is distinct from cognition; neurophysiologically it originates from subcortical brain structures as opposed to the neocortical origins of cognition (Panksepp, 2008). Yet cognition and emotion are more interrelated than has formerly been believed (Frijda, 2008). Emotion might be hidden in the deep recesses of our primitive minds (Panksepp & Biven, 2012), but it is as integral to personality as it is to health and gives meaning to life (Solomon, 2008). It is there when people joyfully socialise (Panksepp & Biven, 2012), is mediates learning in the classroom, shapes our personality, influences our decision-making and contributes to our health and wellness (Frijda, 2008).

There are many approaches to understanding emotion (Solomon, 2008) and many nuances of emotion (Frijda, 2008). Since the main concern with emotion in this study is the clinical application of emotions with the participants of the men’s psychotherapy groups, I will next examine in some detail how emotions are approached and ‘worked’ with in an emotion-focused therapeutic context.

Greenberg & Pascual-Leone (2006) outline the principles for working effectively with negative emotion in psychotherapy. The first principle is that of self-awareness and emotional arousal. Here the emphasis is on the client experiencing emotion, approaching feelings, feeling them experientially and even viscerally, as opposed to avoiding emotions. The ability to tolerate the experience of negative emotions interrupts the avoidance of emotion. Staying in feeling, just long enough, holds the promise of changing the understanding of the emotion and of the self, increasing chances of behaving differently and of coming up with alternative adaptive self-beliefs and behaviours (Greenberg & Pascual-Leone, 2006).

A distinction is made between experiencing emotion and expressing emotion. Experiencing emotion is related to the arousal level, to approaching the emotion and ‘being in it’. Expressed emotion refers to the component of reflection and processing of the emotion that may or may not accompany the experience of the emotion (Greenberg & Pascual-Leone, 2006).
The second principle is emotion regulation. Attaining psychological health requires the capacity to regulate one’s emotions. Emotion regulation can be conceived of as a form of emotional intelligence, the capacity to balance thinking with feeling, i.e. to judiciously express and suppress or modulate emotions in response to contextual factors (Gross & Levenson, 1997). Here the major task of the therapist is to assist the client in regulating their emotions, specifically maladaptive and secondary emotions. Emotion regulation involves processes like normalising the negative emotion. It requires staying in the emotion instead of taking flight from it, controlling it in a balanced adaptive way, which allows the emotion to serve one’s needs.

Primary emotions are the earliest ‘raw’ emotional reactions to an experience (Greenberg & Pascual-Leone, 2006), the feelings that were ‘there first’ and closest to the incident of loss, violation or abuse, such as feeling devastated or sad. Becoming aware of and tolerating primary emotions is what is meant by ‘getting close’ to one’s feelings. Approaching primary feelings promotes access to those dimensions and components of the emotion that aid recovery – going near so that you can ‘hear the information’ in the emotion, and be guided through the action to be taken towards healing and recovery. Thus avoiding awareness and toleration of primary emotions or getting caught up in inappropriate secondary and maladaptive emotions may interrupt and delay healing (Greenberg & Pascual-Leone, 2006).

Secondary emotions are those feelings that derive from the primary affect (Greenberg & Pascual-Leone, 2006). A good example is when one experiences feelings of hurt, abandonment and sadness, but instead of experiencing those emotions one defends oneself against such feelings and feels and expresses anger instead. A maladaptive emotion on the other hand can be described as a feeling of learnt helplessness (Greenberg & Pascual-Leone, 2006). Feeling numb for instance may have been adaptive during the acute phase of a survival situation, but may no longer be serving the client to heal and recover during the later stages of recovery. Emotion regulation underscores the importance of emotional experience, that capacity to ‘be in the feeling’ to tolerate and accept the reality of the emotional experience.
The third principle is the process of sense-making of emotional experiences. Reflection on feelings increases thinking about emotional experiences. This kind of sense-making and story-telling to self and others encourage the reframing of old narratives and of telling old stories with new insights. Reflection of feelings often requires putting feelings into words and engaging in other symbolic expressions of feelings (Greenberg & Pascual-Leone, 2006).

The fourth principle of emotion-processing in therapy involves reviewing, revising or reorganising maladaptive emotions. This is a process of changing an emotion (Greenberg & Pascual-Leone, 2006). A pleasant adaptive emotion can be used to replace maladaptive emotions. This is the final part of the process of altering narratives, feelings, memories and behaviours towards a transformation of self-understanding feelings and behaviours (Greenberg & Pascual-Leone, 2006).

This section has dealt with the definitional issues of emotion and the unpacking of the dimensions and components of emotion, ending with a description of the clinical application of emotion within the emotion-focused model of psychotherapy. The following sections will engage the concerns of gender and emotions. This part of the discussion focuses on how gender mediates the experience and expression of emotion, mental wellbeing and distress, men’s help-seeking dynamics and issues of treatment for mental health conditions. But firstly emotions are situated in their gender contexts.

2.3.1 Gender and emotions

In this section I consider emotions and their experience and expression within gender contexts. Gender has been defined as attitudes and behaviours that are partly biologically based but mainly socially constructed and which inform the way men and women behave (Cleaver, 2002). Similar to culture, gender may inform the expression of emotion (Fischer, Manstead, Mosquera & Vianen, 2004). Gender makes a difference in how individuals express emotions (Fischer et al., 2004), as well as how clinicians and lay persons tend to expect men and women to behave (Dienhart, 2001).
Research confirms that everyday emotion-related activities tend to be gendered (Courtenay, 2000). Some of the differences that have been documented are activity levels, communication styles, parenting styles, attitudes, sexual behaviour and health behaviours, and other obvious as well as more subtle gender characteristics (Courtenay, 2000; Fischer et al., 2004). For example, performances of intimacy are gendered. Girls have been observed to do intimacy through talking, sharing their thoughts and feelings and through giving and eliciting feedback during social interactions. In contrast, adolescent males tend to engage in what has been described as activity-based intimacy (Chu & Way, 2009). Studies on adult men and women also suggest a male preference for activity-based emotional sharing (Monsour, 1992). This kind of emotional bonding may not necessarily involve a verbal exchange of feelings and thoughts, but is characterised by doing things together. While females do engage in activity-based emotional bonding, this form of intimacy is more common among males (Chu & Way, 2009).

It is not only lay persons that observe and expect men and women to behave differently. In fact, clinicians have been socialised in similar social contexts of gender as well as being professionally trained towards a feminised understanding of intimacy. Professional clinical psychological training therefore also tends to reproduce the common assumptions of male ‘inexpressiveness’ (Haen, 2011). Thus when boys and men enter psychotherapy they are at a higher risk of being misunderstood or misdiagnosed (Robertson & Fritzgerald, 1990). This is partly due to believes that, in contrast to females, males are ‘wired’ to be unconcerned with feelings, except anger (David & Brannon, 1976; Good, Thomson & Brathwaite, 2005; Levant, Hall, Williams, & Hasan, 2009; Lewis, 1978; Sattel, 1976).

Jennings (1987) has questioned the common construction of men as lacking the capacity for feelings and for their supposed deficient dynamism in perspective-taking relative to women. The perception of men as the emotionally deficient gender is captured in studies on men and alexithymia. Alexithymia means lacking the ability to recognise one’s own feelings and find words with which to express feeling experiences (Levant, Hall, Williams, & Hasan, 2009).
The enduring profile of men as emotionally avoidant may also contribute to perceptions that they especially do not experience feelings like shame, alienation and those associated with powerlessness (Wright, 1987). There has generally been a nuanced and sophisticated understanding of the health care practices of women, but the health attitudes and behaviours of males require further examination (Smith & Robertson, 2008). One of the most common mental health disorders, depression, has usually been associated with women (Cochran & Rabinowitz, 2003). Newer research indicates that men’s depression is in fact commonly misdiagnosed (Cochran & Rabinowitz, 2003). Relative to women, men are more likely to mask their symptoms of depression and refuse or delay seeking help (Rabinowitz & Cochran, 2008).

When it comes to mental health services women have been described as ‘more in need of care’. They are twice as likely to be diagnosed with depression and perhaps for this reason are perceived to be more emotionally vulnerable than men (Danielsson et al., 2009). The ‘traditionally’ male form of experiencing depression may also not fully correspond with common criteria listed for mental disorders (Cochran & Rabinowitz, 2003). Men apparently tend to express depression through heightened interpersonal conflict, anti-social and narcissistic behaviours and alcohol and drug abuse (Cochran & Rabinowitz, 2003; Kalichman et al., 2005), but male subjective experience of depression has also been observed to differ from that of women (Danielsson et al., 2009).

Women attempt suicide more often, but men complete suicides at a rate that far outstrips women (Moscicki, 1997). Research data also confirms that concerns related to substance use and abuse are more likely to affect men (Kalichman et al., 2005). In a review on alcohol use and sexual risk for HIV/AIDS in southern Africa, men, relative to women, have been found to consume more alcohol and to be more likely to engage in other risk behaviours, including sexual risk (Kalichman et al., 2005). This fits with research that suggests that vulnerability for depression for men and women may in fact be equal and in some instances males may be even more susceptible to depression than women (Cochran & Rabinowitz, 2003).
Despite the increased male vulnerability to certain problems, men have been reported to be less introspective and that, unlike women, they do not spend much time in personal health management practices (Courtenay, 2000). They visit doctors less and tend to ignore symptoms that indicate possible poor health. They are inclined to deny the existence of health problems or find explanations to minimise the seriousness of poor health (Courtenay, 2000). Those in psychotherapy are more likely to present psychotherapists with alliance challenges (Good, Thomson & Brathwaite, 2005), prematurely drop out of therapy or describe therapy as not useful. They frequently require more persuasion to participate and tend to question the efficacy of intervention efforts (Dienhart, 2001).

The tendency to deny problems and avoid seeking help, frequently accompanied by the predisposition to avoid the experience and expression of certain feelings or to act it out on others, reflects what has been described as the ‘traditional’ male psychological defence structure (Mahalik, Cournoyer, Cherry & Napolitano, 1998). This defensive behaviour is particularly understood to be shaped by the ‘traditional’ male preference for action rather than reflection, the desire for personal control and high needs for autonomy and self-sufficiency (David & Brannon, 1976).

The alleged male fear of the core components of psychotherapy, which involves dealing with feelings, confronting personal vulnerability and the admission and expression of dependency needs (Rabinowitz & Cochran, 2008) can also be explained by means of David & Brannon’s (1976) four typologies of ‘traditional’ American male behaviours. These authors describe four types of male behaviour that have a direct bearing on male emotional engagement and help-seeking. The No Sissy Stuff limits the open display of emotion to women since any form of emotional expression other than anger is regarded as unmanly. Such a man will avoid dealing with his ‘inner world’ or with so-called ‘soft issues’. The Sturdy Oak is the man who is independent, always in control and never in need of anyone. A man who subscribes to this typology may perceive asking for help as feminine or that it is manly to suffer in silence (Courtenay, 2000). The Big Wheel symbolises the man who has achieved visible success in society. This man may be successful at work or on the sports field, may be in command of wealth and other conspicuous symbols of manly success. Give ’Em Hell is the encouragement of daring, violence and aggression. It is
acceptable for men to strive to win at all costs, or to employ violence and aggression as a form of masculine expression (David & Brannon, 1976).

Common constructions of women as the likely victims of male violence are not always statistically supported (Van Niekerk et al., 2015), but when it comes to health and wellness, including emotional health interventions, women are evidently more available (Petersen, 2004) and are experienced as more cooperative and compliant with health care instructions. Women, relative to men, are also perceived to be more interested in and engaged with emotion-related practices (Dienhart, 2001). It is particularly feminine emotional health behaviour that is seemingly in stark contrast to men who, according to some research, the more their problems escalate the less likely they are to seek assistance (Wisch, Mahalik, Hayes & Nutt, 1995).

To effectively engage masculinities in clinical work, it is necessary that male recipients of interventions as well as practitioners who work with men should review clinical perspectives and strategies with male clients (Gillon, 2008; Golden, 2009; Good, Thomson & Brathwaite, 2005). According to some authors marketing and recruitment of male clients have to be done with careful consideration of the masculine cultures that inform men’s health-seeking behaviour (Blazina & Marks, 2001; Nahon & Lander, 2008).

In recent times there has been an upsurge in practitioners and researchers who specialise in issues related to the counselling needs of boys and men (Addis, 2008; Cochran & Rabinowitz, 2003; Good, Thomson & Brathwaite, 2005; Haen, 2011). Some clinicians have responded with therapeutic marketing, recruitment and clinical services adapted to the male client (Nahon & Lander, 2008; Stein, 1982). Some of the ‘male-friendly’ therapeutic approaches and strategies are accommodative of ‘traditional masculinities’ (Gillon, 2008; Good, Thomson & Brathwaite, 2005).

Danielsson et al. (2009) have observed the subjective and gendered depression experiences of men and women. They report in their study that men describe the origin and experience of their depression differently from women. Women tend to describe their depression as arising from internal states and seem to experience it in
more interpersonal terms. Men describe their depression as being inflicted from the outside and experience it as less interpersonally situated (Danielsson et al., 2009).

Haen (2011) points out that working with boys and men requires a fundamental paradigm shift. Gone are the days when programme developers only turned to men when they become a social problem (Carrigan, Connell & Lee, 1985). Improved intervention efficacy necessitates fresh perspectives on the gendered divisions that exist in society (Fischer et al., 2004). Besides, it would appear that the impact of health interventions will always be muted with an exclusive focus on women and exclusion of men (Hawkes & Buse, 2013).

There have been calls to build the capacity of men to participate in all traditionally female orientated activities, decision-making (Varga, 1997) and change management (Wegner et al., 1998). Research points to a shift towards believing that men are both willing and capable of changing their understanding of themselves (Reddin & Sonn, 2003). Some of their more encouraging opinions are that men are willing to review the potential contributions they can make to their personal and social environments (Levant, 1996).

There are clinicians and researchers that believe that effective practitioners who work with men attempt to understand males as a distinct group, with their own worldview and norms (Haen, 2011; McCarthy & Holliday, 2004). They are inclined to adapt and match interventions to the special needs and attitudes of the male population (Gillon, 2008; Nahon & Lander, 2008). Effective health policies and programmes demand that the unique and specific gender dynamics be considered when dealing with most social problems and public health concerns (Hawkes & Buse, 2013).

Therapeutic connections with boys and men may in fact be counter-cultural for most traditional practitioners (Verhaagen, 2010). It requires thinking differently from what many practitioners have been socialised to believe about boys and young men and therapy. Effective therapy with them may require the kind of therapeutic approaches that go against sacrosanct customs of traditional therapy (Haen, 2011).
Working with boys and young men may demand working outside an office, in the schoolyard or in the playground. Therapeutic engagements with boys and men may not respect the 50-minute therapeutic hour but require a willingness to fit in with the boys’ or young men’s time rhythms (Verhaagen, 2010). Effective therapy with boys is described as at times necessitating using aspects of the boys’ daily living experiences like watching movies, playing video games, caring for a pet, or play-fighting in the construction of a therapeutic opportunity (Verhaagen, 2010).

Male-focused psycho-social engagements challenge practitioners to perceive boys and men not on deficit terms, but to reach out to embrace their unique characteristics, strengths and heroic parts (Verhaagen, 2010). Such a fluid and accommodating worldview can expand to ‘see’ beyond the excessive rates of male-driven problems (Hearn, 2007) to detect a modicum of male emotional openness, receptivity and capacity for sensitive give-and-take during psycho-social change engagements (Haen, 2011). An interventionist has to genuinely believe that boys and men are both capable and willing to change and that they are prepared to make the necessary sacrifices and expense of effort to achieve this (Haen, 2011).

I began this section by defining gender and proceeded to explore the relationship between gender and emotional expression before progressing to situating gender within male help-seeking and treatment contexts. I now turn to a discussion of emotion and culture.

### 2.3.2 Emotion and culture

As in the interaction of gender with emotion described earlier, the experience and expression of emotion are strongly influenced by cultural expectations (Shweder, Haidt, Horton & Joseph, 2008). Culture can be defined as the shared values, meaning, norms, beliefs, principles and worldview assumptions that govern the behaviour of a group of people (Piper-Mandy & Rowe, 2010). Culture may shape what kind of emotions to feel and express, for instance compassion rather than disgust in specific contexts or at particular times (Shweder et al., 2008).
Individualistic cultures tend to place greater value on autonomy and the prioritisation of personal goals. People subscribing to collectivist cultures are apparently prone to prioritise the realisation of group goals (Brody & Hall, 2008). Thus emotional communication follows cultural scripts: the psychological is adapted to the cultural, and psychological expression in turn affirms and reinforces cultural norms (Kitayama, Markus, Matsumoto & Norasakkunkit, 1997).

The tendency of cultures to differ on the value placed on loyalty to individual goals versus group goals may relate to the cultural configuration of the self. Many cultures across the world, for instance the cultures of India, Japan and China, Southern Europe, Latin America and Africa, emphasise a self that is related to others (Markus & Kitayama, 1991). This collectivist self-understanding has implications for social-psychological relations with others, and by extension for emotional expression (Markus & Kitayama, 1991). Cultures that privilege an ensembled or collectivist self tend to emphasise harmony with the social context and give prominence to the control of inner impulses (Markus & Kitayama, 1991). Consistent with collectivist understandings of the self, Asians are more likely to inhibit the expression of emotions like anger and frustration or related feelings for fear of disrupting the continuity between self and social context (Kitayama et al., 1997).

There are overlapping configurations of the self between people of African descent and Asians, as both cultures tend to construct the self as an extension of others (Kitayama et al., 1997). I focus on African forms of emotional expression, because the study is located in an African context. African styles of emotional expression may be infused with ubuntu, a well-known Zulu word and Pan-African concept (Kamwangamalu, 1999). Ubuntu has been described as part of African spirituality and an ancient African worldview of humanity (Chuwa, 2014).

In post-apartheid South Africa the word has been associated with efforts to inspire unity among the people of South Africa (Kamwangamalu, 1999) who have been hindered by an exclusive appreciation of their differences, precluding the formation of shared social cohesion (Letseka, 2012). Ubuntu is related to African-centred psychological views of the self. An African-centred self is grounded in the belief systems, theories and cultural knowledge about what makes a person a human
being, which includes the material, spiritual, psychological, mental and collective ethnic and cultural consciousness (Piper-Mandy & Rowe, 2010).

In this section I discuss ubuntu as a cultural psychology of the collectivist self that has implications for the experience and expression of emotion (Shweder et al., 2008). Just as subjective wellbeing for the Japanese may not quite reflect the same for Americans because of the differences of self-construal between Japanese and Americans, the ubuntu self does not correspond with an individualistic cultural model of self because of the differences in the configuration of the self (Chuwa, 2014). In contradiction to a model of self that privileges interdependence and connectedness, individualism culture-centred models of self are viewed as marked by Cartesian-like divisions between culture and the self, valorising independence and encouraging the expression of emotion that highlights the person’s uniqueness and separateness from others (Kitayama et al., 1997).

An ubuntu self perceives themselves as intimately connected with others (Chuwa, 2014). The ubuntu or African-centred self extends belonging to reach beyond the human realm to attachments to animate and inanimate objects (Piper-Mandy & Rowe, 2010). Ubuntu-inspired feelings of unity with others, harmony with nature and feelings of community (Chuwa, 2014) are also reflective of a sociological perspective of emotions (Barbalet, 2001), an approach to understanding emotion that will be introduced in a different section of this thesis.

Culture may not just regulate the expression of anger or emphasise interpersonal harmony, but structure everyday interpersonal performances of gender (Brody & Hall, 2008). Gender and emotions are interwoven into local traditions. In some African traditions for a man to be able to marry he must first build a homestead or provide lobola (bridal price) (Hunter, 2006). A man without basic material resources is therefore not able to acquire a wife in the traditional sense (Silberschmidt, 2001). The inability to meet the requirements of manhood may have in turn contributed to the declining rates of marriage among African men although the number of children fathered out of wedlock in African society remains high (Hunter, 2006; Ramphele & Richter, 2006).
Pressures to respond to manhood expectations may also generate feelings of fear, inadequacy, frustration, powerlessness and anger (Dolan, 2002). That is besides the predictable class-based feelings of resentment towards the ‘haves’ (Barbalet, 2001) in a country beset by structural violence such as poverty and extreme inequalities (Beinart, 1992; Hamber, 2000; Wilson, 2006). Rates of interpersonal violence is high (Van Niekerk et al., 2015), some of it perpetrated by working-class men disheartened by their meagre manhood prospects (Langa & Kiguwa, 2013).

For the purposes of this study then male emotional expression can be understood as a complex combination of the embodiment of cultural norms, gender socialisation and other social determinants of male emotional expression in the local context (Brody & Hall, 2008). Culture thus adds an important context to emotion as it may shape the meaning of an emotion and even confer special virtue to the experience and expression of certain emotions (Shweder et al., 2008). Performances of intimacy, sociability, personal warmth, regulation of personal boundaries and distance, emotional expressiveness, openness and trust towards others as well as relationships with spiritual, cultural and religious objects are informed by culture (Nagai, 2007; Sue & Sue, 1977).

Cultures may not just hold competing discourses on particular emotions, but may assign differential status to the experience of emotion in general. Ancient written texts about emotion may suggest the value that some cultures used to confer on emotion (Shweder et al., 2008). It seemed to have had a place alongside intellectual pursuits. The value of emotions is also reflected in an African-centred self because the basis of the ubuntu self is belonging (Chuwa, 2014). There can be no self without the other (Chuwa, 2014). A person is humanised through his or her connections to other human beings (Piper-Mandy & Rowe, 2010).

The emotional and the spiritual are apparently intimately connected. Spirituality appears to be a social emotional process rather than a set of beliefs (Nagai, 2007; Piper-Mandy & Rowe, 2010). A person’s connectedness, his or her belonging to human, social, material and ethnic cultural others are seemingly the highest good and the foundation for all other experiences in an ubuntu understanding of the self.
Belonging and affect are regarded as aspects of the core self (Piper-Mandy & Rowe, 2010).

Contrast the central importance attached to emotion in an African-centred view of the self (Piper-Mandy & Rowe, 2010) with the tendency to associate emotion with the irrational, an assumption that emotion apparently contaminates the intellectual endeavour (Barbalet, 2001). Akbar (1984) observes that the individualist view of the self excludes the spiritual dimension of being, and by association the emotional is regarded as lacking in rationality. Emotion is then devalued as a less advanced state than intellectual expression (Akbar, 1984).

An example of how cultural norms shape the expression of interpersonal intimacy is Clowes’ (2006) reference to historical photographs of South Africa in the 1950s that depict African men in poses with family, children and kinship in domesticated settings. These images correspond with local research, which found pre-colonial African men's definition of their manhood predicated on their connections to stable family networks (Mkhize, 2004). Such imagery of African men's intimacy with their kinship conflicts with the definition of men as loners, unattached and separate from others (hooks, 2004). In contrast to the preferences of men with a disproportionate need for personal control, autonomy and self-sufficiency (David & Brannon, 1976), the pictures suggest that in the past some African men in this country recognised their need for others and for care in their lives.

Interestingly, and perhaps in response to the inroads of colonialists' versions of masculinity on the African continent (Suttner, 2007), these earlier images of nurturing African men were later replaced with portrayals that resemble the discourse on white men, showing men in work or public contexts away from women and children (Clowes, 2006).

The shift towards depicting African men as separate from their kinship ties can also be understood in the context of their forced separation from socio-cultural infrastructure (Mkhize, 2004). Due to their separation from their families it became a rare luxury for many men to see their children growing up. Work demands could take them away from home for such extensive periods of time that the children's bond
with their father was largely expressed in monetary terms and other forms of material contributions for those able to secure regular paid employment (Wilson, 2006).

The above description of the intersection of cultural expectations with gender that shapes emotional experience and expression may discourage stereotypical views of gender ‘differences’ in emotional experience and expression and common assumptions of male emotional inexpressiveness (Brody & Hall, 2008). Emotional expression, including expressing a need to form close bonds with others, does not occur in a structural cultural vacuum (Hunter, 2005; Markus & Kitayama, 1991).

Arguably, some contexts may require men, for reasons of work, to be stoic in order to distance themselves from kinship ties so as to earn a living (Wilson, 2006). For many South African parents to afford to spend ‘quality’ time with their children, such as a day at a beach, requires access to money. It is debatable whether it is possible for a parent to spend ‘quality’ time with his children and form emotional bonds with them if he lacks transport money to visit them or is unable to meet culturally defined fatherhood expectations (Wilson, 2006).

Hence when we speak of men masking their depression (Addis, 2008; Cochran & Rabinowitz, 2003) or of male alexithymia (Parker, Taylor & Bagby, 1998) or male emotional restriction (Wong et al., 2006) we need to reflect whether what we ascribe to the internalisation of gender norms could be complex and layered interactions between gender and broader societal values of individualism (Brody & Hall, 2008) and rationalism (Akbar, 1984), social structure (Barbalet, 2001) as well as other social determinants of emotion processing (Brody & Hall, 2008).

Some of the literature suggests differences in emotional processes between men and women (Brody & Hall, 2008). However, women have been found to be more expressive only of some emotions. There are emotions that men are more prone to express. These variances were observed to be related to the different social position and roles played by the two genders (Brody & Hall, 2008). Gender roles are in turn frequently culturally scripted and related to other social contributing factors of gendered behaviours. Men and women may also make use of divergent emotion
regulation strategies. Different gender role related motivations were identified as underpinning gendered forms of emotion regulation (Brody & Hall, 2008).

In the above paragraphs I have examined gender within its cultural context. I reflected on the intersection between cultural norms, gender dynamics and the broader social context in shaping emotion processing and functions. The next section examines masculinised group psychotherapy as a platform from which to facilitate male engagement with emotions as well as a site of construction of enlightened forms of masculinities. The literature suggests that the permission to express and process feelings inside a men’s psychotherapy group enables male participants to feel and directly express their heroics and hurts which may interrupt the tendency to act out violently towards self and others (Haen, 2011; Stein, 1982).

2.4 Masculinised group psychotherapy

In group therapy a small number of six to eight persons meet on a regular basis with a therapist or group counsellor (Yalom, 1995). The therapeutic goals are usually similar to that of individual therapy, which may include the relief and resolution of symptoms, behaviour change and personal growth (Yalom 1995).

Group treatment options may vary on a number of dimensions, like theoretical or philosophical principles underpinning the group therapy, structure, duration and professionalism (Drum & Knott, 2009). Analytic and psychodynamic group therapy emphasises the unconscious dimensions of the group (Garland, 2010), whereas the group as interpersonal system may stress the centrality of relationship formation to the group process (Yalom, 1995).

Some groups are tightly structured and focused on imparting skills or psycho-education (Drum & Knott, 2009). While other groups foster a process-orientated approach (Parcover, Dunton, Gehlert & Mitchell, 2006). Where the differences in duration of group are concerned distinctions between brief, medium and long term are generally made (Budman & Gurman, 1983). There is, however, debate among researchers about what exactly constitutes a brief-term group as ‘brief’ may be as
short as one session or twenty (Budman & Gurman, 1983). Groups also vary according to the venue in which the group takes place. It may be hosted in settings like psychiatric hospitals, at someone’s house, churches, in private-practice settings or in university counselling centres (Parcover et al., 2006). Groups can be led by formally trained and accredited professionals like psychologists or social workers, or by non-professionals and peers of self-help cadres of interested persons (Hurvitz, 1970).

Group psychotherapy is frequently used in settings where there are congregations of clients, like health care centres, prisons and university counselling centres (Parcover et al., 2006). Group therapy may be the principal therapeutic intervention or it can be used as an adjunct to individual therapy. In some settings after an initial assessment clients may be assigned to an appropriate group. Or they may be started off in individual therapy, and once they reach a certain level of emotional stability graduate into group therapy. Clients may also participate in group and individual therapy simultaneously (conjoint or combined therapy) or it may be prescribed after individual therapy comes to an end (Yalom, 1995).

It has been confirmed that group psychotherapy as a therapeutic modality is an effective intervention that may yield the same results in personal awareness, resolution of symptoms and behaviour change as individual psychotherapy (Chase & Kelly, 1993; Garland, 2010; Kaminer, 2005; McRoberts, Burlingame & Hoag, 1998; Yalom, 1995). Group psychotherapy is effective in treating a broad scope of problems covering anxiety, depression, impulse control difficulties, challenges in interpersonal relatedness, addictions and anger management concerns (Malekoff, 2011).

Group psychotherapy with men can be divided into two broad approaches or models, namely the structured and the unstructured model. The structured model (also known as the Duluth model) and popular among feminists, emphasises the educative, social justice and power aspects of treatment (Mankowski et al., 2002).

The other common model of male-focused interventions, the unstructured group therapy model which is popular among clinicians, tends to emphasise the personal
historical and psychological forces that have shaped male lives (Mankowski et al., 2002). This approach encourages active participation by participants, which increases personal investment in the programme and therefore improves the chances of treatment success (Mankowski et al., 2002).

The unstructured group therapy model for men is a masculinised group psychotherapeutic space which provides an ‘insider view’ of the personal historical and psychological forces that shape men’s lives (Mankowski et al., 2002). This approach encourages active participation, facilitates the open-ended process, and de-emphasises rigid adherence to structure, which increases personal investment in the process and therefore improves openness and engagement with participants’ emotional selves (Mankowski et al., 2002).

It is not possible to discuss the extent and depth of advocacy, organisational change management, training, marketing and administrative work that go into building an effective group therapy programme nor the range of persons and organisational structures roped in as referral sources and support structures (Parcover et al., 2006). I will attempt to sketch briefly some of the ‘opportunistic’ and experiential approaches to marketing and recruitment that I relied on in a counselling centre beset by challenges of human resources and other capacity constraints (Schreiber, 2008).

The private-practice research participants were prepared for the group through individual therapy with myself. The individual therapy served as the structure and process of pre-group preparation (Gauron & Rawlings, 1975). Individual therapy may also serve as the alliance-building phase between the group facilitator and the prospective group therapy client, which may be an important dynamic of dropout prevention, especially during the early phases of a new group, when the risk of dropout is highest (Gauron & Rawlings, 1975; Macnair & Corazzini, 1994).

Both the on-campus and private-practice men’s groups of this study are planned months in advance of the commencement of the first group therapy session. On campus awareness-making, advocacy, psycho-education and pre-group preparation of potential clients, staff psychologists, reception and administrative staff, other support services staff, referral agents and organisations are part of this process
(Parcover et al., 2006). The literature concurs that a major part of a successful group therapy programme is building a culture within the organisation that will be receptive to the idea of group-based therapeutic interventions, appreciate its value to the client population, and display a willingness to support the processes involved in populating such group interventions (McEneaney & Gross, 2009; Parcover et al., 2006).

Potential group therapy participants are exposed to structured marketing and recruitment activities to motivate them to participate in the groups. Information in the form of talks, interactive information-sharing workshops, brochures, electronic media, including email and Facebook, are circulated in real time and electronically to the broader campus community like campus health services, residences, faculties, sports and other student organisations (Parcover et al., 2006).

Frequently opportunistic marketing and recruitment strategies are utilised that take advantage of ‘natural’ congregations of small groups of students like adapted forms of ‘cold calling’ in the waiting-room area of the counselling centre. The waiting room of the counselling centre is a communal space that may be occupied by students from related student support structures having their mentoring meetings, or those waiting to receive academic or disability support or friends of existing clients who are accompanying the client to their appointment. The waiting room is thus composed of a mixed population of counselling and related support services student clients, which creates an ideal opportunity for the dissemination of marketing communication about the men’s groups.

Students in the waiting room are approached and verbally informed of the men’s group. Marketing brochures are handed out to them and they are encouraged to sign up for a pre-group therapy interview on the signup sheet that is kept at reception. Sometimes impromptu informal conversations about the men’s groups may be facilitated with groups of clients in the waiting room. These conversations consist of education and information about the men’s groups, logistical information, and reflections on the potential benefits for the students’ academic performance (Parcover et al., 2006).
Administrative staff has been trained to market the men’s groups to male clients who have been unable to secure individual therapy appointments due to the high demand for counselling services at the centre. Clients waiting to obtain individual therapy appointments are encouraged to come and ‘park’ in the men’s group and are informed of the potential benefits of combined individual and group therapy sessions (Billow, 2009).

Other ways in which marketing and recruitment have been adapted to this particular student counselling context is by face-to-face introductions of the potential client to the group facilitator. The referral psychologist or reception and administrative staff member will attempt to physically introduce a potential client to the group facilitator when this is appropriate and if the group facilitator is available. The group facilitator will receive and respond to the client, and spend a few minutes with social and pleasant introductory exchanges with the client. Through trial and error we have discovered that this more experiential and affect-based cultural strategy (Bohecker, Wathen, Wells, Salazar & Vereen, 2014) of introducing the client to the group facilitator as soon as possible after the client has been exposed to the idea of group therapy may serve to improve the chances that the client will arrive for the pre-group therapy interview.

Successful completion of a pre-group interview does not guarantee commitment to group therapy, but it goes some way to cement the alliance with the group facilitator, which has implications for the prevention of group therapy dropout (Macnair & Corazzini, 1994). This spontaneous brief first introduction to the group facilitator is followed up with email communication scheduling the pre-group interview date and time and outlining some of the contents and processes of the pre-group interview (Gauron & Rawlings, 1975).

The pre-group interview process is scheduled to take place for 20 minutes. The client meets with the group facilitator in her office. A formal sheet of questions serves as a tool around which to structure the conversation. The questions cover motivation for the group therapy, logistical matters and issues of boundaries and role clarification. The milieu of the session is interactive and engaging of the student. The
The group facilitator assumes that the group therapy will benefit the student and shares this assumption with the client.

The literature refers to an association between staff resistance to group therapy and client resistance (Parcover et al., 2006). Perhaps due to the collectivist cultural backgrounds of most of these students, although they express fears related to joining groups, it seems their concerns are more personal, related to the client’s social anxieties or personal shame, rather than an outright rejection of the group as a communal therapeutic space. I usually ask the students directly how they might benefit from the group (Parcover et al., 2006). Their responses, which I try to capture verbatim, tend to be consistent with many of the group therapeutic factors that have been affirmed as the basis for group therapeutic change, such as securing support, feelings of universality and learning from others (Yalom, 1995).

Thus by the time the first group therapy session takes place the client may have had extensive contact with the group facilitator and the physical environment near the group therapy room. The client would have read some marketing information about the group or have been introduced to the group by a staff member. The client may also have attended a group therapy information workshop facilitated by the group therapist. The client may have either consulted individually with the group therapist in her capacity as an individual therapist or the client may have been consulting with a staff psychologist.

The brief-term groups are reminiscent of themed groups (Drum & Knott, 2009). Like themed groups, the brief-term group has a start and end date, though it does not have a focused common client presenting problem as with themed groups. Its loose structure allows for the expression of a variety of client concerns, spanning worries about academic performance, socio-economic challenges, finances, identity, issues of self-confidence and self-esteem as well as relational concerns like unresolved anger towards father. The loose, more psycho-dynamically orientated process structure, however, is simultaneously firmed up and balanced through the incorporation of structured directed activities, particularly at the beginning phases of the group (Drum & Knott, 2009).
The group facilitator has a fine balancing act to follow of fine tuning the emergence of dynamic fallout, while preventing the group from going ‘too deep’, not only because of the serious levels of unprocessed trauma of many of the participants, but also to conserve students’ psychic energies for academic tasks (Drum & Knott, 2009). The private-practice men’s group as a long-term psycho-dynamically orientated group permits the open-ended processing of childhood and historical issues.

The application of psychodynamic psychotherapeutic treatment was adapted to the two treatment sites of this study, namely an unstructured process-orientated long-term group in the private-practice setting and a more structure-focused theme-group approach with the student group on campus (Drum & Knott, 2009). The men’s group therapy treatment is supported by theoretical perspectives and orientations (Drum & Knott, 2009) that complement its principal emotion-focused approach to the engagement of men’s emotions in this study (Greenberg & Pascual-Leone, 2006).

Negative in-session emotions are approached as the path through which relief of symptoms of distress is obtained, for the fostering of deeper insight and self-understanding and for the promotion of personal transformation (Greenberg & Pascual-Leone, 2006). In-session exchanges of empathy, attachment, caring and closeness affirm these all-male psychotherapy groups as emotion-focused therapeutic interventions contingent on the formation of intimate attachments between group therapy participants for the acceleration of positive behaviour change (Fosha, 2000). In-session awareness and experiences of emotion – both pleasant affective states as well as emotions related to current and historical trauma – are actively worked with (Coombs, Coleman & Jones, 2002).

Participants are socialised that the purpose of the group is to do ‘emotional work’ (Greenberg & Pascual-Leone, 2006), namely to process the negative and uncomfortable emotions of loss, rejection, shame, sadness, despair and hopelessness towards the achievement of the resolution of symptoms, to change self-understandings and behaviours (Greenberg & Pascual-Leone, 2006). In addition, the moral nature of the group is reinforced in that participants are responsible to disclose and approach their negative feelings and experiences and
are accountable to transform their feelings and their understanding of themselves rather than focus on the behaviours or blameworthiness of others who may have played a role in their negative emotional experiences.

In addition interpersonal, unstructured group psychotherapy is one of the theoretical approaches that inform the model of all-male group psychotherapy on which this study is based. Yalom’s group therapeutic factors are incorporated, and specifically cohesion, for the fostering of the group as an interpersonal container, is generously drawn from (Yalom, 1995). Hence feelings of belonging between all participants and group facilitators are cultivated from the inception of the culture-building process and sustained throughout the lifespan of these groups (Yalom, 1995).

Interpersonal unstructured group psychotherapy emphasises responsibility and accountability for both growth and symptomatic aspects of behaviour. A foundational therapeutic factor in interpersonal unstructured group therapy is cohesion or the sense of belonging that participants develop towards each other, the group facilitator and the group (Yalom, 1995). Group therapeutic factors such as social learning, role modelling, universality and the instillation of hope facilitate and support complex behavioural change processes (Holmes & Kivlighan, 2000).

Social learning is the learning and behaviour changes that take place because of observation, imitation and exposure to role modelling and other social exchanges in a group context (Holmes & Kivlighan, 2000). Universality is the realisation by group members that they are not unique in their misery (Holmes & Kivlighan, 2000). Instillation of hope is the inspiration and positive future anticipations that members evoke in each other (Bakali, 2013).

The other theoretical approach that was drawn on from the time of planning, marketing and recruitment to the conduction and termination of these groups is culture-specific insights and practices (Liu, Tsong & Hayashino, 2007). In these groups the ubuntu philosophy or African-centred approach with men’s emotions is applied (Piper-Mandy & Rowe, 2010). The African spiritual philosophy of humanity, ubuntu, inspires the emphasis on the experience of unifying cultural emotions (Kamwangamalu, 1999; Shweder et al., 2008). The philosophy of ubuntu defines
interdependence as one of the fundamentals of human nature (Kamwangamalu, 1999). Such a cultural approach to belonging encourages the restriction of individual strivings for the greater good of the group, which heightens a feeling of ‘group-ness’, enhancing feelings of belonging among group members. An African configuration of the self frowns upon notions of a ‘self without the other’; every other is a direct reflection of the self (Kamwangamalu, 1999), fostering a sense of ‘brotherhood’, consistent with a more sociological view of emotions (Barbalet, 2001).

Attachment theory emphasises the primacy of the formation of relational bonds between people (Bowlby, 1979), and is the other theoretical orientation that reinforces the importance of the experiential, relational and emotional nature of the all-men’s psychotherapy groups of this study. Attachment theory integrated with the ubuntu ethic’s emphasis on people’s inherent social nature (Chuwa, 2014), privileges an understanding of men as relational beings with further implications for feelings of belonging between the group therapy members.

The other theoretical orientation infusing these groups is that of psychodynamic psychotherapy. The psychodynamic-orientated group therapist underscores the value of the interpretation of transference as a procedure central to making manifest the unconscious dynamics that underlie behaviour (Garland, 2010). Working with client resistances may facilitate the uncovering of the root causes of clients’ difficulties (Garland, 2010). The philosophy of African-centred psychology (Piper-Mandy & Rowe, 2010) and the emotion-focused and relational theories (Fosha, 2000; Greenberg & Pascual-Leone, 2006; Yalom, 1995) facilitate the appropriate and effective adaptation of psychodynamic principles and procedures for an all-male psychotherapy group.

I will now proceed to an examination of the benefits of all-male group psychotherapy for the participants of these groups.
2.4.1 The benefits of gender-homogenous group psychotherapy for men

The group therapy modality has emerged as an effective treatment of choice with men. Several reasons have been advanced as to why group therapy is an effective methodology in working with men. One of the reasons suggested is that conventionally men come together either to compete with each other or to complete a task (Van Wormer, 1989). Thus, key to appreciating the efficacy of all-male group psychotherapy is that in an all-male context the group is transformed into a masculinised, male-friendly therapeutic container (Reddin & Sonn, 2003).

A range of procedures, strategies, and processes may be adapted to ‘sufficiently’ and contextually masculinise a men’s group. Masculinisation centres on the use of explicit ways to engender the men’s programme (Barker & Ricardo, 2005). For some participants, the absence of women may be an important factor in creating an exclusive male space. This may be due to cultural factors or a personal preference for personal disclosure with same-gender peers (Monsour, 1992). For others, it may require the application of gender-sensitive and gender-consistent ‘male-friendly’ therapeutic practices and procedures, such as using male metaphors in therapy or using more activity-based ways of promoting male intimacy (Haen, 2011).

In this study, the process of masculinisation of the men’s group already began during the recruitment and marketing phases. The process of marketing and recruitment was sensitive to men as a special mental health population (Blazina & Marks, 2001). Attention was paid to the naming of the men’s groups and related marketing materials, the facilitation of the pre-group interviews as well as the content and process of communicating invitations to the men’s groups in writing and verbally (Blazina & Marks, 2001).

A number of themes are highlighted during the recruitment of clients and as part of the group therapy preparation process with male clients. The design of the brochures, content on the Facebook page, and electronic as well as verbal communication during pre-group contact with clients was deliberately masculinised. The visuals in the brochures are carefully selected. During the information workshops about men’s groups, the men’s group therapy is described as specially...
designed for men. It is explained this is how some men may prefer to deal with their feelings, through engagement with other men or in the absence of women (Blazina & Marks, 2001).

The communication and information strategies comprise a component for the expression of agency of these potential participants to accommodate the more action-orientated male preference (Golden, 2009; Good, Thomson & Brathwaite, 2005; Haen, 2011). Potential men’s group therapy participants actively engage the facilitator of the process or each other as they share their concerns about therapy and men’s groups, or as they reflect on their anxieties about entering a male psychotherapy group. The processes of these male-only information sharing sessions tend to mimic the dynamics inside men’s groups. This experiential similarity is an intentional strategy, and it is made plain to potential participants that the men’s groups may in fact have a similar ‘feel’ to the information workshops about men’s groups.

Inside the men’s groups the group process was deliberately masculinised in the way their gender was often linked to the therapeutic processes and outcomes. During termination, when some of the participants reflect on their men’s group experiences, they might say things like ‘the group made me a better man’.

They participated in the action-orientated bonding exercises at the start of new groups. During the first father-son psychotherapy session I once facilitated with a father and son dyad they were socialised into the therapy context with a team-building exercise that required joined focus, mutual concentration and fine coordinated responses from each other for its successful execution. One of the concerns of the 17-year-old adolescent boy was the breakdown of communication with his father. During their termination reflections they both referenced the in-session activities as a significant part of rebuilding their relationship (Golden, 2009; Haen, 2011). Specifically with the younger on-campus group participants many structured activities are introduced to ‘break the ice’, to manage anxiety or as ‘talking points’ for therapeutic discussions (Drum & Knott, 2009). In the private-practice group use is made of capturing relevant themes of the group discussions on
flipcharts or of the application of the empty chair Gestaltist technique (Handlon & Fredericson, 1998).

The above descriptions reflect that participants of men’s groups may need to be addressed as a unique culture, with their own worldview, values and orientations to the world and approached and responded to in a gender-sensitive and gender-consistent manner (Golden, 2009; McCarthy & Holliday, 2004; Nahon & Lander, 2008). Clinical and research opinion suggest that the efficacy of psychosocial interventions with men may hinge on the use of an explicit gender framework that facilitates the development of a male-friendly psychological safe space (Barker & Ricardo, 2005; Good, Thomson & Brathwaite, 2005).

Clinicians and researchers highlight the relative advantages of same-gender over mixed-gender group therapy for men (Barker & Ricardo, 2005; Good, Thomson & Brathwaite, 2005; Heppner, 1981; Van Wormer, 1989). Although there is value for males in mixed-gender groups (Macnab, 1990) the argument for exclusively male groups is compelling (Van Wormer, 1989).

In these groups trust and nurturance among men are facilitated, inhibiting the usual competitive and task-orientated interaction among men (Lewis, 1978). With no women present, an important source of competition is removed (Heppner, 1981). The absence of women may also interrupt what has been referred to as the privatisation of emotion, the tendency in traditionally male emotional geographies to outsource emotional work or to define it as women’s work (Gilbert, 1987). Men are then forced to turn to each other for nurturance and to take responsibility for relational tasks (Van Wormer, 1989).

Furthermore studies indicate that an exclusively male environment frees up men to speak about issues that they may not easily raise in the company of women, like gender-sensitive or controversial topics (Van Wormer, 1989). In the men's groups participants may reflect on their distrust of women or identify with each other about relational conflicts and tensions with women. This may lead to expressions of concerns about gender-based violence. They may have first-hand experience of domestic violence, and may proceed to share traumatic childhood histories of
witnessing such violence in their homes since gender-based violence is common in South Africa (Abrahams, Jewkes, Hoffman & Laubsher, 2004).

Emotional arousal in response to the sharing of personally traumatic memories may be accompanied by feelings of and expressions of shame about being a man. Their internalised negative feelings of guilt and responsibility for the acts committed by men who they may be familiar with, or men in general, appear to be a kind of vicarious trauma (Fonagy, 1999), and is a theme that is often not processed sufficiently because of the brevity of some of these groups, which is one of the limitations of brief-term therapy in the campus context (Budman & Gurman, 1983; Drum & Knott, 2009). Internalised displaced male shame is an issue that may especially benefit from therapeutic working through in the presence of other males. The presence of same-gendered peers is not only significant for identity formation (Pattman, 2007), but also for the experience of universality that promotes the therapeutic working through of certain traumatic experiences (Liu, Tsong & Hayashino, 2007).

Another, perhaps unintended, consequence of the absence of women is that participants are more likely to focus on the male-related origins of their current problems, including unresolved father-son issues (Gargiulo, 2008). They may also disclose information such as substance use and abuse in response to the disclosures of other participants. The on-campus participants particularly share their concerns about their reliance on substance use and sexually risky behaviours. In Southern Africa the consumption of alcohol is higher among men and fuels other risky behaviours like violence and sexual activity including contracting and spreading HIV/AIDS (Kalichman et al., 2005).

During culture building, the fostering of collective trust and a sense of belonging in the initial phases of the group, the group purpose is introduced and regularly reinforced throughout the lifespan of the group, in both brief-term and long-term groups. Effective emotional work requires a high degree of trust, commitment and a sense of belonging among the men’s group participants. For this reason a great deal of attention is paid to the on-going reinforcement of attachment between the group members and the group facilitators (Yalom, 1995).
The active stance of the group facilitator during the pre-group therapy preparation phases continues in the first few sessions of the brief-term therapy on the campus. In this treatment setting group psychotherapy is more structured and psycho-educational and infused with a ‘play’ element, fitting for a youthful client population responsive to a more directive, lively and recreational style of psychotherapy (Sue & Sue, 1977).

During the early stages of group development the facilitator is more involved in enabling feelings of psychological safety (Gauron & Rawlings, 1975). In a psychologically safe group climate members feel accepted and trusting. They come to believe that their interpersonal risk taking will not have negative consequences for themselves. Psychological safety is usually created through the provision of structure and the facilitation of agreements on group values and rules (Gauron & Rawlings, 1975).

In the men’s psychotherapy groups related to this study a focus on clients’ presenting problems are deliberately delayed in favour of prioritising the promotion of strong feelings of attachment between group therapy participants (Yalom, 1995). Attachment theory suggests that meaningful relationships with others provide a secure base for attachment individuation processes (Bowlby, 1979). Besides improving self-esteem and reducing frustration levels, positive relational bonds among group members may provide a supportive structure, the secure base from which to separate from attachments to that which is harmful like addictions, compulsions and violence perpetration (Fonagy, 1999; Sonkin & Dutton, 2003).

Thus an effective all-men’s group is a masculinised, male-friendly therapeutic container of trust, of ‘just being’, wherein men can relate to each other non-defensively about their pain and distress (Reddin & Sonn, 2003). During such group sessions participants are required to listen to others, to themselves and to that which is ‘unsaid’. They are encouraged to be still at times to feel and to allow themselves to be fully present to the occasional silences.

Studies point out that inside the men's group participants learn that emotional expression is a skill that can be taught and learnt (Moore & Haverkamp, 1989). A
participant may have internalised the common male emotional socialisation of emotional inhibition in the company of men. He may have learnt to associate emotional stoicism with masculinity (Mahalik, Cournoyer, Cherry & Napolitano, 1998). However, in the masculinised safety net of an all-men’s therapy group a man may show his vulnerability, breaching the taboo of ‘indoda ayikhali’ (a man does not cry), and still be comforted and have his manhood affirmed by other men (Reddin & Sonn, 2003). Therefore one of the key benefits of an all-male group is the power to role-model alternative ways of being a man (Van Wormer, 1989). Just being in the presence of other men may validate masculinity through the affirmation of belonging to a gender subculture because gendered others are salient to gender identity (Pattman, 2007).

Literature underscores the notion that the window period to re-work male identity concerns remains indefinitely open for life. Men may at any point of their lifespan intervene and modify their masculine identities (Diamond, 2006). Men’s groups may become a natural consciousness-raising opportunity for men to achieve a more mature masculinity (Stein, 1982).

Clinicians point out that the kind of male role modelling available in an all-men’s group cannot be done by the best-intentioned female facilitator (Diamond, 2006). However, the female facilitator in a men’s group may play a vital role in ‘validating’ the manhood of participants as a masculine-affirming female (Diamond, 2006). She indirectly supports masculinity through allowing herself to be ‘co-opted’ in the masculinity project of the group. As the gender gatekeeper, she protects the space as a men’s only container which allows men to be in the company of each other, while she never forgets her status as the gender outsider (Bernadez, 1982).

The revised hypothesis on male gender identity formation suggests that the young boy does not have to reject everything feminine to achieve a balanced masculinity (Diamond, 2004). The young boy forms an earlier attachment to both parents which continues and supports his turning towards his father as he enters the stage of gender identity formation (Diamond, 2004). In a similar vein the female group facilitator affirms the male group members’ embrace of each other, taking care not to be overwhelmingly present so as not to disrupt the masculine frame of the group.
(Diamond, 2006). As the ‘gender outsider’, she ‘submits’ to the masculine culture. Her mere presence in a men's group communicates her non-verbal sanction of maleness, signalling comfort and trust of an all-male environment (Diamond, 2006).

The significance of the protected all-male environment described above has to be appreciated against the backdrop of male distrust, fear, suspicion and violence against each other suggested by research (Mchunu, 2007). Male fears and distrust of men, sometimes accompanied by histories of seriously traumatic experiences with significant male figures, may have distorted men's views and the expectations of men in general, including themselves (Gargiulo, 2008).

Given the severity and widespread prevalence of father-son trauma and wounds and ‘father-hunger’, trust among men may be more challenging to achieve (Gargiulo, 2008; Herzog, 2004; Pease, 2000). Father-son wounds and father-son trauma may involve histories of abandonment and rejection, and experiences of physical, emotional and sexual abuse by the father (Pease, 2000).

A father may have been physically present to the developing boy in the father’s role as a material provider and authority figure, but emotionally aloof, distant or absent (Perrin, Baker, Romelus, Jones & Heesacker, 2009). A lack of a warm and trusting relationship with the father or a father figure may also create and engender distrust, suspicion and the avoidance of men (Pease, 2000). These negative and traumatising experiences with the father or father figures may form part of the experience of father-hunger. Father-hunger has been described as the wish for an emotionally intimate relationship with a father, an emotional yearning or longing for a father while the father is physically and emotionally unavailable (Perrin et al., 2009).

Trust is foundational to the establishment of intimacy and for healing to take place in a men's group (Monsour, 1992; Reddin & Sonn, 2003). Trust issues may be particularly salient for male participants who present with father-hunger in response to the absence of fathers or male role models for a variety of reasons (Herzog, 2004). Fathers may have been away from home for extended periods of time for work-related reasons or because of abandonment or other common male-related dysfunctions documented in the South African context (Hunter, 2005).
Within contexts where there has been a disproportionate focus on the primary caregiver, generally meant to mean the mother, and a corresponding neglect of fathers’ importance for children (Popenoe, 1996); men’s groups may serve to assuage father-hunger (Herzog, 2004). The men’s group may meet the need for male-to-male non-erotic intimacy as men apparently enjoy a range of intimacies with each other (Moodie, 2001). However, in a men’s group the yearning for a father may easily become eroticised, as some men suffering from father-hunger may harbour suppressed sexualised impulses towards men (Herzog, 2004). In men’s groups this aspect of same-sex attraction has to be dealt with sensitively as it has the potential to derail the collective work of the group (Rabinowitz, 1991).

The exclusive gender composition, male bonding, observances of rituals, vision of manhood and performances in the ‘making of men’ of the all-male psychotherapy groups may overlap with manhood rites of passages (Ndangam, 2008). In male initiation rites a vision of manhood usually precedes and informs the ritual, accompanied by a particular methodology expressed in the initiation process and celebration of manhood (Bernstein, 1987).

A number of cultural groups in South Africa have practised manhood initiation ceremonies for hundreds of years (Gqola & Goniwe, 2005). Among the amaXhosa, the ritual of ulwaluko is the name of the traditional transitioning from boyhood to manhood initiation (Gqola & Goniwe, 2005). An ulwaluko initiate, between the ages of 16 and 26, will leave home as a ‘boy’ (Gqola & Goniwe, 2005) and after a few months of engagement in traditions, rituals and symbolic acts – which include bodily practices like painting of the face and body, smearing of the body with fat, ritual washing in a river, learning and speaking of a special manhood language as well as circumcision or cutting of the foreskin – return home as a ‘man’, an indoda. An indoda has responsibilities and rights that the ‘boy’ did not have. The indoda has to conduct himself in public in a particular way and enact a new identity, a transformed way of being in the world as a culturally affirmed gendered person (Gqola & Goniwe, 2005).

This rite of passage is practised widely in the Eastern Cape region of South Africa, where some of the campus group therapy participants come from. From a group
therapeutic perspective it is important to gain an appreciation of the significance of these rites of passage for the all-men’s groups (Liu, Tsong & Hayashino, 2007). Group therapy participants may approach these all-men’s groups with culturally informed understandings of masculine environments (Gqola & Goniwe, 2005). Group therapy participants from the Eastern Cape may potentially have cultural insights and strengths that may benefit themselves and other group therapy members (Gqola & Goniwe, 2005).

During information workshops about the all-men’s groups I would for instance spontaneously adapt some of the marketing and recruitment messages to address *ulwaluko* aspects that may resonate with all-men’s psychotherapy groups. Some young men enter the men’s groups of this study with traumatic histories related to traditional circumcisions (Ndangam, 2008). They may also relate to the female facilitator of a men’s group with particular concerns as women are usually barred from direct participation in the execution of *ulwaluko* rituals, which is a largely (heterosexual) male affair (Ntozinia & Ngqangweni, 2016).

The men’s group, just like the male rites of passage, demands certain ritualised processes and outcomes of male behaviour (Rabinowitz, 1991). It may mimic the ancient gender rites of passage not only through ritualised regulation and containment of male energy, but as a site of personal and collective male transformation (Van Gennep, 1960).

Just like in *ulwaluko*, the men’s group of this study expects a willingness to tolerate pain and discomfort, so that the participants can be transformed through the methodology of emotion-focused group psychotherapy. In *ulwaluko* the initiates have to bear the discomfort of temporary separation and isolation from their families. They tolerate the loss of familiar comforts and the disruption of personal routines and habits. They also have to endure the physical pain of circumcision. In recent times of the crisis of *ulwaluko*, so well covered in media reports on the ‘botched circumcisions’, *ulwaluko* now confronts young Xhosa men as a potentially life-threatening encounter (Ndangam, 2008).
In the men’s group of this study, the male participants have to endure the discomfort of the arousal of negative and distressing feelings and memories. They have to learn how to manage and express negative and painful emotions. Instead of learnt defensive strategies against the awareness and expression of painful emotions (Betan, Heim, Conklin & Westen, 2005), they are actively engaged in going near the feelings they fear to feel and express. During their socialisation in emotional engagement, they learn a new language of speaking about their feelings and themselves, reflective of their transformed identities (Greenberg & Pascual-Leone, 2006).

Xhosa initiates are encouraged to deny their pain (Ntozinia & Ngqangweni, 2016). In contrast the men’s group participants have to go close enough to the pain of emotional arousal as well as reflect on it and express it so as to make available the transformative possibilities of emotional engagement (Greenberg & Pascual-Leone, 2006). The group facilitator, through some understandings of the intersections and divergences of ulwaluko and all-men’s group psychotherapy, may be alerted to participants who for cultural reasons may avoid or resist the expression of negative emotions.

Approaching the end of the discussion on all-men’s psychotherapy groups I would like to conclude with a reflective comment on male non-erotic (and/or erotic) yearnings for each other, whether these are ritualised as in manhood initiations (Gqola & Goniwe, 2005) or distorted as in enactments of violence and destruction (Dolan, 2002). There seems to be a deeper, hidden and seldom spoken about, truth about men and masculinity that practitioners who work with men may have ventured into. Yet this truth is possibly not so unfamiliar to the elders of male initiation rituals. That possibly unknown truth is the deep yearning and desire of men for the affirmation of each other (Ndangam, 2008). There seems to be a not so invisible male impulse to be seen and validated by other men (Flood, 2008). So profound is this desire that it may result in mutual attacks and destruction when this arcane craving is frustrated beyond a certain level (Mchunu, 2007).

Perhaps it is not so much that men are necessarily emotionally restricted as they seem to be disproportionately involved in the experience and expression of certain
emotions only, like anger, resentment, aggression and destruction. South African men have been primarily constructed as perpetrators of violence (Niehaus, 2005). Thus they may be most in need of the opportunity to develop the skill of empathic expression to each other, among a range of other levels of responses required to lessen the high rates of male-driven violence (Ahmed, Bawa, & Ratele, 2009). Putting men in touch with their feelings and encouraging non-erotic male-to-male intimacy as a key psychosocial change design is not the same as ignoring the problems that men cause (Hearn, 2007). Male emotional engagement is also not a denial of the complexities involved in the causation of violence (Scheff, 2003). However, the link between, on the one hand, feelings of exclusion and alienation, material, social or subjective vulnerability, humiliation, as well as frustrated yearnings for a socially acceptable masculinity and, on the other hand, the exertions of violence is too compelling to ignore (Dolan, 2002; Langa & Kiguwa, 2013; Ratele, 2013).

2.5 Conclusion

This chapter reviewed the literature on three key aspects of the study, namely masculinity, emotions and all-male psychotherapy groups. It started with an introduction to the definitions, concepts and concerns of masculinities. The concept masculinity was contextualised with respect to race, class, and socio-economic and historical issues that have implications for and shaped the formation of African masculinities. Local male strivings for a valued masculinity were commented on. I briefly reflected on some of the emotional experiences of men in response to socio-economic deprivation and disempowerment.

The section on masculinities was followed by a discussion of emotion. It started with an examination of some of the complexities of emotion as a concept, with respect to its multidimensionality. Some of the concepts that are often interchangeably used with emotion were unpacked. I then proceeded to examine emotion as it is applied within an emotion-focused therapeutic context with men.

Next I moved on to situating emotion in relation to gender before considering emotion as a response to cultural expectations. In the section on gender and
emotions I engaged with issues of male emotional avoidance, emotional restrictiveness and men’s purported heightened vulnerability for certain problems.

After this I considered how men’s engagement of their emotions shapes their help-seeking behaviour and their utilisation of mental health treatment. I concluded this section with a discussion on the recent awareness among practitioners who work with men about the need for paradigmatic and practical adaptations to men as a special mental healthcare population.

In the section on emotion and culture emotion as an experience and expression of cultural expectations was explored and examined. I considered the link between self-construal and emotion and briefly referred to the distinctive emotional behaviours of individualistic and collectivistic cultures. As part of this discussion I highlighted the concept of ubuntu as an African spiritual philosophy with implications for self-construal and consequently for the experience and expression of emotion. Ubuntu was specifically singled out as a philosophy that inspires the experience and expression of unifying emotions. This part of the discussion concluded with comments about the integration of local masculine experiences, emotions, gender and culture.

The remaining part of the chapter explored gender-homogenous unstructured group psychotherapy as the site of men’s engagement with their emotional world and its potential to modify men’s relationship with themselves and others. I reflected on the therapeutic procedures and processes that may enhance the explicit masculinisation of all-male psychotherapy groups. This was followed by noting the benefits of same-gender therapy and the therapeutic implications of the absence of women for male participants.

I introduced the application of an emotion-focused approach to men’s emotions and briefly described some of the other theoretical orientations that support the emotion-focused therapy of these men’s groups, including interpersonal group therapy, attachment theory, culture-specific beliefs and practices and psychodynamic psychotherapy. I dealt with the all-men’s group as a site of male gender identity formation as well as an opportunity to appease father-hunger and to heal and
recover from male-inflicted emotional wounds. The chapter concluded with an exploration of the significance of manhood initiation rites for male same-gender psychotherapy groups.
3.1 Introduction

This qualitative study was aimed at gaining an understanding of how men engage their emotions. The researcher is a clinical psychologist and the participants were drawn from a pool of men who had undergone all-male group psychotherapy. This study is concerned with engaging men in ‘emotional work’ as a strategy that may form part of comprehensive intervention approaches to reduce male experiences and expressions of violence (Van Niekerk et al., 2015).

A macro-level sociological analysis of emotion (Barbalet, 2001) is drawn on as an explanatory tool for the effective psychotherapeutic engagement of the emotions of men in this study. A sociological analysis of emotions directs the limiting views of male violence as irrational and pathogenic and exclusively bent on the destruction of self and others, towards an expanded, holistic emotion-focused understanding of male violence amenable to creative therapeutic engagement.

The first part of the chapter deals with explanations of a sociological view of emotions and the perspective it offers of male violence and men’s emotionality. The second part of the chapter is devoted to the integration of the sociological view of emotions with the treatment frame in which the emotional work with the participants in this study takes place. A sociological view of emotions directs the application of treatment theories for the creative gender-conscious and context-sensitive therapeutic engagement of men’s emotions. The sociological theory of emotions is thus the theory of analysis on which this chapter is based, and I describe this theory and its application.

The treatment theories comprising relational group psychotherapy (Yalom, 1995), emotion-focused therapy (Fosha, 2000; Greenberg & Pascual-Leone, 2006), attachment theory (Bowlby, 1969), principles of psychodynamic theory (Garland, 2010) and culture-specific procedures and strategies like the ubuntu ethic (Chuwa,
or African-centred understanding of emotion (Piper-Mandy & Rowe, 2010), are drawn on for descriptions of the applications of treatment in this study. These theories are only briefly described with respect to their responsiveness to the sociological analysis of emotion and insofar as they help to describe the application of treatment in this study. Similarly violence as a concept is not dealt with in detail. The central concern of this chapter is to describe the emotional engagement of men. Violence is thus only explained to the extent that it promotes an emotion-focused understanding of male violence that may be amenable to creative therapeutic engagement in the context of all-male group psychotherapy.

The chapter begins with a brief contextualisation of male-driven violence. This is followed by an introduction to the macro-level sociology of emotions (Barbalet, 2001). In this section I explain the connection between male violence and social structures. I describe emotions as a resource that is differentially distributed in society. A redefined understanding of violence as a response to social structure suggests that violent emotional responses to social structure can also be conceived as an expression of human morality, agency and social justice (Barbalet, 2001).

In the last and largest part of the chapter I apply the sociological analysis of emotion to the treatment context of gender-homogenous group psychotherapy in this study. I begin by describing the group therapy intervention as a ‘micro-level social structure’. The group therapy social structure is not only a container of therapeutic intimacy and attachments between group therapy participants, but forms the structural support base for the male directive and competitive style of interpersonal engagement (Maccoby, 1990).

From there I move to descriptions of the emotion-focused engagement of the subjective, personal dimensions of emotional experience and expression. I reflect on the use of one of the key principles of emotional work, which is working through primary emotions (Greenberg & Pascual-Leone, 2006). Going close to and entering the arousal of primary emotions, in other words feeling and reflecting on emotions such as loss, sadness, helplessness and shame may redirect the male tendency to bypass vulnerable emotions (Scheff, 2003) towards the resolution of trauma and the prevention of violence and destruction (Van Niekerk et al., 2015).
The final part of this section deals with the structural cultural environment including that of poverty, structural violence and the thwarted ambitions for a valued masculinity that have implications for the therapeutic engagement with men. I close the chapter with conclusive comments.

3.2 The problem of male violence

Internationally, when the numbers of men relative to women who are confirmed to have died by suicide are counted the gender inequality is startling. Men are up to four times more likely than women to complete suicide successfully (Moscicki, 1997). Most crimes are committed by men, especially violent crime (Bennetta, Farringtona & Huesmann, 2005).

South Africa’s crime statistics are among the highest in the world (Demombynesa & Ozler, 2005). Men are both likely to be the perpetrators of such crime and are themselves vulnerable to violence (Ratele, 2008a). Gender-based violence is typically committed by men against women and children (Wood, Lambert & Jewkes, 2007). Researchers report disturbing rape statistics (Jewkes & Abrahams, 2002). Men are the perpetrators of excessive rates of homicide and other incidents of violence against other men (Ahmed, Bawa, & Ratele 2009), which may explain the large number of men that go missing from the South African population register (Ratele, 2008b). Violence and injuries are the second highest cause of death in South Africa (Seedat, Van Niekerk, Jewkes, Suffla & Ratele, 2009). Furthermore, the life histories of offenders incarcerated for violent crimes are littered with their own victimisation by structural and physical violence compounded by the absence of caring and supportive adults in their lives (Gould, 2015).

Black men, relative to white men, are more likely to be burdened with unemployment (StatsSA, 2014). Black men and women are a part of those who remain deeply rooted and trapped in persistent poverty in South Africa with limited opportunity for upward mobility (Adato, Carter & May, 2006). Post-apartheid South Africa remains a highly unequal society where race and class almost absolutely overlap and where race and seemingly rigid class structures determine one’s access to the highly skewed and unequal distribution of social goods (Adato, Carter & May, 2006).
Indications of local male subordination and victimhood notwithstanding (Hunter, 2006; Rabe, 2006; Ramphele & Richter, 2006; Ratele, 2008b; Wilson, 2006), considering the scale of male-driven destruction, men retain their status as the undisputed creators of problems for themselves and others (Hearn, 2007). Men are associated with that which is injurious and dangerous (Ratele, 2013). They may be regarded as a questionable therapeutic population (Dienhart, 2001). The very idea of engaging their emotions for the purposes of personal transformation and growth may be considered daunting and even an exercise in futility.

The above referenced literature suggests the presence of intense quantities of emotions that tend to accompany acts of violence and aggression such as feelings of hostility, agitation and anger (Anderson & Huesmann, 2003). A macro level of analysis of emotion embeds emotion within social structure (Barbalet, 2001). If hostility, resentment, anger and expressions of violence are responses to social structure then changes to the social structures, for example reducing systemic racism or increased opportunities to earn an income (Adato, Carter, & May, 2006), may alter the emotional responses and hence the violent behaviour of men (Barbalet, 2001). If emotion inheres in social structure then earning an income and access to assets like family relations or housing (Adato, Carter, & May, 2006) may increase the confidence of men and reduce levels of resentment, vengefulness, anger and aggression (Barbalet, 2001).

The emotional work with the men in this study proceeds from a reframed emotion-focused understanding of male violence perpetration. Contrary to assumptions of male emotional restrictiveness (Wong et al., 2006), the widespread male-driven violence may indicate that men are expressive of their emotions, albeit the kind of emotions that are usually accorded pathological status (Barbalet, 2001; Emirbayer & Goldberg, 2005).

Reframing violence as a form of emotional expression is of central importance in a study that aims to understand the emotions of its male participants. If emotions are part of the expression of violence and aggression, and emotion being a hypothetical construct that does not exclude a sense of agency, it could imply that some men who perpetrate violence may also be available for a therapeutic engagement of their
emotions. To explain the effective therapeutic emotional engagement of the men in this study requires situating male emotionality within a macro-level sociological analysis of emotion, which follows next.

### 3.3 A sociological view of emotions

A sociological analysis of emotions is used to explain the therapeutic engagement of men's emotions in this study. Such an analysis of emotions locates the experience and expression of emotion within the social structures of society (Stets & Turner, 2008). A sociological view of emotions conceives of human behaviour, including that of emotion process and function, as constrained by social structures. Social structure may not be immediately obvious, it may even be hidden, yet exert a powerful influence on the behaviour and relations between people. Within a sociological framework of emotion culture directs, guides, shapes and regulates people's responses to social structure. Emotional experience and expression is thus mutually 'organised' and constrained between culture and social structure (Stets & Turner, 2008).

By social structures I mean institutions like the family, economy, politics, law and religion (Parsons, 1940). Social institutions together with social forces such as race, class structure, gender, poverty, inequality, homelessness and social capital, form the overarching social structures or macro-level structures of a society (Dunlap, Johnson, Kotarba & Fackler, 2010). These macro-level arrangements shape social interaction. The social institutions are in turn arranged in hierarchy, roles and relationships. The within-group relations of a family, for example, may be differentiated into the roles of father, grandmother, mother, first-born son, last-born daughter and so on. The people in these social institutions may come to command different powers and status. Different individuals, families, religious and educational institutions may belong to different class structures within society, may differ in wealth and assets or material property, educational attainment and other sources of social stratification (Parsons, 1940). Social structures shape access to societal 'social goods', resources like power, for instance, and opportunities like education and jobs (Stets & Turner, 2008).
Micro-level societal arrangements refer to the small-scale interactions between people, which comprise face-to-face and personal exchanges (Ritzer, 1982). Macro-level forces like poverty, unemployment, inequality and the lack of upward mobility have consequences for the micro-level behaviour of people. Macro-level societal forces shape the face-to-face communications between people, the relationships that people are able to form, their educational and employment opportunities and their degree of social mobility (Dunlap, Johnson, Kotarba & Fackler, 2010).

The significance of a sociological view of emotions in this study, and specifically a macro-level analysis of men’s emotions, is that it not only views men’s emotional experiences as a function of their location within certain social structures, but that the specific structural cultural location in which the emotion arises, for instance poverty, inequality and racialised oppression, is regarded as a crucial part of the emotional experience. Emotion may be part of the internal state of an individual, may inhere in societal social structure as well as in the relations between people. In the words of Barbalet (2001, p. 62) emotion is ‘a social thing’.

Human aggression is defined by its intention to inflict or cause harm to another, according to Anderson and Huesmann (2003). These authors describe violence as an extreme form of aggression, like homicide. Since there are many different forms of violence causal explanations of violence are challenging to confirm (Beinart, 1992). In this study I focus on the emotions that are closely related to violence, such as hostility, fear, resentment and anger (Anderson & Huesmann, 2003; Barbalet, 2001). Violence hurts or harms others, and is mostly perpetrated by men against themselves or others, although women have also been found to be capable of physical violence in intimate relationships (Anderson & Huesmann, 2003).

Victims experience violence as aversive, and are usually motivated to avoid such harm directed at themselves (Anderson & Huesmann, 2003). Violence is detrimental, causes destruction, is costly and even devastating, but tells only part of the story of violence (Beinart, 1992). Commonly when one reads descriptions of violence it is depicted as if there had been some highly disagreeable situation that had suddenly ‘boiled over’ to ‘erupt’ into violence and destruction. For the purposes of this study I am interested in a sociology of emotions because it tells that there are ‘foreseeable’
feelings that may be experienced in response to the social structures in which people are embedded (Barbalet, 2001).

Let me for a moment reflect on how the experience of male unemployment in this country is commonly approached by scholars. While macro-empirical literature on unemployment focuses on such issues as the racial disparities in unemployment or the strategies used by the unemployed to cope with their joblessness (Kingdon & Knight, 2004; Klasen & Woolard, 2008), in the local context there is a rare focus on the emotions that are generated by chronic unemployment and an examination of the link between such emotions and the prevalent violent protests (Langa & Kiguwa, 2013) and other manifestations of violence so commonly perpetrated in South Africa.

I expand on the employment example. The incidence of unemployment in South Africa is of the highest in the world and on the rise. The already elevated unemployment figure of 31% in the early 1990s rose to 41% in 2002 (Kingdon & Knight, 2004). An unemployed man who is unable to find a job even after he has been actively searching for work for a long time is likely to experience frustration. If his unemployment is prolonged, which is possible in the South African context, where unemployment may also be accompanied by low prospects of ever finding a job (Klasen & Woolard, 2008), lengthy stretches of joblessness may lead to added feelings of hopelessness and despair. If his failure to generate income means he is unable to feed his children he may also experience feelings of inadequacy, helplessness and even depression (Wilson, 2006).

If you are an unemployed African man and the distribution of unemployment between whites and Africans varies dramatically, 6% versus 41% (Kingdon & Knight, 2004) in a society that is organised around racial and class lines, and you witness that white men are able to access jobs and other symbols of success, feelings of resentment, vengefulness and envy may be generated as well (Barbalet, 2001). If as an African man you are made to feel socially excluded in such a race-based society and you are prone to experience discrimination and rejection and survive related incidences of oppression on a daily basis you may find your confidence eroded, which is a feeling, and may also experience induced feelings of shame (Barbalet, 2001).
Furthermore, access to an acceptable masculinity may depend on the ability to generate income. Manhood ideologies are often culturally constructed, which may produce feelings of unmanliness and the inability to meet culturally defined expectations of manhood (Hunter, 2006). Given that men may face multiple interconnected macro-level challenges one may add histories of childhood exposure to abuse and violence (Abrahams, Jewkes, Hoffman & Laubsher, 2004), material poverty (Adato, Carter & May, 2006), racism and historical legacies of systematic material dispossession and socio-cultural dislocation (Reid & Walker, 2005), growing up fatherless or being abandoned by the father (Morrell, 2006).

I repeat here that emotions inhere in a context, that feelings are relational, experienced in response to something and also towards something (Emirbayer & Goldberg, 2005). In the example of unemployment cited above the feelings that were evoked can be regarded as consistent with the experience, given the social structural context. Hence the emotions of frustration, hopelessness, disempowerment and despair are emotional experiences that are prone to arise within the constraints of particular social structures. This way of understanding the emotions accompanying the experience of unemployment therefore affirms that the context itself is part of the emotion (Barbalet, 2001).

However, contrary to the tendency of approaching violence as exclusively pathological, it is reasonable to regard feelings of frustration in response to an inability to secure a job as a ‘rational’ response to a structural condition (Barbalet, 2001). The experience of anger, resentment and vengefulness, though less welcome emotions, are consistent with living in an extremely unequal society with polarised and very visible lifestyle differences between those who ‘have a lot,’ and on the other hand those who find themselves unable to secure the means with which to ‘lift’ themselves out of the traps of poverty (Adato, Carter & May, 2006).

Feelings of unfairness and injustice, including anger, can be conceived as moral emotions in certain contexts. These feelings are part of reflexivity, of self-consciousness (Barbalet, 2001) and of agency, possessing of a capacity to change one’s social conditions (Archer, 2007). Such ethical and actionable emotions convey information about justice and how to ‘set things right’ (Emirbayer & Goldberg, 2005).
The lynching of African Americans in the southern states of America was stopped when they, African Americans, mobilised by their resentment and anger, took action against such a crime against their humanity (Barbalet, 2001). Anger and resentment are sometimes necessary emotions as part of the mobilisation of agency, agency that may have to be redirected at times, but agency nevertheless (Emirbayer & Goldberg, 2005). Because part of the function of emotion is that it generates action, in fact, that is what emotion has come to be seen as of late: as part of rational action and not opposed to it (Barbalet, 2001).

According to Barbalet (2001), the emotional experiences of subpopulations of society are related to their hierarchical position in that society. He approaches emotions such as confidence and resentment as a resource that is unevenly distributed throughout society. Those positioned on the lower socio-economic rungs are more likely to experience feelings like disempowerment, lack of confidence, resentment, aggression and anger. He explains that those who are disempowered may also experience fear. Furthermore, if individuals attribute their fear to external factors, fear is likely to convert to anger and aggression (Barbalet, 2001). Anger and aggression may be accompanied by feelings of vengefulness against those who are perceived to benefit unfairly from the unequal distribution of power in society. Given the weight, depth and intractability of structural poverty, inequality and the lack of social mobility observed in the local context (Adato, Carter & May, 2006), it is to be expected that high levels of resentment, anger and aggression will be generated against those who are perceived to unfairly benefit from inequality (Barbalet, 2001).

I have already mentioned that emotion is often positioned in opposition to reason (Emirbayer & Goldberg, 2005). A more recent proposal is that emotion and reason are part of one continuous process (Barbalet, 2001). Problems have been observed with a type of rationality, so-called ‘cold logic’, in which reason is separated from emotion (Emirbayer & Goldberg, 2005). Reason and emotion have come to be regarded as working together, the one informing the other, the one ‘weakened’ without the other. An example that was described is the process of making decisions, and how feelings of certainty or of confidence can promote the rational process of decision-making (Barbalet, 2001).
The supposed opposition between emotion and intellect is part of a bigger problem. A related concern that has implications for the understanding of male violence is the one-dimensional perception of emotions such as anger and aggression. Emotions such as resentment, vengefulness, anger and aggression, far from being exclusively pathological emotions or purely psychological states or irrational (Emirbayer & Goldberg, 2005), are complex states with cognitive, behavioural, agentic, ethical and directive components (Barbalet, 2001). These emotions may be rational responses to the concrete social structures of inequality, poverty, degradation and so forth.

Drug dealing is more likely to occur in rundown inner-city environments with low prospects for employment and upward mobility. In such insular and low-prospect contexts, such as crime-ridden inner cities, drug dealing might be a rational, not necessarily a moral, response to a situation of surviving, of supporting one’s family (Dunlap, Johnson, Kotarba & Fackler, 2010). Violent protests in South Africa, populated as it is by working-class black men (Langa & Kiguwa, 2013), though it may often be misdirected and destructive in its aggression and violence, can be regarded as an expression of ‘protest emotions’, as expressing distress at perceived injustices (Emirbayer & Goldberg, 2005).

I would like to add my view regarding the theorising of male violence within social structures. It is not only individual men who are uniquely charged with emotional valences in response to social structures. Individual men may also be part of emotional climates that are created when congregations of men engage in common pursuits (Barbalet, 2001), for instance during the episodes of service delivery protests populated by working-class men in South Africa (Langa & Kiguwa, 2013). I am highlighting here the transpersonal aspect of emotional experiences. Certain emotions like hope and optimism may be part of a collective emotional experience, the emotional climate or collective emotions (Emirbayer & Goldberg, 2005). Thus emotions may be part of factors that inhere in individuals, contexts social structures, historical and temporal variables (Emirbayer & Goldberg, 2005).

In the above sections I have attempted to explain violence as an emotional response to macro-level social structures. I now turn to the second major part of this theoretical analysis, which is an explanation of the emotional work in an all-men’s
psychotherapy group. I am concerned with the therapeutic engagement of the emotions of the male participants of this study. Thus after explaining the connection between emotion and social structure I connect the macro-level analysis of emotions to the micro-level therapeutic engagement of emotions in an intervention such as the gender-homogeneous unstructured group psychotherapy of this study. Hence I retain a sociological view of emotions (Stets & Turner, 2008) while drawing on micro-level psychotherapeutic theories such as interpersonal group psychotherapy (Yalom, 1995), emotion-focused therapy (Fosha, 2000; Greenberg & Pascual-Leone, 2006) and attachment theory (Bowlby, 1969), as well as a culture-specific understanding of emotion, namely an ubuntu- or African-centred (Piper-Mandy & Rowe, 2010) approach to emotions to explain how I would engage the emotions of men in this study.

3.4 The application of a sociological analysis of emotions to the emotional work with the participants of the all-men's therapy groups of this study

Consistent with a sociological analysis of emotion the group therapy intervention is conceived of as a micro-level therapeutic social structure. Within the group an emotional climate of social cohesion, trust, psychological safety and risk-taking for the sake of emotional work (Greenberg & Pascual-Leone, 2006) is constructed through the application of the group therapeutic factors of social cohesion, universality and hope-giving, among other therapeutic factors (Kivlighan & Tarrant, 2001). Social cohesion is the principal group therapeutic factor in interpersonal group psychotherapy. It forms the basis from which the personal transformation work in group therapy proceeds (Yalom, 1995).

An African-centred approach to emotions, or an interpretation of the ubuntu ethic of the inescapable connectedness between persons (Chuwa, 2014), is applied with further implications for feelings of unity and ‘group-ness’ among participants. Participants of men’s groups are introduced, through a schematic illustration of the ubuntu dimension as part of the multi-dimensions of a person comprising emotion, cognition, body, spirituality, personal power and an animal or ‘lower self’ (Frager, 1999), to their inner and outer relatedness to people, culture and other social structures (Piper-Mandy & Rowe, 2010).
The emphasis of attachment theory on the primal innate nature of the need to belong, in addition to the importance that the ethic of ubuntu assigns to the interrelatedness of people (Chuwa, 2014), confers on men the status as primarily relational beings (Bowlby, 1969). Therefore if it is innate and inborn to all human beings to relate to others then it is also compelling for men to belong to others (Baumeister & Leary, 1995).

Before expanding on the therapeutic use of the bonds of attachment that develop between group therapy participants, I would like to reflect that the sociological reframe of the group as social structure may also make overt the synergies between the group as social structure and the participants’ gendered performances. The relationship that is proposed to exist between social structures and emotions in a macro-level analysis of emotions (Barbalet, 2001) is paralleled by the group as social structure containing the emotional experiences and expressions of the participants of the all-men’s groups of this study.

Though there seems to be sufficient evidence to suggest that group psychotherapy is a successful therapeutic modality or at least equal to individual therapy in therapeutic efficacy (Bolton et al., 2003; Garland, 2010; Holmes & Kivlighan Jr, 2000; Yalom, 1995), it may still not be entirely obvious why all-male groups are an effective gender-conscious strategy with male emotions. Yet practitioners who work with men recommend group psychotherapy as a gender-sensitive intervention with men (Cochran & Rabinowitz, 2003; Franklin, 1999; Heppner, 1981; Reddin & Sonn, 2003; Van Wormer, 1989).

Group therapy may have emerged as an effective therapeutic strategy with men because it is a socially ‘structured’ form of therapy. A masculinised group therapeutic format may be more compatible with the male style of interpersonal engagement. Men, in spite of their directive, competitive style of conversing, remain effective interpersonally and are able to cooperate and successfully complete collective tasks because the group structure organises their hierarchical and dominance way of engagement (Maccoby, 1990).
All-male group psychotherapy brings together members of a gender subculture, with a shared interpersonal style that relies on group structure for optimal functioning (Maccoby, 1990). This gendered subcultural phenomenon in a men's group reinforced by a particular ‘structure’ inserts itself at a range of levels of male participants’ emotional engagement of themselves and each another.

For instance the seating arrangement of participants in a men's group forms a physical structure that may reflect male social intimacy preferences. Clinicians and researchers confirm that men prefer group-based intimacy, a kind of shoulder-to-shoulder engagement with each other rather than facing each other like women do (Chu & Way, 2009; Golden, 2009; Heppner, 1981; Monsour, 1992). Hence the physical organisation of participants in a men's group may spatially reflect men's interpersonal intimacy preferences. The spatial patterning of the seating arrangement in a men's group creates a unique emotional geography of closeness and distance that shapes and informs male participants’ emotional experiences (Malekoff, 2011).

Sitting side by side not only allows men to regulate the intensity of the emotions that can be evoked in a therapeutic context, but also encourages men to approach their emotion work like ‘a project’. There is some empirical support that boys not only tend to congregate in larger groups than girls do, but that they use these group formations as sites of project management to carry out joint tasks and accomplish group goals (Benenson, Apostoleris & Parnass, 1997).

Then there are the structured ways of socialising and communicating with each other. A group therapeutic environment may be able to effectively respond to the male need for structural support (Maccoby, 1990). Formation of and adherence to ground rules, establishment of boundaries, commitment to the group purpose, rituals like group hugs, story-telling, ceremonies and customs all form part of the structural support that seem to direct interactions among men (Rabinowitz, 1991).

Turn-taking of talking and listening, collective meditations and other unifying practices instil a sense of common purpose, cohesion, commitment and direction (Reddin & Sonn, 2003). The strong bonds of attachment forged among participants
in men’s groups may in itself be a chief source of structure, the ‘secure base’ from which they risk the treacherous tasks of personal change (Sonkin & Dutton, 2003).

Male clients frequently enter therapy because of external pressures and may commonly be experiencing a life crisis or serious predicament (Verhaagen, 2010). The group structure becomes an important holding space, a container for supportive social crisis management (Reddin & Sonn, 2003). The group format’s therapeutic effectiveness may also lie in its ability to structure the socialisation of its participants. Some clinicians report that male clients may require more socialisation to the therapeutic process than female clients. They may not spontaneously talk or communicate sufficiently about the problems and difficulties they experience (Verhaagen, 2010).

Other concerns that may be accommodated by the significant peer presence in a group structure are interpersonal problems, trust issues and anxieties on authority (Good, Thomson & Brathwaite, 2005). Already perceiving their masculinity compromised because of help seeking male participants may be sceptical about the usefulness of therapy (Heppner, 1981). Male sensitivity to power in the therapeutic context can be accommodated by the peer-centeredness of group therapy although care is required to manage the destructive kinds of competition and conflict that men may project onto other male participants related to concerns about masculinity, intimacy and homosexuality (Heppner, 1981).

Unlike individual therapy, where the power of the therapist is centralised and the therapist in the foreground in the therapeutic process, group therapy has a more flattened hierarchical structure and the relationship between group facilitator and client is more interdependent (Holmes & Kivlighan Jr, 2000). In groups participants play diverse roles, not just a ‘sick role’ (Holmes & Kivlighan Jr, 2000). Therefore, instead of having to confront an authority as in individual therapy, the peer group becomes a way of sharing vulnerability in a face-saving way (Heppner, 1981).

The structure of group psychotherapy accommodates the need of the male client to retain some psychological control so that he does not experience an engagement with intimacy as a betrayal of male values (Nahon & Lander, 2008). Here it may be
important for the group therapist to appreciate that a man’s more assertive style may not signal his lack of willingness or inability to engage emotionally. The peer-led power assertive practices inside the men’s group can be assimilated without sacrificing the emotion work that defines the all-men’s psychotherapy groups of this study (Maccoby, 1990).

Expressions of control may be more familiar to some men than being in the ‘ebb and flow’ of thoughts and emotions as in ‘traditional’ psychotherapeutic processes (Good, Thomson & Brathwaite, 2005). Some men may automatically recoil from the acknowledgement and expression of vulnerable feelings as this may go against their primary socialisation of guarding against the demonstration of weakness, especially in the presence of other men (Maccoby, 1990).

The psychotherapeutic process requires giving up some emotional control frequently expressed as emotional restrictiveness and stoicism in favour of establishing and maintaining emotional intimacy and developing a capacity for emotional expressiveness (Good, Thomson & Brathwaite, 2005). This may proceed with smoothness if the male client is afforded some structure to control the therapeutic engagement and freedom to dictate the pace at which the increasing levels of intimacy and disclosure are established (Maccoby, 1990).

In the above sections I have attempted to foreground the gendered subculture that evolves in all men’s psychotherapy groups and how the group intervention as social structure is a good fit with these male-gendered performances particularly as it pertains to male intimacy styles, masculinised emotional expression and the accomplishment of personal transformational goals. I have provided some detail about how the structure afforded by the all-men’s therapy groups of this study allows male participants to retain their power-assertive interpersonal style without compromising the goals of the groups, which are emotional work and personal transformation.

The chapter will now proceed to a discussion of emotional work as it was applied in this study. The initial task of the group facilitator is to encourage attachment between participants. The group facilitator, having internalised the view of men as innately
relational, supports the basic male attachment capabilities towards the performance of sophisticated emotional work required during group therapeutic engagement (Sonkin & Dutton, 2003). The group therapy participants of this study are assumed to be mostly capable of understanding and considering the thoughts and feelings of each other. It was anticipated that they would be able to reflect on feelings and articulate their inner experiences verbally and or through action (Fonagy & Bateman, 2007).

It is from within the bonds of belonging (Bowlby, 1969) that participants form agreements on ground rules and group values. Participants commit themselves to the moral values of accountability and responsibility to tolerate the discomforts and sacrifices involved in getting close to negative emotions and experiences in order to heal and recover. The major purpose of the group is defined as emotional work. This requires participants to process their negative feelings such as shame, worthlessness and rejection (Greenberg & Pascual-Leone, 2006).

Emotional work entails feeling primary emotions such as the initial emotional responses of abandonment, fear and rejection at the loss of a primary caregiver. Unless emotions are experienced, they cannot be reflected on, thought about, spoken of and narrated so that a different understanding of the emotion and the circumstances of the emotion can be uncovered, with resultant revised self-understanding and transformed behaviours (Greenberg & Pascual-Leone, 2006).

Men have been found to display a greater tendency to suppress vulnerable emotions like fear and shame (Scheff, 2003). Constructions of manhood may lead men to shun all emotions except anger (Van Wormer, 1989). In addition, South African men have been afflicted with historical wounds and many continue being exposed to conditions that generate uncomfortable and unbearable feelings (Wilson, 2006). Thus under stress a man may spontaneously avoid feelings of shame or humiliation, choosing to react against such feelings of vulnerability, and instead access his rage and anger (Retzinger, 1991). This male tendency to avoid feelings interferes with mindfulness (Berceli & Napoli, 2007), described as an awareness of feelings and thoughts, the critical pause that may activate emotion regulation, to interrupt or avoid violence during potentially volatile situations (Scheff, 2003).
Being out of touch with feelings, or emotional numbness also known as dissociation, is in fact a key sign of trauma disorder (Cloitre et al., 2009). Traumatic experiences that are deliberately or spontaneously kept outside of conscious awareness, a form of emotional avoidance, may in response to certain cues associated with past trauma (Edwards, 2003) behave as split-off parts of the self and become dislodged to be externalised and enacted on self and others in the form of cruelty and violence (Dolan, 2002).

Recovery from trauma and the restoration of psychological health and wholeness demand consciousness and the acceptance of trauma events, which involves embracing avoided feelings associated with the trauma incident (Berceli & Napoli, 2007). Such grounding in feelings facilitates reintegration and wholeness of self because chronic avoidance or suppression of traumatic thoughts may compromise psychological health (Berceli & Napoli, 2007). Working through negative feelings and experiences leads to changed emotional feelings and transformed definitions of selves (Greenberg & Pascual-Leone, 2006).

Destructive violence is frequently a response to the chronic suppression of vulnerable feelings of hurt, loss and pain and the denial of or inability to grieve and mourn (hooks, 2004). A form of mindfulness – being in touch with feelings – is essential to wellbeing (Panksepp & Biven, 2012). A traumatised person has to risk feeling, to endure the painful feelings of past losses and humiliations in order to be humanised. When we allow ourselves to feel we are able to heal, to have a relationship with ourselves. It is only when we can feel ourselves that we can feel others, thus loving the self is a prerequisite for loving others (Miller, 1997).

On the principle of the centrality of the formation of relational bonds attachment theory synergises with therapeutic theories like that of the emotion-focused theory of change (Fosha, 2000). According to Fosha (2000), belonging or feeling secure in a safe relationship is a major factor in the acceleration of the personal change process. The fact that the attachment relationship remains indefinitely open to change suggests that in group psychotherapy participants have the opportunity to modify distorted attachment histories (Zhang, 2012). Practitioners who work with men describe this paradoxical therapeutic space where male clients form positive
attachments with themselves and others in order to let go of acts of destruction on themselves and other men, women, and children (Sonkin & Dutton, 2003). Therefore, the capacity to feel is perceived as a prerequisite for personal change. To be able to feel is to be capable of self-change (Fosha, 2000).

When a space is created in which men can do ‘grief work’ and process painful and devastating feelings following tragedy and loss, they can potentially avoid the more sinister consequences of male ‘bypass’ of vulnerability (Scheff, 2003). One of the consequences of the avoidance of vulnerability is that males who are the victims of severe domestic violence and childhood abuse tend to act it out on others, unless they are provided with an opportunity to get in touch with their own feelings of violation (Fonagy, 1999). Therefore before some men can interrupt their aggressive behaviour they have to attend to their historical wounds (Sonkin & Dutton, 2003). This particularly pertains to men whose violence enactments are limited to intimate partners (Sonkin & Dutton, 2003).

In this study men are approached as emotional beings who have feelings and who are capable of being vulnerable (Addis, 2008). Men who can feel can also reflect, and change, and can be sophisticated about emotional experiences and personal transformation (Jennings, 1987). An opportunity to heal and transform is a chance for self-emancipation. To become free from compulsive acting out of destruction to the self and others is a major achievement of personal liberation (hooks, 2004; (Miller, 1997).

Balanced intimacy engagements lead to feelings of closeness, belonging, kindness and care. One qualitative study that captured male-focused definitions of intimacy suggests that in healthy intimate heterosexual relationships partners trust each other, share with each other and, most importantly, self-disclose vulnerable and shameful aspects of themselves (Patrick & Beckenbach, 2009).

Practitioners who work with men report that men’s group participants engage in the tasks of grieving and reconnecting with themselves and others. They appreciate social and emotional intimacy with other men. They experience a sense of solidarity and community with other men joined in the collective task of personal
transformation (Reddin & Sonn, 2003). Men’s group participants may shift their self-understandings and their understandings of their manhood. They may rebuke each other for making derogatory statements about women. They take steps to interrupt substance abuse or apply themselves to be more engaged in their relationships with partners and children (King, 2005).

The all men’s group psychotherapy, through its emotion-focused approach and with its integration of relational group psychotherapy and an ubuntu ethic (Chuwa, 2014), which emphasises feelings of unity with others, forms an emotional climate which allows traumatised men’s group participants to grieve and mourn the vulnerable aspects of themselves instead of acting out with violence and aggression. Some men who behave violently in response to social structures, may in the safety of a men’s psychotherapy group be able to go near their primary emotions, which would allow them to grieve and regain self-empathy (Greenberg & Pascual-Leone, 2006). This would in turn allow them to review their violent behaviour. Dealing effectively with emotions can have the effect of restoring clarity of thinking.

Perhaps, through the positive connections formed with other men (Reddin & Sonn, 2003), they would be able to address some of the root causes of their anger. If they are distressed about their unemployment or of not being able to afford lobola (bridal price) to marry, they could then engage in more constructive ways of solving such problems. I am not at all suggesting that therapy can resolve all the problems of men. Given the unemployment example cited earlier, mere job creation may go some way to reduce male violence in this country. However, the men’s group may be a safe and thinking space for traumatised men to ‘re-group’, to prioritise how to approach problems, even when the sources of those problems are in the social structures. Hence, combining a sociological perspective of emotions with a psychological therapeutic approach suggests that even some violent men stand to benefit from an emotion-focused approach to psychotherapy within a group therapy social structure.

From the above it is apparent that the sociological view of emotions does not exclude the psychological, private and personal dimensions of emotional experience and expression. A sociological perspective on emotion assumes that emotion is not
separate from context, relations and broader social structural and historical temporal factors that shape and inform the experience an expression of emotion (Barbalet, 2001; Emirbayer & Goldberg, 2005; Stets & Turner, 2008). Hence the combination of a sociological and psychological theoretical framing of emotions enables an engagement of men’s emotions that avoids the pitfalls of psychologising presenting concerns that have their origins in the social structures of society. A practitioner who works with men does not have to choose between working with the private or social client domains. A sociological view of emotions allows a practitioner to comfortably move between engaging presenting concerns that emanate from the subjective psychological and emotional domains as well as the problems stemming from the social structures in which the client is located, which is what I turn to next.

In the Southern African context colonialism had a strong impact on the sense of self of African men (Kandirikirira, 2002). Their indigenous forms of masculinities were subjugated and widely displaced and sometimes replaced with colonised masculinities (Morrell, 2006). Many men lost their pre-colonial place in the family and as a result became alienated from their cultural networks (Mkhize, 2004).

These colonial experiences had negative implications for the male (and female) sense of identity and self-worth. With the demise of apartheid the new human rights framework with its emphasis on individual rights and women’s empowerment represented further losses for many men (Kandirikirira, 2002), who were still without the power sometimes to take care of the children that they had fathered (Hunter, 2006). Colonisers in the African context did not limit themselves to the destruction of the material base of African society. The psychological, spiritual, cultural and traditional base of societies was also invaded (Akbar, 1984; Biko, 1978; Fanon, 1967; Kandirikirira, 2002).

In apartheid South Africa the consequences of such an extended reign of terror were fear, for both the coloniser and the colonised (Biko, 1978). In postcolonial contexts the colonised psyches have been dented with inferiority complexes (Akbar, 1984; Biko, 1978; Fanon, 1967), identity confusion, a rejection of their own blackness (Kandirikirira, 2002) – dubbed the anti-self disorder – and various other forms of postcolonial psychological disorders (Akbar, 1984).
So even in present-day southern Africa it would seem that men’s excessive enactment of violence and destruction may in addition to other causes also be suggestive of an expression of anomie and normlessness. These men may act out in rage their feelings of being adrift, their helplessness and frustration at their unrecognised material and non-material losses and their loss of credibility and sense of worth (Kandirikirira, 2002).

This author suggests that in the Southern African context gender-based violence and other male-driven aggressions cannot be analysed in isolation from the historical structural and racialised violence, material dispossession and cultural genocide that had been inflicted on African societies. A reductionist approach to gender that limits itself to explanations of the destructive behaviour of men as exclusive forms of hegemonic masculinity, of asserting power over women and some men (Connell & Messerschmidt, 2005) is ignoring the complex levels and multiple interrelated forms of inequalities, oppressions, violations and neglect that characterise postcolonial contexts (Kandirikirira, 2002).

Inside the men’s groups on which this study is based, some participants presented with issues emanating from their socio-economic environment. One participant had experienced extreme levels of childhood physical and emotional abuse. All of the participants, except two, had survived episodes of physical abuse, emotional neglect, rejection and abandonment by father figures.

A perpetrator of intimate violence may have been a child victim of abuse (Fonagy, 1999). Furthermore, the adult perpetrator may be open to learn to manage his personal trauma in a manner that does not involve the abuse of intimate others (Sonkin & Dutton, 2003). Insight into participants’ early formative experiences itself shifts our understanding of male behaviour beyond that of anger and aggression towards the internal psychological and emotional world of men (Lewis, 1978). We may discover that not all forms of male aggression and violence are due to insatiable male needs for power and dominance over women and some men (Carrigan, Connell & Lee, 1985).
It would thus make sense to understand the formation of some local masculinities, especially their distorted and destructive forms, as responses to chronic experiences of powerlessness and frustration due to widespread structural, political and socio-cultural abuses of power (Niehaus, 2005). The high levels of societal ills caused by men can be re-interpreted as reactions to chronic and long-standing experiences of powerlessness and induced frustrations (Kandirikirira, 2002). As an extension of the above argument I highlight the disproportionate involvement of men in violence and destruction as symbolic of their victimhood rather than a display of masculine hegemony (Connell & Messerschmidt, 2005), comparable to an interpretation of rape perpetration by some men as an expression of their subjective experience of defeat and inefficacy (Niehaus, 2005).

I therefore lean towards conceptualising the participants of the men’s groups of this study as traumatised rather than as ‘naturally’ prone to violence and destruction (Hayslett-MCCall & Bernard, 2002; Sonkin & Dutton, 2003). The destruction and violence reported in the local context can similarly be perceived as a call for help rather than evidence of male unavailability for individual and collective transformation engagements.

3.5 Conclusion

I started this chapter by stating the problem of excessive male-driven violence in South Africa. I introduced Barbalet’s (2001) macro-level sociological analysis of emotions as a theory that not only broadened our understanding of ‘notorious’ emotions such as resentment, fear and anger, but also facilitated an emotion-focused approach to violence, making the latter amenable to creative therapeutic engagement.

The macro-level sociological theory of emotions reframes violence from an exclusive association with pathology and destruction, which it may also be, towards appreciating its intentional, motivational, moral and agentic components (Barbalet, 2001). A sociological understanding of emotions facilitates a more holistic, complex and empathic appreciation of the perpetration of violence. Besides generating more cooperative attitudes towards men as a therapeutic population, a sociological
approach to emotions transforms the very idea of emotions such as anger, aggression, resentment and violence. The sociological framing of male violence deepens, broadens and complexifies emotion as a multidimensional and multicomponential hypothetical construct that may facilitate the therapeutic engagement of the emotions of the men in this study (Barbalet, 2001).

Expanding the definition of violence also potentially modifies psycho-social change approaches to the perpetrators of violence. Men and violence are assumed to have both destructive as well as constructive elements. It disrupts the tendency to become moralistic and judgemental and to get trapped in an understanding of violence perpetration in a narrow moralistic frame. Appreciating violence as the complex outcome of multiple and complex levels of structural violence and other macro-level strains among other causal factors that men may experience, also helps to appreciate the complexity of psycho-social interventions with men.

A sociological theory of emotions, through its expanded emotional frame of male violence, potentially initiates a positive alliance between the participants of men’s groups and the practitioner who works with men. Practitioners who work with men need philosophical and theoretical support for effective psychosocial change work with male clients. A more nuanced appreciation of male experiences, specifically male violence, may assist practitioners who work with men to transcend the empathy challenges with men who seek out psychotherapeutic and counselling interventions (Wegner et al., 1998).

Even before the start of a therapy group one of the major tasks of the group therapist is to facilitate an alliance with the prospective group therapy participant (Gauron & Rawlings, 1975). There are a number of pre-group therapy procedures and practices that are utilised to achieve this goal, like the pre-group therapy interview and the dissemination of educational and logistical information about groups (Gauron & Rawlings, 1975). What I had focussed on here instead is the conceptual and practical orientations that may improve the empathic stance of the practitioner towards the potential male group therapy client as a result of a sociological view of emotions.
An explanation of the sociological analysis of emotion was followed by its application to the treatment of the participants in the all-men's groups in this study. Consistent with an integrated sociological and psychological analysis of male emotions, I described the group therapy intervention as a micro-level therapeutic intervention of social structure. I provided an account of the synergy between the social structure of the group intervention and the male gender subculture that relies on structure for effective therapeutic performances inside these groups.

I also described attachment theory, together with an interpretation of the philosophy of ubuntu, as fostering intimacy, closeness and feelings of belonging between the group therapy participants in this study. These bonds of attachment are simultaneously the foundation from which other therapeutic transformations are achieved as well as being an end in themselves. Attachment and feelings of belonging are of themselves a transformational experience for the participants of these men's groups.

The feelings of belonging between group therapy participants are in turn the relational foundation for the emotional work that requires the participants to access their primary emotions (Greenberg & Pascual-Leone, 2006). Primary emotions may comprise potentially painful feelings, which, if avoided and left unprocessed, may result in enactments of violence and destruction (Berceli & Napoli, 2007). I briefly described how the processing of primary emotions may beget healing and freedom from compulsions to hurt and destroy others. This part of the discussion went into the depths of the internal subjective psychological and emotional world of men. At this point of the discussion I touched on the link between emotion as experienced in response to social structure and emotion as the object of emotional work in the therapeutic encounter.

Lastly I discussed the significance of reflecting clients' structural cultural realities as implicated in psychotherapy. The significance of constructions of manhood for the psychotherapeutic engagement was explained. Issues of colonial trauma and race-based historical legacies were also engaged with. A macro-level structural approach to emotions facilitates the therapeutic integration of men’s structural cultural realities for effective engagement of their emotions. The socio-cultural and structural factors
that have been found to influence male behaviour include the capacity to generate income, poverty, historical and current socio-cultural and political forces and the desire for a socially acceptable masculinity (Morrell & Richter, 2006; Dolan, 2002).
4.1 Introduction

Methodology concerns the methods, tools or instruments and procedures followed to achieve the overall aim of the research study (Cresswell, 2007). This chapter examines the methods followed to address the aim of this study of exploring the group-based gender-homogenous therapeutic engagement of men’s emotions.

Firstly a description of the selection of research participants is given. I briefly explain the principle of saturation and the number of research participants interviewed. Next I engage some of the contextual aspects of the research with descriptions of the research participants, the research sites, including an explanation of the differential application of treatment that the research participants were exposed to. This is followed by accounts of the interviewing process including the development of a schedule of interview questions, the use of multiple interviewers and the pilot interview. Thereafter I proceed with a discussion of the data analysis. Issues of trustworthiness and ethical considerations are examined in the final sections of the chapter.

The study took on a qualitative interview research design (Hofstee, 2006). The interview design was selected because it is the best fit with the purpose and objectives of this research study (Polkinghorne, 2005). It made possible the achievement of optimal answers and responses to the research question about understanding men’s engagement of their emotions in a therapeutic environment (Turner, 2010).

Data was collected during semi-structured individual interviews with eight participants of all-male psychotherapy groups. Ethical clearance was received from the research site, the University of the Western Cape, and from the University of South Africa. Ethical procedures including the recruitment, invitation, consent and research formalities are dealt with in the last sections of this chapter.
4.2 Selection of research participants

The research participants were recruited from two psychotherapy treatment sites, the University of the Western Cape and a private-practice setting. At the university student counselling centre male undergraduate and postgraduate students who had previously received or were currently receiving individual counselling were targeted and recruited for participation. Research participants from the private-practice setting, who had either been referred to the all-male group after being in individual therapy with myself or other practitioners or were self-referred, made up the second group of participants.

Participants were purposefully selected. Purposive selection is a non-probability type of sampling also known as judgmental sampling, and is based on the consideration of the researcher (Crouch & McKenzie, 2006). Research participants who could reflect and provide considered accounts of their participation in all-men’s group psychotherapy were singled out for in-depth interviews.

The literature describes men in psychotherapy as a particularly absent and neglected population (Dienhart, 2001; McCarthy & Holliday, 2004). Participants of all-men’s group psychotherapy can therefore be regarded as ‘key informants’ and the information they provide as ‘specialised information’. Such participants cannot be randomly identified. They are knowledgeable informants of a special or rare experience (Crouch & McKenzie, 2006).

Participant selection criteria were adapted for the two research sites. The decisive consideration was treatment exposure to the model of all-male group psychotherapy of this study. Attendance of a minimum of four and 24 sessions of all-male group psychotherapy for the university and private-practice site respectively were considered sufficient treatment exposure in the two research sites.

In the context of brief term group psychotherapy on the campus, attendance of four sessions of group psychotherapy constitutes half the number of group psychotherapy sessions that usually take place per semester. Four sessions would thus comprise the bare minimum of exposure to the intervention that is of sufficient
duration to experience the power of the group process that enables some experiential engagement and appreciation of the subject matter under investigation.

Further selection criteria for both sites involved participants who consented to be interviewed, were available for face-to-face interviewing at or close to the physical location of the research sites, and who had the capacity for in-depth reflection on and communication of their group experience in English.

4.3 The diversity of the research participants and the treatment sites

The more diverse the participants, the richer and more nuanced the data, which is exactly the point of qualitative research (Polkinghorne, 2005). It is assumed that when participants differ widely on certain variables, their particular narratives may be informed by such differences, adding to the concentrated, diverse and distinct quality of the data (Cresswell, 2007).

The decision to diversify the participants at both site and participant level came after careful consideration and consultation. The diversity of the participants was achieved in accordance with the principle of maximum variation that requires that the criteria on which participants differ be determined in advance and for the selection of participants that are maximally different on the identified criteria (Polkinghorne, 2005).

The outcome of the application of the principle of maximum variation was a number of the participants who differed from each other according to site and organisational contexts of the treatment, application of theory and technique, treatment exposure, age, race, educational status, occupation, marital status, fatherhood status, regional location and type of area where participants grew up (urban versus rural) (Cresswell, 2007).

The research participants ranged in age from 22 to 51 years, most of whom fell within the 20 to 30 years age category. The average age of the campus site participants was 23 years. The average age of the private-practice site participants was 40 years.
The private-practice participants are married except for one, who is in a long-term serious relationship. None of the campus site participants are married and only the pilot interviewee is a father. Half of the private-practice participants were biological or social fathers at the time of this study.

The private-practice participants are in full-time employment in diverse occupations such as teaching, media, financial administration and counselling. The campus site participants were full-time undergraduate or postgraduate students whose studies are commonly financed through the South African government student loan and bursary scheme or the National Student Financial Aid Scheme (NFAS), or they may be financially supported by their families or supplement their income with part-time employment on and off campus (Jones, Coetzee, Bailey & Wickham, 2008).

The participants were geographically diverse, coming from different parts of South Africa including the Western Cape, Eastern Cape, Northern and North West provinces. Half of the participants, that is the university site participants, had spent their early formative years in a rural environment.

The participants are South Africans who identified themselves as black, coloured and white1. Four of the participants were black, which included the pilot, three were coloured, and one participant was white.

In the following sections I elaborate on the diversity of the research participants as it relates to their social class position and treatment. The duration of treatment, treatment goals, the psychotherapy theories that underpin the treatment and the application of techniques at the respective sites were all responses to the imperatives of the psychotherapeutic context, which in turn may have contributed to the uniqueness and commonalities of the narratives of themes collated in this study.

1 In this paper I refer to blacks and coloureds as racial categories in accordance with the Apartheid Population Registration Act of 1950, which racialised the population into three groups: black, white and coloured. I am aware that some South Africans may prefer to identify themselves as black according to the Black Consciousness Movement, as a unit of different black categories united against racial discrimination (Biko, 1978).
The socio-economic status of the campus site participants varied from poor or ‘struggling to make ends meet’ financially (Letseka & Breier, 2008) to a minority who meet the criteria of middle class status, namely those who receive a regular income and can financially sustain possessions that mark a middle-class lifestyle like television sets, cars and property (Jones, Coetzee, Bailey & Wickham, 2008).

However, many students are challenged by survival and socio-economic concerns such as financial problems and the inability to pay study fees as well as a lack of shelter and accommodation (Letseka & Breier, 2008). Some originate from dysfunctional family backgrounds scarred by alcoholism, violence or the loss of ancestral land or related historical trauma (Ramphele & Richter, 2006).

Furthermore students in higher education have been affected by the HIV/AIDS epidemic (Kelly, 2001). They may be AIDS orphans who are previous or current heads of households. Some have lost their parents or do not know who their father is (Ramphele & Richter, 2006). They are frequently burdened with dual responsibilities, that of student and provider (Letseka & Breier, 2008). They hold down part-time jobs on and off campus, and commonly send money home to their poor families (Jones, Coetzee, Bailey & Wickham, 2008).

Next I highlight the application of treatment at the two research sites. The two treatment sites differed organisationally, institutionally, in client characteristics and treatment context. The psychotherapeutic experience of the campus population is framed by the larger university institutional structure. University students spend time together in common spaces on a campus and share an academic purpose. They are more socio-demographically similar especially with respect to age. The majority of clients seeking psychotherapeutic support in the university counselling service are undergraduate males and females in their early twenties. Furthermore psychotherapy with university students is aligned with the university’s vision and mission of academic performance (Schreiber, 2008).

In contrast private-practice clients do not frequent communal spaces beyond the psychotherapeutic encounter nor do they share common goals. They are older, with an average age of 40 years. Their psychotherapeutic experiences tend to be
personally and individually driven. Typically these clients may enter psychotherapy after experiencing a personal crisis or they may seek out counselling support to achieve personal growth and transformation goals (Nahon & Lander, 2008).

At both sites group psychotherapy theory that conceives of the group as an interpersonal site of healing which facilitates the formation and reinforcement of cohesive bonds among the group participants was the foundational theoretical approach (Yalom, 1995). This collective intimate alliance in a group forms the matrix of belonging, support, relief from symptoms of distress and isolation, and increasing intimacy with self and others (Yalom, 1995).

However, in the campus context the group facilitator adopts a more active stance to accelerate the therapeutic impact of the brief-term group process (Joyce, Azim & Morin, 1988). The group facilitator’s style of intervention in the group process is purposeful, intentional and directive (Macnair & Corazzini, 1994). She applies therapeutic strategies to foster rapid alliance building, take steps to address treatment anxieties and fears, facilitate the formation of cohesive bonds and directly address norm setting, therapeutic goals and expectations (Sue & Sue, 1977). This is in contrast to longer term psychotherapy in the private-practice setting, which is infused with ‘slower release’ psychodynamic theoretical principles with less structure and a more process-orientated open-ended approach accompanied by a less active therapeutic stance.

Furthermore therapeutic goals in the campus setting were inclined to be “modest”, that is less concerned with ‘cure’ and more with the optimal management of pressures beyond the therapeutic setting with an emphasis on containment, support and education (Kim, 2007). Clients who present with more socio-economically driven pressures require more structure, directedness and containment (Joyce, Azim & Morin, 1988). Because of the emphasis on support and containment more use was made of structure and directive strategies (Gilbreath, 1967).

Campus site research participants commonly present with similar issues to private-practice participants such as depression, addiction, and self-esteem and relational concerns, but they tend to report more multi-faceted and complex problems, that is
greater levels of multiple psychosocial challenges and significant unprocessed psychological and emotional trauma accompanied by poor and/or broken support structures (Schreiber, 2007). Therefore the treatment approach in the university context is more focused on psychotherapeutic methods that privilege containment, support and reconnection to social networks on and off campus (Budman & Gurman, 1983).

The above reference to the conditions that support therapeutic change necessitates clarification of the potential differential state of readiness for therapeutic change of the research participants at the different sites. Therapeutic change readiness refers to the developmental, material and social conditions that support and sustain therapeutic change (Sue & Sue, 1977).

For reasons of age, social class position and other factors the private-practice participants tended to be more developmentally and socio-economically enabled to engage the process of inner change. They live with their families in rented or bonded properties. They can afford to pay market-related fees for their psychotherapy sessions, in cash or through medical aid arrangements. In contrast university research participants, besides being less developmentally ready, may be more burdened with concerns of survival and therefore less enabled to engage the psychotherapeutic change process (Letseka & Breier, 2008).

The average treatment exposure for the campus site participants was ten sessions or one semester. In comparison, the average number of sessions attended by private-practice participants was at least forty sessions.

Brief-term group psychotherapy for the duration of one semester or the equivalent of an average of ten weekly group sessions has been facilitated on campus at the start of every semester since 2009, bringing the total number of brief-term groups that have been facilitated on campus to twelve (Schreiber, 2008). A short-term group model with an expectation of client attendance for the duration of one semester is compatible with university lecture schedules and potentially minimises client treatment dropout and poor attendance (Macnair & Corazzini, 1994).
In contrast one long-term group has been facilitated at a private-practice setting off campus since 2010. An optimal number of participants in this long-term group are sustained with the “slow open format”. This format is a method of maintaining group membership through a cyclical replacement of members who leave with new members (Budman & Gurman, 1983). Group therapy dropout or attrition rate is high and sometimes a stable membership is sustained through creative member admission strategies such as the open group format, which allows the group to remain indefinitely open to receive new members (Macnair & Corazzini, 1994).

4.4 Total number of research participants

The number of research participants, and therefore the number of interviews that were conducted, was guided by the concept of saturation. The interviewing process was stopped when it became apparent that continuing the process would not provide new information (Mason, 2010).

Of the eight interviews that were conducted between the campus and the private-practice setting, it was noted by the fifth interview that the themes were starting to repeat themselves and no new information was forthcoming, but we proceeded to the sixth interview. The data of the sixth interview was clearly rich and nuanced, but the exhaustion of themes was more abundantly evident with no new information emerging. I proceeded to complete two more interviews and then stopped.

4.5 The interview process

Eight interviews were concluded over a period of eight months, from the beginning of May to the end of December 2013. Interviews ranged in duration from 50 to 90 minutes. The interviews were done in English in a private and confidential physical setting, audiotaped and transcribed.

The interviews were divided between the two interviewers, the researcher of this study and a male interviewer according to research site. The university research participants, who had all terminated their brief-term group therapy months and sometimes years before the interviews took place, were interviewed on campus by
me. The private-practice participants, who were all group therapy clients, were interviewed by the male interviewer at the institution where he is currently employed.

Interviews with the university site participants took place in the student support centre where these participants had attended their group psychotherapy. The interviews were conducted in a space that was physically separate from the venue where the all-male psychotherapy groups usually took place. This location may not have been ideal as it reinforced the dilemma of overlap between psychotherapy and research (Haverkamp, 2005).

On the other hand it was pragmatic as venue space at this university is at a premium and coordinating an arranged venue with the study schedules of the participants would have been problematic. Transporting participants to a venue off campus could have raised its own set of ethical, safety and practical concerns. Doing the interview inside the broader physical location where students receive psychotherapeutic consultations may also have added some advantage in that it served to orientate the research participants to the group psychotherapy experience as most of them had terminated their group therapy sessions months prior to the interview.

The research participants were provided with relevant information about their allocated interviewer as it pertained to the research process and given an opportunity to react to this information (Haverkamp, 2005). Each interviewer made contact with and organised appointments with their allotted interviewees. The interviews were conducted at a time that was negotiated between research participants and their interviewer.

An important decision that affected the facilitation of interviews was inviting an external male interviewer to carry out some of the interviews (Matteson & Lincoln, 2009). Each interviewer conducted four interviews. A common approach to the interviews necessitated robust interviewer collaboration. There was on-going communication about the content and process of the interviews between the two interviewers as they managed their split load of interviews. I conducted the first three interviews including the pilot interview. The male interviewer did the next three
interviews. I did the seventh interview and the final interview was completed by the male interviewer.

The development and implementation of an interview protocol facilitated a collective approach to the structuring and execution of the interview process (Matteson & Lincoln, 2009). The literature suggestion of an interview protocol proved to be helpful in organising key activities of the interview process like logging the starting and ending times of the interview, and directing the initial and closure parts of the interview, which enhanced the order and flow of the interview exercise (Cresswell, 2007).

A simple demographics question administered with the consent form just before the start of the interview provided accurate and up-to-date information about the demographics of the participants relevant to the research (Cresswell, 2007). The first interview was a pilot interview. The completion of the pilot interview led to the refinement of the schedule of interview questions and other adaptations to the research implementation process (Turner, 2010).

All the interviews were transcribed and analysed by myself. The transcriptions were verbatim, including non-verbal utterances. I shifted between interviewing, transcribing and analysing data while engaging in on-going theorising about the content and process of the research (Polkinghorne, 2005).

4.6 The development of a schedule of interview questions

A schedule of interview questions was drafted to guide and structure the in-depth interview process (Turner, 2010). Questions were generated from relevant literature, previous verbal and written feedback received from all-male group psychotherapy participants, clinical observations and the research question (Lewis, 1978; Reddin & Sonn, 2003). The schedule of questions went through numerous drafts, revisions and editing. (See appendix attached.)

This process of conceptualising and wording the questions most salient to the research question highlighted aspects of the research process that required greater
clarity and more precise definition. It intensified rigorous engagement with the research question, which in turn brought attention to areas of ambiguity and vagueness about the central aims and objectives of the research question.

The concerns and reflections about the research process culminated in the decision to carry out a pilot interview, which is discussed in detail in the next section. Following the implementation of the pilot interview a guided-imagery exercise or orientation to the group process experience was inserted to precede the schedule of interview questions. Changes were made to the order, wording and language of the questions. The wording and language of the questions were in turn more directly aligned with the central research question.

4.7 The pilot interview

The data for this pilot phase of the study consisted of one single interview with the pilot candidate that lasted just under one hour. I conducted the interview and was also the facilitator of the all-male group that this pilot interviewee had attended. The pilot interview was audiotaped and transcribed by me.

After completing the schedule of interview questions I had to think through and identify the criteria to select the ideal pilot candidate. A minimum attendance of four male-only psychotherapy group sessions was the primary criterion for participant selection. Those who had participated in both male-only and mixed-gender psychotherapy groups were excluded as attendance of two types of gender composition groups may obscure what is recalled and reported about the group experiences.

I took the decision to perform the pilot interview with a student on campus who had initially been exposed to the male-only psychotherapy groups of this study and afterwards participated in a mixed-gender psychotherapy group. One of the factors that decided his suitability as the pilot study was his brief treatment exposure. He had attended just four sessions of all-male group psychotherapy, but it had apparently been impactful enough for him to follow through on the ‘recommendation’ that he had received from the other male participants of this group. He was told that
he had ‘trust issues with women’ and had decided, in line with the suggestion of his group peers, that exposure to a mixed-gender group would be helpful in responding to this issue.

This participant had thus started with all-male group psychotherapy in the first semester and then purposefully shifted to a mixed-gender group in the second semester of the same year. His exposure to both all-male and mixed-gender group psychotherapy potentially enhanced his capacity to reflect on the salience of the gender composition of group psychotherapy for male participants, among many other insights that his diverse gendered group therapy treatments may have afforded him.

The other criteria that determined his selection were demographics and educational level. His ethnicity, rural background and age differentiated him from the private-practice site participants. He was a black Xhosa-speaking male from a rural background and at 30 years he was younger than the private-practice research participants, who were coloured and from an urban background. At the same time he was older than the university site research participants as well as an academic minority.

As a master’s student he was at a higher academic level than the other university site research participants. Furthermore, the fact that the pilot interviewee was relatively older than the university site participants suggested greater developmental readiness to reflect psychologically on his group therapy experience.

Overall the pilot interview had the following impact. It made the interviewing process ‘real’ and gave a tangible feel for fieldwork activities. It prompted me and the male interviewer to take charge of and refine the practical and technical aspects of the interview. Improved planning and organisation of the interview led to increased attention to detail and a more rigorous approach (Turner, 2010).

This in turn culminated in the development of a new fieldwork aid, like the interview protocol and closer cooperation between the two interviewers (Lincoln & Guba,
1985). It sharpened perception of the border between research and clinical practice (Haverkamp, 2005).

Besides the perceived lack of structure and insufficient organisation of the interview process there was a need for more tangible preparation and general ordering of activities leading up to and into the interview process. The pilot interview was carried out in response to some of these concerns about research focus and practical clarity (Turner, 2010).

The pilot interview gave the much needed “practice run” and orientation to the particularities of research interviewing in a way that reading about it would not have accomplished. During the planning of the pilot interview I was forced to think through the pros and cons of venue suitability, the timing and duration of the interview, the technical aspects of recording it and even about aspects of interviewee comfort during the interview (Partington, 2001). I emerged from the pilot process with a much clearer research vision and strategies on how to negotiate the boundary between research and clinical practice during an in-depth interview process (Haverkamp, 2005).

Enhanced understanding and clarity of the central research question is another dynamic effect of the pilot interview process. The pilot interview brought to the foreground and crystallised the centrality of the emotional element of the research question. It highlighted the focus of the research question as the link between male emotional expressiveness and male behaviour in both its positive and negative aspects like perpetrations of violence (Turner, 2010).

Finally, the analysis of the pilot interview data, sense-making and the communication of the results of the initial data analysis were the definitive research activities that came to characterise the iterative phases of data collection, analysis and interpretation that endured throughout fieldwork into the writing-up process (Crouch & McKenzie, 2006).

The pilot interview, from its preparation through to application and post implementation reflections, has to be singled out as the research activity that most
substantially informed and modified the conceptualisation and methodology of this study (Turner, 2010). The pilot interview was an invaluable aspect of the research process. The period leading up to the implementation of the pilot interview, the actual interview process as well as data analysis led to numerous unanticipated changes and adaptations to the research tools and procedures (Turner, 2010).

4.8 Data analysis

The method that was used to identify themes in this study is thematic analysis. This is the qualitative analytic method of categorising, analysing, describing and interpreting recurrent themes within data (Braun & Clarke, 2006).

Braun and Clarke (2006) provides six step-by-step guidelines of the phases in the application of thematic analysis. Step one involves immersion and familiarisation with the data. In this study familiarisation with the data already happened during the process of data collection as I shared the interview tasks with the male interviewer. Familiarisation with the data was further intensified during the transcription phase, as I transcribed the data as well. Thus I came to the analysis with some prior knowledge of the data, prior clinical contact with the interviewees and current exposure to the literature.

The second step involves a process of generating basic elements or segments that form meaningful aspects of the raw data. The third phase consists of broadening the initial codes into categories of themes. A hybrid form of inductive and deductive analytic approaches was used to identify themes. The verbatim responses of the interviewee were scanned to identify the “emerging themes”. At the same time I, as the researcher, was also actively contributing to what themes were recognised as such, what thematic content was defined as salient and which themes were reported on (Braun & Clarke, 2006).

During step four the initial themes identified are reviewed and refined. Step five comprises the defining and naming of themes, which culminates in the sixth and final phase of data analysis, namely writing the report.
Thematic analysis demanded from me an intense process of engagement with the text. It is a systematic and rigorous process of reading and rereading, recognition of themes, interpretation of data, attempts to stay true to the emic projections of participants, which eventually results in a theory that has been deduced from text (Braun & Clarke, 2006).

Throughout this process I was influenced by readings in the literature and also monitored my own thinking and writing, to ensure that I stay true to the text and data meanings intended by the research participants. During the process of data analysis the data was shrunk, narrowed down and reduced in volume, as the meaning was extracted from it (Braun & Clarke, 2006).

4.9 The process of data analysis

I alternated between interviewing, transcribing and analysing the eight interviews as part of a unified and continuous research process (Polkinghorne, 2005). Data analysis commenced with the data of the first interview, the pilot interview, and thereafter with every interview transcription. The initiation of data analysis and the initial identification and extraction of themes from the data were a key input of the pilot interview process.

4.9.1 Strategies and steps followed during data analysis

I inserted every interview question into a Microsoft Word document table. In a row below each interview question three columns, labelled response, theme and comment, were inserted. The responses to each question were then cut and pasted into the response section. In the theme column of the same row I scanned the interviewee’s response to search for and identify themes that emerged from that particular response. In the comment column I started the data analysis of each theme.

A theme was defined as content within the text that in some significant way was related to the research question, for example childhood experiences that influence
the way men make sense of emotions, or how being in a group with others influences self-awareness.

In the commentary column I commenced with data analysis of each emergent theme, associating thoughts and ideas about the theme and linking them to the literature or other significant clinical experiences, incidences or works. I made interpretations and began to explain how the theme linked to issues discussed in the literature and its significance to the research question.

When this first round of the thematic analysis process was complete the contents of this document were transferred into another Word document named the allocation of themes document. This document looked exactly like the first Word document except that the column containing each of the emergent themes was categorised as one of the four themes, namely group therapy, gender, male emotional expressiveness and childhood experiences.

Once this process was completed with all eight interviews, the contents of the eight allocations of themes Word documents were then transferred into an Excel sheet, one Word document per Excel sheet. Each Excel sheet was labelled with the number allocation of each interview, for example interview 1, interview 2.

In these Microsoft Excel sheets each interview underwent further analysis through the allocation of subthemes to every theme and through on-going engagement of the commentary section of each theme with the literature. For instance, the theme group therapy was allocated the subtheme generic group therapy factors, among others. Male emotional expressiveness was allocated the subthemes of among others the value of emotional expression and male vulnerability.

All these interviews were then combined into one Excel sheet containing all eight interviews, starting with the first and ending with the eighth interview. Further data analysis now took place in the form of the addition of and refinement of the subthemes as well as linking them with the literature and associations to clinically relevant incidences and comparisons.
4.9.2 Details of the thematic analysis process

The four themes, namely group therapy, gender, male emotional expressiveness and childhood influences, emerged as the outcome of a long cyclical process of increasing refinement and thematic engagement during the preliminary analysis of pilot data and the subsequent analysis of the rest of the interviews.

The themes that emerged during the pilot interview data analysis were expected responses to the schedule of interview questions or to the process of the interview except for the ‘surprise’ theme of childhood influences. The schedule of interview questions did not focus on childhood influences in the participants’ experiences of their emotions in an all-men’s group.

The first attempt at the labelling or allocation of themes to the pilot data collected took place before transcription of the interview. I, in my role as the interviewer, became immersed in the interview process through repeated exposure to the audiotaped interview.

Doing the interview, followed by repeated audio exposure to the recorded interview in the hours and days before the transcription, and accompanied by ruminative reflections and consultation of the literature, produced a list of fifteen themes through an integrated inductive and deductive data-driven process (Braun & Clarke, 2006).

A pattern of listening in on interviews conducted by both interviewers evolved during the eight-month fieldwork period. This part of the research process was marked by listening to the interviews, transcribing interviews, integrating the interview content with the literature, facilitating men’s psychotherapy groups and interviewing the next research participant.

Following the transcription of the interview I proceeded to subject the contents of the transcription to the first stages of the data analysis process of identifying emerging themes in the three-columned Microsoft Word document described earlier. All the themes that emerged in this Word document were transferred to an Excel sheet. The themes that were related in some way were then grouped together. This process of
grouping themes with similar ideas eventually formed seven major themes or seven categories of themes. These themes were named masculinity, group therapy, male emotional expression, childhood experiences, men’s group, gender and personal change.

The process of organising the results of the pilot data analysis and several instances of communication of the pilot data results on diverse platforms, accompanied by continued fieldwork punctuated by data analysis, engagement with the literature and consultation with men scholars, advanced the refinement of these themes.

Six months later these seven themes collapsed into four. The themes of masculinity and gender were reduced to gender. Personal change, group therapy and men’s group became group therapy. The theme childhood experiences remained the same. Male emotional expression was slightly changed to male emotional expressiveness.

4.10 Trustworthiness

It is easier to conduct research in a context from which one has some distance (DiCicco-Bloom & Crabtree, 2006). It is more complicated to assume the role of researcher in a setting in which one is directly involved (Polkinghorne, 2005). The trustworthiness of the research is brought under greater pressure the less distance there is between the researcher and the research setting.

From the start of the research I was challenged to maintain the boundary between research and clinical practice. In this section I consider how ethical sensitivity of this study has been extended to consider the risks inherent in psychotherapeutic research (Haverkamp, 2005).

Trustworthiness or validity in qualitative research is organised within the processes of credibility, transferability, dependability and confirmability (Lincoln & Guba, 1985). Credibility efforts facilitate correspondence between realities constructed by researchers and research participants. With transferability generalisation of results can only be made to environments of similar context and meaning. Dependability refers to the stability of the research results obtained over time. Confirmability refers
to the truthfulness of the results obtained – that is whether the results obtained are a logical reflection of the actual reality that was researched.

In this study I am the researcher and the clinician who conducted the model of psychotherapy under investigation. The study is thus characterised by overlapping role relationships (Haverkamp, 2005). The role of research participant may overlap with that of a therapy client. The role of a qualitative researcher, especially during an in-depth interview, may correspond to that of clinician or practitioner (Crouch & McKenzie, 2006). The research interview process may at times mimic that of a therapy process (Strong, Pyle, deVries, Johnston & Foskett, 2008).

Given both the similar and different sets of demands, limitations and ethics of psychotherapy practice and research, I have an added responsibility to maintain distinct boundaries between research activities and clinical practice (DiCicco-Bloom & Crabtree, 2006). Some of the strategies that I applied to reinforce the boundary between research and a group psychotherapy discussion were to be constantly aware of the risks inherent in dual relationships and to manage this ethically on an on-going basis (Haverkamp, 2005).

It also helped to continuously reinforce the different roles played by myself and research participants in these different areas. I used space and other markers to emphasise the boundaries between activities. For example I ensured that the interviews took place in a different venue and also during a different time from the group psychotherapy sessions.

The physical locations where the interviews took place were split along research sites and interviewers for enhanced safeguarding of ethical boundaries between the interviewers and existing therapy clients (Haverkamp, 2005). The private-practice participants were interviewed in a venue that was physically separate from the private-practice location where their group psychotherapy usually takes place, as they were current group therapy clients.

The credibility of the research process may also be enhanced through regular debriefing with research peers. At various stages of the research process I shared
the data and research processes with informed colleagues, who appraised my work critically and asked pertinent questions to improve transparency and self-reflexivity (Jaye, 2002).

Another method that is strongly encouraged to enhance the trustworthiness of the research is triangulation. In triangulation the researcher uses different methods to gather data and compare the outcomes of these different data gathering methods (Polkinghorne, 2005).

Finally, the most important step that was taken to strengthen the trustworthiness of this research was to appoint a male interviewer. The decision to include a male interviewer was motivated chiefly by concerns to enhance the credibility of the data collection process and can be considered as an ethically motivated key decision (Haverkamp, 2005). An interviewer who does not share a clinical history with the participants may to some extent mediate the risks to the trustworthiness of the research introduced by the dual position of the researcher as clinician and researcher (Haverkamp, 2005).

4.11 Ethical considerations

The ethical considerations in this research study were regarded from several perspectives: research, therapy, research site and a university institutional perspective. The participants were therapeutic and research subjects and a part of the research was conducted within the institution of a university, which brings its own ethical research requirements.

Ethical clearance was first obtained from the university research site. Ethical clearance was later granted by the university at which I am a registered student. Because the research participants are also therapeutic subjects there is a professional ethical responsibility to protect their identities. The researcher is a clinical psychologist registered with the Health Professions Council of South Africa (HPCSA). She is bound by the ethical rules and guidelines of the professional board as to the treatment of therapeutic clients.
4.11.1 Obtaining consent

Some of the key ethical considerations regarding this study included protecting the identity of research subjects and obtaining their informed consent to participate in the study. Details of the objectives and aim of this study were explained to the research participants in a manner that allowed interactive engagement from research participants during the sharing of such information by the researcher (Haverkamp, 2005).

The researcher verbally and in writing outlined the purpose, nature, process, risks and potential benefits of the proposed study. Only when research participants had a reasonable grasp of the intent, purpose and proposed outcomes of the study were they expected to give informed consent.

Research participation was entirely voluntary and was not coupled with financial reward or incentive. Research participants were allowed to withdraw at any stage of the interview process. They were under no obligation to respond to questions that might evoke discomfort or threaten their psychological safety. In order to enhance participants’ informed consent each participant received a verbal invitation and a statement of information about the research from the researcher followed by a written invitation and statement of information and a written consent form.

4.11.2 Protecting the identity of research participants

The researcher outlined the steps and process that were followed to protect the identity of research participants throughout the research process. They were assured that their data would not be linked to their personal identities. The research participants were briefed that their data would be distinguishable through the use of a numerical identification system.

4.11.3 Protecting the data collected from research participants

Research participants were given an explanation of the steps to be followed to ensure that the venue was appropriate for the interviewing process. A further step
taken to protect the privacy of the research subjects during the data collection process was that all interviews with research participants were scheduled to take place after hours, which minimised contact with other students and staff that would normally be in attendance in the surroundings of the venue during office hours where the interviews were scheduled to take place.

4.11.4 Protecting the well-being of research participants

Steps were taken to limit the possibilities of harmful psychological and emotional reactions for research participants. As it is not unusual for research participants to disclose sensitive and sometimes deeply personal information to the researcher it was important to consider possible psychological or emotional discomfort, recall of past trauma or enhanced awareness of psychological problems, stigmatisation or negative labelling (Haverkamp, 2005).

A health warning was issued to each participant verbally and in writing as part of the consent form. If at any stage of the research process they were to experience discomfort or other negative symptoms as a result of their participation in the research project, they would be referred to Therapeutic Services, at the Centre for Student Support Services at the University of the Western Cape for debriefing and trauma counselling where this was assessed as appropriate.

4.12 The limitations of the methods

Threats to the trustworthiness of this research largely came from potential biases introduced by researcher, the research instruments and methods and the research participants.

One of the potential limitations of this research was threats to its credibility due to:

- the dual role of the researcher as practitioner and researcher of this study; and
- the challenge during the execution of the interviews to maintain boundaries between the research and clinical practice.
I responded to the potential problems with attempts to maximise credibility by:

- carefully outlining the steps that were taken in the execution of this research. This limits the potential threats to the credibility of the research as well and indicate how I attempt to manage these; and

- introducing a male interviewer who could potentially enhance the trustworthiness of the data by reducing interviewee responses based on research participants’ need to please the researcher/clinician of this study.

4.13 Conclusion

In this chapter I outlined the methods, tools and procedures that were used to engage and execute the research question. I explained the choice of research design, the selection of participants and the data collection and analysis procedures as well as the ethical protocols that were followed.

The chapter engaged the contextual aspects of the research methodology with descriptions of the participants, selection of participants, the diversity of research participants and treatment sites and the data collection process.

The last sections of the discussion focused on issues of trustworthiness and the limitations of the research process as well as the steps that were taken to protect the integrity of the research data and process.
5.1 Introduction

In conventional science the aloof, distant investigator is valorised (Dean, Joseph, Roberts & Wight, 2006). In contrast and consistent with the underlying assumptions of qualitative research, the relational context is fundamental to fostering the accuracy of information acquired (Matteson & Lincoln, 2009). Too much aloofness, distance and professionalism may create an unnatural situation. Attending to the ordinary human exchange dynamics, sitting down, ‘drinking tea’ and making small talk, may in fact assist in calming the interviewee, which may encourage the interviewee ‘to be themselves’ and increase the accuracy of the information shared (Crouch & McKenzie, 2006).

This chapter begins with a description of the relational dynamics that framed the data collection and the emergence and evolvement of themes. An analysis of the interview dynamics serves to contextualise the most salient aspect of the data collection process, and that is the face-to-face interviews between the male and female interviewer and the research participants in this study. At this point I insert a reminder of my dual status as the group facilitator and the researcher although I am supplemented by a male interviewer.

An exploration of the interview dynamics between the researchers and research participants enhances comprehension of the climate in which the narratives developed. It helps the reader to imagine the nature of the conversations that were constructed and to obtain a sense of the exchanges that unfolded during the interviews that constitute the evidence of this study. The interview dynamics provide a view of the blending of researcher, interviewers, interviewees’ discourses and contextual factors that shaped the conversations that unfolded (Crouch & McKenzie, 2006).
This is followed by background information about the therapeutic context including the pre-group individual therapy of some of the research participants, group therapy selection criteria and process, and the common presenting concerns of the research participants in this study.

Most of the chapter is concerned with the discussion of the four themes namely group therapy, gender, male emotional expressiveness and childhood influences that emerged during the process of data analysis from the first interview (pilot) to the last (eighth) interview. The themes closely relate to the research question and aims. The themes also reflect the focus area of the study concerning male participants’ emotional engagement in an all-male therapeutic environment.

These are not stand-alone themes as the content of one interacts with and overlaps with content in others. Group therapy is the most pervasive and frequently mentioned theme. It is the theme that all interviewees have in common because it is the therapeutic medium through which they experienced their personal and collective change process.

Not everyone identified with the theme of childhood influences as significant in their experiences of the all-male group psychotherapy in this study, for instance, and for some the theme of emotional expressiveness was more salient than gender and vice versa. All the other themes are related to the group therapy theme like gender, childhood experiences and male emotional expressiveness.

The participants reflected on issues of gender and their emotional expression as experienced inside the group therapy context. They also inserted their early formative societal and childhood influences into the group therapy dynamics. It therefore made sense to start with an analysis of the group therapy theme. Thereafter the gender theme is analysed followed by male emotional expressiveness and lastly childhood influences.

However, an elaboration of the interview dynamics as they unfolded between the interviewers and the research participants of this study is necessary.
5.2 Interview dynamics

My role as researcher precluded me from an in-depth view of the interview process as it unfolded between the research participants and me. The presence of the other (male) interviewer alerted me to focus more carefully on this central frame of the data collection process (Matteson & Lincoln, 2009).

The research behaviours of the male interviewer became available to me in the way the limits of self-reflexivity obscured my own research behaviours (Matteson & Lincoln, 2009). I noticed he had a characteristic style of approaching every research interview. I observed his attendance to technicalities at the start of the interview, making ‘small talk’, ensuring the comfort of the interviewee and the establishment of trust. I recognised that much of what he did was similar to the way I behaved during interviews but enacted differently, while the data that both of us collected were evidently of the same quality (Matteson & Lincoln, 2009).

His ‘small talk’ with the research participant at the start of every interview he conducted seemed to ‘level the playing fields’ between researcher and participant (Matteson & Lincoln, 2009). This kind of personal engagement apparently foregrounds the humanness of the interviewer and the interviewees usually responded with equal openness and with minor personal disclosures of themselves unrelated to the research topic.

When the ‘formal’ part of the interview was about to begin the interviewer had a manner of signalling to the interviewee that the actual work of the interview was about to start, and then he put the first question to the interviewee. Here the interviewer deliberately focused the conversation on the topic of the research. He then engaged the interviewee as someone who was about to reveal vital information that he was interested in.

The interviewer behaved spontaneously and warmly like a good conversationalist. At the end of the interview the discussion went back into light conversation as a signal that the interview had now ended while keeping the interview responsive, affirming, reflecting and validating where necessary. The human responses of the interviewer
should not be construed as ‘soiling’ the validity of the data, an attitude that may be reminiscent of positivist research (Crouch & McKenzie, 2006). On the contrary, the interviewer used his own presence, quiet confidence, warmth and values to contribute to the conversation, which would evolve into a personal and seemingly enjoyable verbal exchange (Strong et al., 2008).

I thought of the culture-building phase of the interview as the foundation of the intimacy that unfolded between interviewer and interviewee and as key in shaping the quality of the data that was collected and analysed (Matteson & Lincoln, 2009). The male interviewer did not behave as an indifferent, disconnected and unemotional facilitator. Such obviously personal, probably partially unconscious but appropriate relationship-building strategies are associated with the myth of the objective researcher (Dean et al., 2006).

Before attending to gender as the most salient and impactful characteristic of the researcher in this study it may be relevant to reflect on the human skills of myself and the other interviewer. Both of us seemed capable of reflecting feelings and realities constructed by interviewees fairly accurately and followed down the paths of nuances that occurred in the conversation (Crouch & McKenzie, 2006).

The male interviewer’s relational skill was on display in a follow-up question he put to the interviewee who disclosed his traumatic history with group therapy. The interviewer asked why, given his previous painful experience with groups, the interviewee chose to expose himself to another group therapy process. The response of the interviewee was to reflect on information that was very pertinent to the research question.

It then stands to reason that at times and at least for some of the interviewees, caring and research may overlap (DiCicco-Bloom & Crabtree, 2006; Matteson & Lincoln, 2009). They may have experienced the interview process not as research or an interview process but as a deep, meaningful conversation (DiCicco-Bloom & Crabtree, 2006; Strong et al., 2008).
For some of the interviewees it appeared that the interview may have had some psychological benefits. Some interviewees disclosed personal and sensitive information to the male interviewer, whom they had met for the first time a few minutes before the start of the interview.

Towards the end of the interview they tended to reflect on their therapeutic experiences and the gains they had derived from it. It was as if the interview process provided an opportunity for review and perhaps closure of the group therapy experience (Crouch & McKenzie, 2006).

I will next reflect on the gender dynamics of the interview process. I noticed the camaraderie that developed between the male interviewer and the research participants during the interview process. There was a male-to-male dynamic that was absent during the process of the interviews between myself and the interviewees. It was as if the interviewees were disclosing themselves to a trusted ‘big brother’.

Interviewees disclosed to a male interviewer whom they had just met that they had made themselves vulnerable with other men in the men’s group, by being held in crisis, shedding tears or disclosing deeply personal information, Information about these disclosures to the male interviewer is discussed under the analysis of themes.

Interviewees may have perceived a kind of ‘permission’ in the gender of the male interviewer. They did not have to consider gender politics (Van Wormer, 1989). The male interviewer allowed for an extension of the dynamic of the men’s group, men relating to each other, whereas the interview with myself served to disrupt this male culture (Stein, 1982). In a psychologically safe environment men seem to make themselves vulnerable in each other’s company, one of the characteristics of true intimacy (Monsour, 1992).

Furthermore the male interviewer facilitated commentary from the research participants on their experiences of my role as group facilitator. Some interviewees reflected on their general experiences of the group facilitation including their feelings
about the gender of the group facilitator. The gender of the group facilitator is more thoroughly dealt with under the theme of gender.

Another dynamic of the interview process is its difference from group therapy. After very brief or no pre-group preparation at all, exchanges between the group therapy participants and myself in the role as group facilitator may be exclusively mediated by group dynamics. Being confronted with the individual personalities of the clients in their role as research participants was sometimes experienced as odd.

During the third interview I was struck by the research participant’s introverted nature, a reality that was ‘hidden’ from view by the group process during the intervention. I recollect realising that being in an interview with the participant is very different from facilitating a group in which he was a participant.

Yet this rather ‘inarticulate’ interviewee’s reflections revealed that he had apparently benefitted from the group intervention without much verbal contribution, by his own admission. He referred more than once to his lack of sharing, relative to some group members as the interview unfolded. He described himself as cautious, a watcher, and apparently a keen observer of others.

Another aspect of the interview dynamics that requires commenting on is the dynamics that evolved between myself and the co-interviewer (Matteson & Lincoln, 2009). It seems that we worked in a complementary fashion that accommodated our unique but also overlapping styles of facilitating interviews.

While engaging the transcripts and analysing the interviews conducted by the male interviewer I got an opportunity to see reflections of myself. I appreciated the differences that he modelled and that I could learn from or incorporate and make part of my future research interview repertoire, but I also recognised some of my own attitudes and practices in his interviewing behaviour.

During reflections I became aware that it was necessary to have a (male) co-interviewer, not only for the integrity of the research data and the expansion of the quality of information that was accessed, but also as a strategy that potentially
extends the ‘man code’ of the intervention into the research context (Matteson &
Lincoln, 2009). I suspect that the gender of the interviewer of research participants of
a men’s group may have research implications that may require further reflection.

At the same time I want to add that I had learnt and gained insights that may have
relevance for future research of male-focused psychosocial change work because of
my role as an interviewer in this study. Key insights relate to my role as a female
facilitator working exclusively with male clients in a therapeutic context (Bernadez,
1982). I reflect on some of these in the section on the discussion of themes.

I was ‘surprised’ to discover how much of my engagement with the research
participants in this study had been mediated by the group process and felt keenly the
disruption of this protective group therapy ‘screen’ during the interview process. I
could appreciate afresh the differences between individual therapy and group
therapy (Holmes & Kivlighan, 2000) and the salience of gender during the
psychosocial encounter with men (Bernadez, 1982).

With hindsight I wonder whether the quality of the research would have been
enhanced if all the data had been collected by a male interviewer (Matteson &
Lincoln, 2009). One of the methodological concerns that would have been taken care
of if all the interviews had been conducted by another interviewer is my dual role as
both group facilitator and researcher of this study (Haverkamp, 2005).

Next I describe some key aspects of the application of therapeutic treatment of this
study.

5.3 The therapeutic context

In this study all-male psychotherapy groups are the principal therapeutic intervention.
These are brief-term, semester-long closed groups that meet for ninety minutes on a
weekly basis for a total of seven to ten sessions on campus since 2009. One long-
term group with a constantly changing profile of members has been going since
2010 in the private-practice setting.
Some of the research participants were referred or engaged in brief periods of conjoined or combined psychotherapy. In conjoined therapy the client’s individual therapist is not the same person as the group therapist. In combined therapy the client attends individual and group therapy with the same therapist (Billow, 2009). I was the individual therapist of all four of the private-practice research participants before group therapy became their exclusive therapeutic intervention with myself as the group facilitator. I was the individual therapist for a brief number of sessions of two of the four campus research participants before the group therapy intervention became their exclusive therapeutic encounter with myself as the group facilitator. The other two campus research participants were referred to the men’s groups of this study by staff psychologists.

The two treatment sites, namely the campus student counselling centre and the private-practice setting differ in organisational structure, institutional framing, treatment duration and characteristics of the psychotherapeutic treatment and socio-cultural demographics of the participants.

Under the discussion of the themes I integrate information about the specific presenting concerns, the treatment characteristics of both the group and the individual therapy that these research participants had received, as well as describe some of the socio-cultural demographics of the participants.

In this section I will describe the theoretical and practical approach to the treatment, comment on group entrance criteria and the differential application of treatment in the two treatment sites. I start with reflections on some of the differences between the treatment populations of the two sites.

University students frequently present to student counselling services with common and often repeating presenting concerns, which include adjustment challenges, identity issues and concerns with belonging, separation and individuation (Drum & Knott, 2009). Besides the concerns that they share with universal student populations, students on South African campuses tend to present with socio-economic pressures that interfere with their academic performance (Letseka & Breier, 2008). Some of them may be ‘struggling to make ends meet’ financially,
which may include daily food insecurity and shelter concerns, but there are also those who meet the criteria of middle-class status, i.e. earn a regular income that can financially sustain possessions marking a middle-class lifestyle, like television sets, cars and property (Jones, Coetzee, Bailey & Wickham, 2008).

The campus research participants in this study come from poorer social backgrounds, some from devastated or lost psycho-social support structures. Their ancestral socio-cultural and material resources may have been destroyed by historical racial and oppressive forces (Letseka & Breier, 2008). Interviewee 7 presented with a lack of accommodation. Interviewees 2 and 3 were raised by single mothers. Interviewee 1 was violently abused by his uncle. He moved around from place to place with his single mother, possibly in response to her being accommodated in different places by her boyfriends. Interviewee 2’s early childhood years were similarly marked by frequent moves, physical and emotional paternal abandonment and abuse by caretakers.

The problems of the campus research participants tended to be multifaceted combinations of concerns with academic performance and survival issues often accompanied by major childhood physical, emotional and sexual trauma, parental abandonment, abuse and rejection and identity concerns, as is the case with interviewees 1 and 2.

This is in contrast to the private-practice setting participants in this study, who tended to present with psychological and emotional concerns. Interviewee 4 presented with the fear of becoming a father. Interviewee 5 had been emotionally neglected and rejected by his father and psychologically abused by his mother. Interviewee 6 presented with emotional neglect. Interviewee 8 presented with a gambling addiction. Besides being older and hence developmentally more ready to address their psychological concerns, the material, social and psychological conditions that support the inevitable turbulence caused by the therapeutic endeavour are usually present for private-practice site participants (Sue & Sue, 1977).

Of the four private-practice participants in this study three were married. The fourth was in a long-term relationship with his girlfriend. All of them were working and
earned a regular income. They could commit to longer-term therapy, which allowed deeper engagement with their problems. I could more flexibly engage them in concurrent therapies or refer them for other forms of interventions that might support the therapeutic process.

Both the campus and private-practice participants had the capacity to reflect on their problems. Both groups demonstrated a keen commitment to change their behaviour. They developed insights into themselves and were fascinated by the process of exploring their internal psychological and emotional dynamics. However, for the campus participants of this study the therapeutic engagement was but one of several competing priorities in their lives. In contrast, the private-practice participants generally had more therapeutic exposure. They had had more practice engaging their emotions for the purpose of behaviour change.

These private-practice participants were psychologically, emotionally and materially more available to explore their emotions, as well as readier for deeper, more intense emotional work. Interviewee 5 had previously been admitted to a private psychiatric institution for inpatient treatment for depression. He had also participated in a large support group that met weekly at the psychiatric institution following his discharge. Interviewee 8 had had several sessions of private therapy as well as hypnotherapy. I had met interviewee 6 when he and his family attended bereavement counselling at the private practice where I was based previously.

For the campus participants the counselling they received on campus was their first exposure to therapy. Interviewee 1 and 2 had to supplement their study grants by working part-time. They worried about paying their study fees. Their priority was their academic performance. Only after interviewee 7 was allocated accommodation in the residence on campus could he focus on his study tasks. He could then also make use of the internet and other resources on campus, as his family did not have access to the internet at home.

Hence it is particularly in response to the campus participants that my therapeutic stance was active and focused on the provision of structure and direction (Joyce, Azim & Morin, 1988). I concentrated on support and containment, and to connect
participants to social structures on and off campus. I deliberately delayed or minimised exploration of their deeper psychological issues, because the conditions to support this might not be in place (Joyce, Azim & Morin, 1988). Interviewee 2 and 7 referred to some of the activities they were exposed to in the men’s group during their interview. Interviewee 7 was identified as a leader by his group therapy participants during the teambuilding exercise of the first group session. After he terminated with the men’s group he graduated to the campus leadership programme, where he continued to develop and receive social support.

Ideas and practices of the men’s group are informed by specific cultural beliefs and practices. Ubuntu, an African-centred approach to understanding the self as connected to others (Chuwa, 2014) has been interpreted for use in a therapeutic context. Ubuntu philosophy, in combination with Eastern psychological approaches to the self, is one of the dimensions depicted in the Afro-Eastern dimensions of person, a technique that was used for the effective emotional engagement of the research participants in this study. The Afro-Eastern dimensions of person are integrated with therapeutic theories, such as psychodynamic theory (Garland, 2010), attachment theory (Bowlby, 1979), interpersonal process group therapy (Yalom, 1995) and an emotion-focused approach to therapy (Fosha, 2000; Greenberg & Pascual-Leone, 2006).

On campus the all-men’s group is firmly grounded in time-conscious psychodynamic psychotherapy to provide predominantly short-term but ‘deep’ group therapy of as few as seven to ten sessions, or the equivalent of a duration of one semester (Budman & Gurman, 1983). I apply a psychodynamic attitude flexibly, shifting from focusing on the client’s inner world to working with the client’s immediate and environmental concerns in therapy (Penna, 2011). Some of the major principles of psychodynamic psychotherapy are subtly but consistently woven into the multidimensional conceptual framework of indigenous philosophy and therapeutic theories and practices (Betan et al., 2005).

In the men’s groups on campus, Bowlby’s (1969) attachment theory is ‘Africanised’ and ‘structuralised’ to appreciate attachment between people and their contexts, i.e. connections to groups (Marmarosh, 2009) and spiritual cultural objects (Nagai,
Expanding attachment theory to accommodate attachment to groups enhances the theory’s capacity to respond to the distinct mixtures of presenting problems of personal and structurally driven trauma of these participants. Furthermore, attachment theory principles in combination with an ubuntu-inspired emphasis on unifying emotional experiences, supports the development of strong feelings of brotherhood among participants.

Interviewee 2 referred to the Afro-Eastern dimensions of person during his interview. He had identified that emotion, one of the components of the multidimensional framework of persons, was what he had been neglecting, and he intended to pay more attention to his emotion, hence his statement during his interview that he needed to ‘unpack his black box’.

These activities, besides reducing anxiety and fostering rapid attachments in the group, also serve to address common identity concerns (Drum & Knott, 2009). The ubuntu ethic (Chuwa, 2014) provides participants with a culturally affirming understanding of who they are. The different pictures representing aspects of themselves are used as a ‘language’ that facilitates talking about their concerns with each other. The ubuntu ethic (Chuwa, 2014) also makes tapping into their cultural strengths possible (Nagai, 2007). I prioritise a focus on their strengths, build and support their ego and cultural resources, while judiciously engaging their emotions – a fine and tricky balance to achieve.

The purpose of the group is defined as ‘to work with your feelings’ and this focus on emotional work (Greenberg & Pascual-Leone, 2006) is interpreted differently in the two therapy sites. Long-term group participants in the private-practice setting are socialised that the purpose of the group is to address the underlying, invisible and root causes of their distress (Garland, 2010). Their pre-group handout states that the purpose of the men’s group is to work through unconscious behaviour dynamics. They are informed that the group process is an opportunity to confront and deal with ‘denied aspects of the self’ that may set them up for relationship failure, addiction behaviours and unexplained anger, irritation or ‘defensive detachment’ – a style of avoiding full psychological and emotional presence (Garland, 2010).
On-campus clients are informed that working with their emotions may improve focus and concentration and thus their academic performance. Group goals include improved self-awareness, relief from symptoms such as anxiety and depression and the promotion of positive behaviour change. Entrance criteria to the campus groups are more relaxed. It is assumed that all male students could benefit from attending the men’s group unless otherwise indicated by the referral therapist or if during the pre-group assessment a reason for exclusion is diagnosed (Gauron & Rawlings, 1975).

A very important criterion for group participation in both treatment settings is the ability to relate interpersonally. A diagnosed schizophrenic had once been a participant of a men’s group on campus because he was assessed to be relationally competent. Clients who are actively abusing drugs are not excluded from participating, on condition they are sober during group process and they possess the capacity to conform to the group rules and culture. Clients who are not interested in personal change, those whose suicidal or homicidal impulses cannot be contained in a group, and those who are overwhelmed with acute survival concerns or who are incapable of tolerating the discomforts that group participation demands are directed towards alternative sources of support.

In the private-practice setting group entrance criteria are explicitly specified as based on the willingness and capacity to do the emotional work of the group. Interested men are individually screened and selected for their ability to fulfil the purpose of the group, not on diagnosis or labelling. Tolerance of discomfort to work through difficult emotions is expected.

During pre-group interviews I explore with private clients their readiness to embrace the sacrifices and loss that are part of behaviour change. They work through and sign a pre-group contract. It is explained that the group is unable to contain acute suicidal and homicidal behaviour. Behaviour change is defined as a practical and metaphysical process requiring resources such as humility, patience, tolerance, a sense of humour, a support network and a work ethic. Potential participants are informed of the group ethics of responsibility and accountability. Participants accept responsibility for their emotions and behaviour, both positive and negative. It is
recommended that interested men undergo a period of brief-term individual therapy before joining the group. Men with fixed and rigid personality structures are encouraged to find alternative forms of treatment as the ambiguity of the group work may cause them distress.

An analysis of the four themes that were extracted from the interviews follows next.

5.4 Discussion of the themes

5.4.1 Group therapy

The literature suggests that group therapy is as effective as individual therapy in its ability to change behaviours, increase self-awareness and bring relief of symptoms (Billow, 2009; Holmes, Stacey, Kivlighan & Dennis, 2000, McRoberts, Burlingame, & Hoag, 1998). The source of personal transformation in groups may be in the sharing of narratives, and in the telling and retelling of stories, which causes shifts in understanding of self, others and experiences (Reddin & Sonn, 2003). The developing shared group identity itself forges new group selves that shape individual understanding (Bernstein, 1987). Merely belonging to a group may transmit benefits to the member (Stewart, 2005).

Interviewee 8 reflected during his interview that at the beginning of his group membership he was very quiet because he kept himself back, not yet trusting the process. He said that he had learnt a lot just from listening to the other participants, from sitting back and being there.

Interviewee 8 is a tall, white, unmarried male in his early thirties. He was a full-time student at the campus where he started to see me for individual therapy. When he joined the private-practice men’s group after terminating individual therapy with me he was working as a counsellor. He shared with the male interviewer that he had been traumatised from a previous group experience. He disclosed his addiction during the interview. He explained that he was negatively affected from exposure to the trauma-filled narratives of other addicts in the support group for gambling addicts that he attended previously. The intense disclosures of the fellow addicts were
uncontained and unmanaged and so it had made his addiction worse, he explained. He commented that he had been so fearful of joining another group, not just because of his previous bad group experience, but also because he did not trust men.

He filled the interviewer in on his therapy history. He said that he had experienced his own abuse, neglect and abandonment by his father and stepfather. He had also witnessed the abuse of his mother and sister by his father and stepfather. In response to the interviewer’s probe about why he had joined the men’s group given his history with groups he reflected it was because he trusted the group facilitator. He continued to state that he trusted women more and that he preferred to confide in them.

Later this interviewee contradicted himself when he affirmed his ‘new’ preference of confiding in men rather than in women. But perhaps rather than a contradiction, his transition towards preferring male confidants can be appreciated as a shift in narrative, a change in self-understanding, as a result of the influence of the all-men’s group therapy specifically (Reddin & Sonn, 2003). This apparent contradiction in relation to the relative contribution of the individual and group therapy modalities to clients’ therapeutic growth is discussed later in this section.

Group therapy shares known curative factors such as hope giving, catharsis and insight with individual therapy (Holmes & Kivlighan, 2000). However, group therapy expands the pool of curative factors because the presence of peers maximise social healing dynamics such as interpersonal learning, role flexibility, vicarious learning, peer support, universality and altruism (Holmes & Kivlighan, 2000; Kivlighan & Tarrant, 2001).

Altruism refers to participants’ sense of empowerment that is achieved by helping others (Yalom, 1995). One interviewee defined himself as a ‘light to others’. This experience of one’s suffering as serving a noble purpose through benefitting others seems to be the recovery catalyst of the self-help organisation Alcoholics Anonymous (Hurvitz, 1970).
A therapeutic factor that is closely associated with altruism is universality (Yalom, 1995). Almost every single interviewee made a statement related to an experience of not being the ‘only one’ who has problems. Interviewee 2 expressed his relief that he was not the only one carrying a ‘black box’, his metaphor for unprocessed past trauma. Interviewee 6 told the interviewer that by listening to the stories of the others he realised he was not the only one struggling. Interviewees 4, 7 and 8 shared similar reflections. Through such expressions they demonstrated their appreciation of the group therapeutic factor universality, that they are not alone in their misery, which instils a more balanced appreciation of their difficulties. Universality has been defined as a curative factor exclusive to groups (Bakali, 2013; Holmes & Kivlighan, 2000) because participants witness each other’s narratives of suffering and recovery (Hurvitz, 1970).

Group participants occupy dual roles as clients and healing resources to self and others, thus the role of peer participants are key and fundamental to the group therapy experience (Holmes & Kivlighan, 2000). Every research participant interviewed explained their group therapy experiences with reference to other group members. Research affirms group peers as the direct source of growth and development in group therapy (Kivlighan & Tarrant, 2001).

Below one of the interviewees expressed his appreciation of the role modelling of interpersonal risk taking that he was exposed to in the group.

“Uhm … in my opinion I think some guys were more sharing than I was and I got to see that … uhm … I got to realise that people can be more trusting which for me that doesn't come easy” (Interviewee 3).

This was from an interviewee that was perceived as introverted by nature and who had commented on his difficulty with self-expression. This boyish-looking slightly built black student was 22 years old and doing his third year in science during the time he participated in the men’s group on campus. He had presented to the staff psychologist a year before joining the group with bereavement and anxiety. He had lost his brother in a car accident. His sister died after an illness and his mother later succumbed to a heart attack, all in the same year. He presented with anxiety and
intense fears of taking tests and doing assessments. He consulted with one of the staff psychologists for just under six sessions. She referred him to the men’s group, which he initially resisted, telling her that he was ‘shy’.

He and interviewee 2, who was older at age 25 and a postgraduate student, attended the same men’s group. Unlike the semester long groups on campus this group had continued, after the semester break, till the end of the year with the same members. The participants were unusually committed. I recall that this group continued to meet until after the end-of-year examination period while groups usually terminate before the start of the final examinations. Another detail that stood out about this group is that it was bigger, with average of ten members present at every group session. The group was further characterised by the diversity of its members. Besides the expected black and coloured members there was one white member and one international student as well as two disabled members.

Interviewee 3 was introverted, but a keen listener and alert and present during the group process. He had also reflected during his interview that exposure to the group had taught him that he had much to be grateful for, as he had enjoyed a good relationship with both his parents. Being exposed to some of the narratives of his fellow group members alerted him to the fact that perhaps he should not take the caring relations with his immediate family members for granted.

Interviewee 4 reflected that it was the warmth and friendliness of one of the peers that contributed to his decision to stay in the group when he experienced a strong impulse to take flight during the early stages of his group membership.

“I think a big, big factor was that one of the members of the group was very welcoming, was very friendly. After the session had wrapped up he came along and just said you know that he was glad that I had come that evening and ... uhm ... I can’t remember specifically, just I felt very welcomed. Uh ... ja ... and I thought ja well maybe it’s not so bad actually” (Interviewee 4).

This forty-year-old married coloured filmmaker explained to the interviewer that he had almost dropped out of the group during the initial phases. Although he was
aware that he was coming to a therapy group, he was unprepared for the intensity of disclosures that he was exposed to as a new group member and responded with a strong impulse to take flight from the group. The friendly group member who persuaded him to stay was one of the ‘veteran’ members, one of the research participants who had been with the private-practice group since its inception, three years ago at that stage.

As the group therapist I was unaware of these exchanges, but I depend on the skills and resources that group members bring with them into the group space. Gregarious members take it upon themselves to play host and orientate a new member to the group. They may go out of their way to make a new member feel ‘at home’. They identify with the uncertainty of a new member by reflecting back on their own ‘newbie’ status when they joined the group. The group facilitator, however, also has to do some homework about group composition, deciding when, what kind of person and how to introduce a new member to the group. One of the ground rules is that I give the group a few weeks’ notice of the intention to introduce a new member to the group.

The social nature of the group extends into the ‘after group’, when members congregate for a few minutes in the parking lot before they go home at the end of each group. The group culture is lively, even raucous at times, with humour and teasing that may break the emotional intensity during the exchanges of traumatic narratives. I actively encourage the creation of a group climate in which participants feel relaxed, welcomed and accepted. Besides serving as an important part of emotion regulation to balance out the intensity of the contents and process of these groups I will not be able to facilitate the therapeutic work without the formation of strong alliances and good affects. I need the group as ‘healer’, as container, as organised site of connection which is a function of the group members and the facilitator, as well as other factors, unconscious, existential and cultural dynamics (Garland, 2010).

The group process is shaped by a psychodynamic attitude, especially because some of the relational repetition compulsions that group members present with are worked back to the ‘original wound’ (Garland, 2010). Even in the long-term private-practice
setting group, the group process, though more psycho-dynamically infused, remains interactive and lively with spontaneous and direct feedback exchanges between members. Members are encouraged to implement the feedback they receive in the group outside of group, and to report back on these experiences.

Each participant is responsible to maximise the use of the group towards their personal emotional maturity and that of other participants (Yalom, 1995). Garland (2010) suggests that in group analytic work the major purpose is for each participant to get a different experience with the group irrespective of the original reason that brought its members into group. This is a point that is specifically relevant to men’s groups that are responsive to the strengths and growth needs of the participants and that is designed to engage the whole person of the group participant (Malekoff, 2011).

The men’s groups of this study are home to participants that present with a range of concerns. During the initial stages of the group members get caught up in building the group culture, or in integrating a new member and re-'calibrating' the group climate (Yalom, 1995). Later they engage in a collective working through of their issues as organised by the group process (Garland, 2010).

Participant 7 had initially presented with housing problems. He and his family live in an informal settlement. He needed a place to stay on campus because the overcrowded structure in which they lived was a small space shared with parents, siblings and extended family members. The noise and other problems of living in the immediate environment of the informal settlement interfered with his ability to study. He comes from a materially poor but relatively emotionally stable family. An important therapeutic gain for this participant was being ‘talent spotted’ by his ‘group siblings’ for his leadership skills.

For introverted and self-confessed shy interviewee 3, who initially presented with bereavement and symptoms of anxiety, the group became a place to ‘make friends’ and to capitalise on the social learning opportunities created by the available role models. This interviewee had shared during his interview that he and some of the group members had started to ‘hang out’ with each other outside of group. Such
boundary violations may have implications for the integrity of the group space, which is reinforced during the culture building stages. However, in the campus context I prioritise social inclusion as a significant therapeutic priority for group therapy participants, and for this member in particular ‘making friends’ may have been the most beneficial therapeutic achievement (Penna, 2011).

Understanding the purpose of the group leads to the ability to fulfil the group task, which is central to effective group psychotherapy. Carrying out the group task leads to achievement of group goals, which in turn may increase self-awareness and build confidence (Ringer, 1999).

Interviewees expressed keen insight into the group’s purpose. Interviewee 4 affirmed that group was a space where you ‘bring stuff to be looked at’. He described the group as helping him to discover and to define how he would like to behave in certain situations. He continued by elaborating on the purpose of the group as the space where you are ‘unplugged from everything else’. He referred to the group as a ‘safe haven’, ‘a men’s cave’, where they as participants are freed up from their regular responsibilities and concerns.

Interviewee 5 expressed his longing to deal with issues of masculinity and father-son concerns and he hoped that a group consisting only of males might facilitate achievement of this goal.

This interviewee defined the purpose of the group as:

“Definitely the trust factor within the group having to know that one is able to trust the other members; we are all there for a common purpose to bring healing to ourselves or to develop as a person” (Interviewee 5).

Uncertainty at the beginning of group is expected. The initial stages of group are characterised by member behaviours such as lack of trust and fearfulness, frequently accompanied by a search for structure (Yalom, 1995). Interviewee responses revealed that they did not feel part of the group immediately, and some had to overcome feelings of resistance and antagonism towards the group (Yalom,
1995). Here an interviewee reflects on how foreign the very idea of a men’s group occurred to him.

‘And … uhm … (the group facilitator) said to me why don’t you go look after yourself, you know. So I said look I’m open to this kind of things and stuff and then she interviewed me and I went to the meeting totally and utterly unsure why I was there and quite shocked when she sort of mentioned no this is at least six months plus. And I’m thinking are you crazy? you know. Will I commit myself that long?’ (Interviewee 6).

This 53-year-old coloured financial administrator was the oldest group member. He was overweight and of medium height with a fondness for swearing. He told the male interviewer that he would never have believed that after spending three years attending a men’s group, he would still look forward to the next meeting.

He was married and stepfather to an adult daughter. He explained during the interview that I had assisted him and his family to grieve over the death of his eldest stepdaughter, who was killed in a car accident. He also felt responsible for the emotional and financial support of his grandson, who was very young at the time of his mother’s death.

I had consulted with him and his family for under five sessions. I had kept in touch with him by email and when I started the men’s group had invited him to join. I could persuade him to join the group at the time because he was going through marital difficulties. In his conversation with the interviewer he credited the group for ‘being there for him’ when he was experiencing difficulties in his marriage, and also about connecting with his remaining stepdaughter.

Group therapy participants may thus enter the group at different stages of readiness for participation in a group process. Some members may have been affected by group traumas through bad experiences in their groups of origin (the family) or male-inflicted emotional injuries. A men’s group may represent so much of what participants had come to distrust so it can take time to risk being open to the growth opportunities in the group.
Some interviewees reflected on the fact that in spite of their reservations and discomfort about joining the group, they did it based on the trust relationship that they had formed with the group facilitator. This was so for interviewee 8 and interviewee 4, who had almost dropped out. Below is the response of interviewee 5.

‘I was excited because (group facilitator) had contacted me and said I must think about it, but I jumped. I said I will join because through my previous counselling I had come to a stage to realise that I needed to develop my communication skills and also to develop my self-confidence among other adult males because it was easy for me to have conversations with females, adult females, but not with adult males’ (Interviewee 5).

This 47-year-old tall, overweight, ‘large’ gentleman who had been married for over twenty years with one daughter was the ‘veteran’ group member referred to earlier. He had been with the group the longest, namely three years. He had also seen me in individual therapy for at least two years before joining the group. He had presented initially with chronic marital problems. The breakdown of his marriage happened over many years. He described his wife as rejecting and insensitive to his needs.

We had over many months of individual therapy worked these concerns back to the root causes in his early relationship with his parents. This member’s father had been extremely rejecting, dismissive and both physically and emotionally unavailable. His father died when he was 15 years old. His mother was emotionally abusive and rejecting. As the client began to grieve and process his early experiences of abuse in individual therapy and later in the group, he was able to cut back on his rescuer tendencies. The group was especially useful in helping him to directly express his needs to his wife. For this member, who felt that he was not ‘man enough’ and suffered from a sense of inadequacy especially in the presence of other men, the men’s group was particularly important in helping him to speak up, set limits with his wife, to ask directly for what he wants and to stop his tendency to ignore his own needs.

A unique dynamic in group therapy is that members begin to understand and ‘see’ themselves as reflected in others (Garland, 2010). The group provides a range of
potential transference objects, an animated looking-glass self which offers participants an opportunity to get to know themselves through their engagements with others (Garland, 2010). Group therapy participants may rework the mental models or self-representations derived from early attachment experiences (Fonagy, 1999).

The experience of seeing oneself mirrored in others is perhaps also part of feelings of intimacy. Being able to get as close as to ‘see oneself in another’ requires a level of interpersonal trust, a key though often under-mentioned aspect of intimacy (Monsour, 1992).

‘Uhm ... (pause). Ja, I think uhm ... (clears throat) I became a little more intimate towards the guys eventually, you know. It didn't happen the first day but you know I think ... I think ... I only like as I've said earlier the idea of having been in a men's group was to revisit this suspended box and unpack it. So having realised the purpose of me being there I think I became more intimate with myself. And that helped me you know because as I ... I was intimate with myself I became more easily intimate with guys, you know’ (Interviewee 2).

Being seen by others during the group is a dynamic that was picked up by almost all the participants. Interviewee 6 reflected with the interviewer on this consciousness-raising power of the ‘reflective mirrors’ in a therapeutic group. He became aware of his family of origin’s emotional disengagement through his group participation. It was only then that he realised there was ‘something wrong’ in the way his family had related to him.

Interviewee 1, who had only been with the men’s group for four sessions, was clearly ‘seen’ by the participants because they informed him ‘he’s got issues with women’ and hence his decision to transfer to a group filled with female transference objects.

Interviewee 7 was very quiet at the beginning of his group participation, but later he fully engaged, perhaps as a result of feeling ‘seen’ as members had recognised and commented on his leadership skills. After terminating with the men’s group he acted on the feedback that he had received in group by signing up for the leadership
training opportunities available to students on campus.

Thus far the discussion has focused on interviewees' engagement with group therapy as a therapeutic modality both similar and different to individual therapy. As I proceed in the discussion of this data analysis I will continue to insert background details of participants. All the participants in this research study had received some form of individual therapy. The only research participant who did not receive individual therapy prior to joining the men’s group of the study was interviewee 6. He and his family received less than five sessions of family therapy for bereavement, which took place at least four years before the start of the men’s group.

At this point I want to reflect on my own assumptions about the relationship between individual therapy and group therapy. I tend to apply my clinical skills in individual therapy armed with a ‘group lens’, as I believe that optimal therapeutic progress for both the campus and the private-practice setting research participants would be enhanced through the combination of individual and group therapy (Billow, 2009; Raps, 2009). Each modality contributes uniquely to the therapeutic growth of the client. I concur with authors who suggest that group therapy may be enhanced by the client’s prior or concurrent participation in individual therapy and vice versa (Billow, 2009; Raps, 2009). I would not have been able to persuade many of the research participants to enter the group space if they had not formed strong alliances with their therapists during individual therapy. Even after successfully entering a men’s group, a participant may need on-going or infrequent individual therapy support to optimise his group participation (Raps, 2009).

Interviewee 8 is a case in point. He followed me into the men’s group despite his significant history of both group-related as well as male-inflicted trauma. He went on to benefit from the men’s group by his own account. Secondly, the degree of emotional awareness and the quality of emotional work of the group seems to be enhanced by prior individual therapy (Billow, 2009).

Another example is that of interviewee 5. His status as a ‘veteran’ group member was not just based on his ‘long service’ in group therapy. He had also spent at least two full years working through historical issues in individual therapy with myself,
besides other therapies that he has had. As a culture bearer in the men’s group he often ‘helps out’ to socialise and support new members to the group (Yalom, 1995). However, I recall that at some point during his group journey, he seemed to have got ‘stuck’ in his relational patterns with his wife and I had to mobilise the group participants to ‘unhook’ him from this fixed relational dynamic with his wife.

In practice there seems to be interdependence between the two modalities. I am not able to tease out the relative contribution to their therapeutic growth of the individual therapy and the group therapy that these research participants have received. I believe that they have gained from participation in both these modalities (Billow, 2009; Raps, 2009). This is something I have to take into consideration when writing up the recommendations and limitations of the group therapy intervention as applied in this study.

The next part of the discussion will emphasise the responses of interviewees to men’s groups as the explicitly gendered form of group psychotherapy that may facilitate many therapeutic gains for participants.

5.4.2 Gender

The focus of the gender theme is on male participants as gendered persons. Masculinity is examined as a subtheme of gender. The gender theme overlaps with themes like group therapy, childhood and emotional expressiveness discussed below.

Masculinity has been explored under the group therapy theme but only insofar as it relates to the gender composition of group therapy. Under the theme of gender the gendering activities of men’s group participants will be particularly considered. The masculine culture in all-men’s group therapy, the exclusively male gender composition of the men's group, distinguishes it from group therapy in general (Van Wormer, 1989).
Men’s groups offer men a range of opportunities that are not limited to finding support, a sense of community, intimacy, self-expression, to be understood by others and to be supported and contained during personal crises (Reddin & Sonn, 2003). In therapy groups men may discover a renewed sense of purpose, the opportunity to be initiated and accepted into the ‘fold of manhood’ and to be brought in touch with deeply felt spiritual energies (Rabinowitz, 1991).

Interviewees did not raise objections or expressed concerns about their participation in a homogenous gender group. For more than one interviewee the absence of women was an important factor in creating a safe therapeutic space. This was due to personal, cultural or political reasons. Interviewee 3 and 7 expressed a strong preference for personal disclosure with same-gender peers.

Interviewee 7 suggested that it was better to share ‘secrets’ with men.

‘so I'll prefer sharing with men only’ (Interviewee 7).

He perceived women as less trustworthy recipients of personal disclosures. I do not have sufficient background about his relational experiences with women to comment on his response. In contrast interviewee 2 voiced his preference for a mixed-gender group. In the years following his termination from the men’s group he received individual therapy from staff psychologists at the counselling centre where he continued to request to join a mixed-gender group.

Other participants appeared to have been less sensitive to the gender composition of the group. Interviewee 1 disclosed his need to impress the females in the mixed-gender group he had previously participated in.

Participants may also change in their sensitivity towards the gender composition of a therapeutic group over time.

“But certainly not at the beginning. I don't think I would have been personally comfortable to unpack everything in a group where there were males and females. I think the all-male factor … uhm … made it easier for me” (Interviewee 4).
This same interviewee joined a personal growth course after terminating with the men’s group. He was the only man at the weekly meetings in a group of women. He shared with the male interviewer what happened the evening they dealt with bereavement:

“And so I think I sat there with tears streaming down my face for the better part of like two hours very quietly. I had a box of tissues that I think I finished but I walked out of there ten times lighter and it was done in a space with four or five females just talking about their stuff. And what was happening to me had in fact somehow catalysed them to talk about their stuff and if anything that for me is evidence of the fact that I would be okay to be vulnerable or be willing to make myself vulnerable in a space where it’s males and females” (Interviewee 4).

Interviewee 6 reflected to the interviewer that he was not particularly against the idea of a mixed-gender group, but he highlighted the unique benefits that a same-gender group offers him as a man. He also suggested to the interviewer that trust might be more important than gender.

The climate inside a group does however tend to take on the culture of the numerical majority. Interviewee 5 had had prior exposure to a large support group of about twenty members, mostly women. He observed how the men were numerically outnumbered by women. He further indicated that these mixed-gender groups tended to take on the emotional culture of women.

This interviewee discussed with the male interviewer how differently men and women engendered emotional experience and expression. He offered that women were more ‘spontaneous’ and direct with emotional expression whereas males seem to reach the same destination with a bit of a detour. In other words, emotional expression may not be as immediately available to men as it seems to be for women. He continued by commenting that besides their faster emotional processing, women also appeared to be more open and demonstrative with their feelings.

Interviewee 5 proceeded with his reflection by recalling that the male participants of the mixed-gender group tended to be invisible or less emotionally present. He
contrasted this with the emotional activity levels in the men’s group of this study. He experienced that participants in a men’s group were similar in the way they processed and expressed emotions, which may have implications for the value of gender-homogenous emotional work. Contrary to his ‘failure to thrive’ performance in the mixed-gender group he reported himself to be a bit of a ‘pacesetter’ in the men’s group when it came to emotional expressiveness.

The narratives of men’s group participants are often engendered, as is the way in which they support and encourage each other. When they tell stories or explain their personal problems they may do so with the use of metaphors unique to their male world. References to sport, movies, satellites, weaponry and war metaphors may be made to explain psychological or interpersonal difficulties.

One interviewee explained to the male interviewer an insight he had gained about prioritising his own wellbeing by referring to the oxygen mask instructions on an aeroplane: one has to put on one’s own mask before attending to someone else’s. The emotion discourse of these participants seemed to have been communicated and enacted in a way that was understood by and comfortable to each other. During the group process narratives of painful memories may be interspersed with light-hearted exchanges of humour, or other gendered strategies of emotion regulation.

A men’s group may heighten the experience of ‘engendered’ universality with same-gendered others. Interviewee 6 commented that when a lady talked about her father he was not able to identify with her, but he had greater access to his own father-son issues when the matter was raised by other men in the group.

Interviewee 4 reflected that the group afforded an opportunity that he had not had in his personal life – an older male who looked out for him. He commented that he was the youngest group member at the time and this led to his feelings of being taken care of by ‘older brothers’, more experienced and nurturing male figures that possibly satisfied some aspects of his father-hunger, but the full extent to which the group would transform into ‘father’ for him was yet to come.
The steady supply of male transference objects in a men’s group is available for the projection of unmet needs for male affirmation or yearnings for fathering and male nurturing. In this sense a men’s group may be the proverbial feast in the midst of pervasive father-hunger (Perrin et al., 2009).

It is thus no coincidence that most of interviewees’ references were to their fathers, notably their absence, desertion by them or their traumatising influences. They expressed their fears of their own fatherhood or their desire to have had a different fathering experience for themselves. Six of the eight research participants of the study had had significant father-inflicted trauma, either through physical or emotional neglect, abandonment, physical and emotional abuse or witnessing father figures abusing their close family relatives.

Interviewee 5 was very enthusiastic about joining a men’s group as he had looked forward to satisfying a lifelong need for greater intimacy with men. During the interview he referred to neglectful and rejecting fathering experiences as a child and adult. He wanted to improve his self-confidence among men as he was aware that it was easier for him to communicate with women than with men.

‘Because of the lack of fatherhood as I grew up so that was lacking in me and let’s say the male that I had my father-in-law wasn't then supportive in that way because nothing that I did you know was good enough and that so that kept me quiet to the side’ (Interviewee 5).

This member had successive bad fathering and mothering experiences. It was as if he unconsciously invited men and women in authority to reject him. At some point during his combined group and individual therapy, with myself being the therapist in both instances, I had come to the conclusion that he might benefit from seeing a male individual therapist and duly set about referring him to a psychoanalytically trained male psychotherapist. This was preceded by a period in which we had to terminate individual therapy while he continued attending the men’s group. This process of ‘sending him away’ to a male therapist seemed to parallel the mother assisting the young boy to enter the world of men (Diamond, 2004).
Except in this instance, this gregarious and easy mannered man could not bond with the therapist and prematurely terminated after a short while. I felt guilty about my poor clinical judgement and the unnecessary distress that I had caused this client. However, much later, while we processed this ‘failed’ attempt at a more intense one on one bonding opportunity with an adult male in authority, I realised that what was gained, was that this man, who was usually so over-compliant, had in fact managed to tell the male therapist that he was unhappy with the therapist’s assumptions and therapeutic style. In addition, he did not flee from the therapy, but set up a termination session with the therapist in which he confirmed his intention to terminate and provided reasons for doing so. The therapist tried to persuade him to continue, but the client remained adamant that the therapy was not helpful. This event brought home the reality for the client as well as for myself, that he had in fact transformed his sense of himself. He was able to stand up to a man in authority, and leave the ‘site of dissatisfaction’ if that was what was required to restore his sense of wellness.

Interviewee 6 referred to his familiarity with men in the less personal context of sport, but the notion of ‘sharing secrets with other men’ – the kind of intimacy that is expected in a men’s group – seemed to fill him with some dread. This interviewee’s reference to his familiarity with men in a sporting context correspond to the male preference for activity-based intimacy which may not include levels of emotional expressiveness and self-disclosure, usually regarded as central to intimacy (Patrick & Beckenbach, 2009).

During his interview with the male therapist, he disclosed an incident during his matric year when an uncle of his had died. He reflected how he had never shown any emotion to this loss. It was his stay in the men’s group which alerted him to the ‘unnatural’ way in which he had dealt with the loss of this uncle, an incident he described as still vivid in his memory, yet his uncle had died about three decades ago.

This member had no shortage of available males to bond with during his formative years. He was involved in sport all his life, as he indicated to the interviewer; he was used to ‘bonding’ with men. However, the men’s group heightened his awareness that his father, grandfather and uncles as well as the female members of his family,
were emotionally disengaged. In his family there was a lack of open and direct warm emotional expression. In addition he was expected to nurture others, and he lamented to the interviewer that even as a ‘youngster’ he had spent his time between the home of his nuclear family and his grandparents’, because he had to ‘take care’ of his grandparents. Now as an adult, he was resentful about this. During his interview he shared that not only was he emotionally neglected, but he also felt used. He had to attend to the needs of others, while his own needs went unmet.

This member had fallen into a rescuer pattern. He described how people, particularly women, liked to ‘cry on his shoulders’ and that he got used to prioritising the needs of others over his own. He commented on this a few times during his interview with the male interviewer. In my role as the group facilitator I caught some of his projections of ambivalence towards females in authority. During the interview with the male interviewer he expressed his respect and trust that he had in me as a female facilitator of a men’s group, while simultaneously suggesting, in jest, that he was part of my ‘experiment’.

‘We were the guinea pigs for her for the men’s group. The way she explained to us and the way I understood it she always felt it’s something she wanted to do. There wasn’t enough of that the adult men’s groups reaching out to them so we were the guinea pigs’ (Interviewee 6).

Most of the interviewees highlighted and expressed an appreciation for the opportunity to hear the perspectives of ‘other guys’. They tended to define themselves as a group of men, or as separate or different from women. I did not get the impression that they were negative or rejecting towards women, but in their narratives they seemed to affirm themselves as men in one way or the other.

‘I’m a man and I’m among men and we reflect’ (Interviewee 2) is a spontaneous assertion of masculinity and an affirmation of belonging to a gender subculture. His utterance may also convey that the presence of other men affirms masculinity.

This same interviewee also disclosed during his interview that he had been abandoned by his father and raised by his single mother. Thus his ‘I’m among men’
may also refer to anxieties about men, their stability, loyalty and trustworthiness. Still later during the interview he rebuked himself for speaking ill about his late father. This high-functioning postgraduate student was also a tutor in one of the faculties. At that time he had a steady girlfriend whom he intended to marry. He had been in individual therapy with myself at the student counselling centre for a brief number of sessions the year before he joined the men’s group.

He presented with complicated bereavement. His mother had died the year before he consulted with me. During the same year of our consultations his father died. During the individual therapy he had spoken about the strong positive attachment he had had with his mother. He described how his father had abandoned his mother and how his mother had raised him under very difficult circumstances. He had the strong desire to please his mother, to pay back what she had done for him. He had the opposite feelings towards his father: He was angry at his father’s absence and lack of involvement in his life. At the same time he was filled with regret for not having had the opportunity to mend the relationship with his father. His father was now dead so he had to give up hope of ever having a father-son relationship.

He carried this ambivalence towards his father into the men’s group. He was alert and attentive to the group participants who had positive relationships with their fathers. He was in the grip of grieving and mourning complicated and deeply ambivalent feelings towards his father while he was in the men’s group. During his interview with myself he reflected on some of the other participants who apparently did not have the academic skills he had or his leadership ability, yet they seemed happier than he was, he said.

I am unsure whether this participant was able to sufficiently work through his split feelings towards his parents during on-going individual therapy. My sense was that he required a long-term therapeutic space in which he could be assisted to resolve some of his parental trauma. He needed to enter the pain of his losses directly in order to come to accept his parents on more holistic terms, as humans, capable of both loving and hurting their children.
All-men’s groups also indulge masculinity as an identity project. The first interviewee made frequent and on-going references to the societal demands of masculinity.

‘You see the response they want to give as you know as you see there’s a lot of killing and you find it’s mostly young men that are doing the killing. It’s because they want to respond to the society. They want to affirm to the society I am a man now. Don’t look at me as a small boy, I’m a man, you know’ (Interviewee 1).

He elaborated on the dreadful consequences if young men’s desire for a socially acceptable masculinity remained frustrated. He expressed insight into the inherent diversity of masculinity while he seemed to identify with the male desire to achieve what has been socially constructed to be the definition of manhood.

I suspect that this interviewee suffered from multiple levels of unprocessed physical and emotional trauma. He had been physically and emotionally abused by his uncle. He had been bullied by both men and women. To add to his burden, his grandfather strongly discouraged him from going near his feelings of sadness and loss. He was warned against being overwhelmed by his feelings. Thus his words quoted above may be a reflection of the deep sense of inadequacy he feels as a person. Not being able to go near his primary emotions, means he is unable to come up with a revised narrative of his past experiences, which in turn interferes with his ability to revise his understanding of himself (Greenberg & Pascual-Leone, 2006). He may thus be left with chronic feelings of inadequacy that he does not know how to escape.

Interviewee 8, who had said that his apprehension towards group psychotherapy was partially due to his distrust of men, formed strong attachments with the participants in the group despite his resistance. Through this new-found emotional intimacy with other men, he shifted towards expressing a preference for all-men’s groups, observing that the bonds between men were even stronger in the absence of women.

‘That type of thing and it also sort of opened my eyes as to how much more closely men bond with each other than if there was a woman around them’ (Interviewee 8).
Interviewee 8 had spent just over a year in individual therapy with me. He had started to gamble at the age of 10 and by the age of 17 his gambling addiction had spiralled out of control. He was to struggle with his addiction for another decade at least, right through his twenties. He started to see me when he was 29 years old and while still caught up in his addiction. By then he had been through a number of individual therapies, including hypnotherapy. He was still in the last few of his hypnotherapy sessions when our contract commenced. Sometimes during his individual sessions he would reflect on what had happened during hypnosis.

He initially presented with symptoms of depression including sadness, low mood and tearfulness. During this first presentation he expressed a fear that his personal difficulties may once again affect his ability to complete his studies because his addiction had adversely affected his career. During his suicide assessment he denied current suicidal ideation, but admitted to a serious suicide attempt a few years before. During our therapeutic relationship he was to have one more significant and major experience of suicidal ideation for which I had to refer him for medication support.

The initial contracting conversation was also shaped by his addiction. During contracting I declared my left-footedness with addiction. I explained to him that I was unsure how to proceed, that I knew little about gambling. I had intentions to get supervision from a previous colleague who is an addiction specialist, but never got around to it.

Nevertheless our therapeutic alliance was strong from the start. This could be due to the fact that he was fairly depressed as he entered therapy. He seemed to have reached a point where it was difficult to stop his feelings from spilling over in the session. I responded to the feelings that he brought, allowing for his tears that came as early as the second session. In my process notes of the second session I had commented on the strong counter-transferences that I had experienced during the session. I felt maternal and protective towards him, accompanied by feelings of compassion and sadness.
Even though I attempted to keep the therapy more focused on the practical management of many of his life difficulties, to assist with stress, reduce his workload, and management and review of his addiction progress, the process would inevitably drift towards very personal and emotional concerns. I responded by facilitating such feelings, encouraging the surfacing of painful memories, and he would enter into intense feeling states. A few times he became so focused and involved in a painful memory-feeling that he seemed to go into a sort of trance state, with tears streaming down his face as he got in touch with memories as far back as age 3 years. I was a bit taken aback by the intensity of his reactions, but again responded intuitively in a way that made him feel safe. These incidents were repeated a few times. He would be left feeling exhausted, but often expressed a feeling of relief after processing these feelings.

By the fifth session we had touched on his chaotic financial situation, his depression and suicidal ideation, self-care, his helplessness and rage in response to the abuse of his sister, the process of getting himself banned from a few more gambling shops, manhood and father-son concerns as well as reflections on our therapeutic alliance.

By his twelfth session he hit a very low depressive state. This was accompanied by the uncovering of childhood memories of the loss of his grandfather, who was the loving and caring male figure in his early life. He also associated with the feelings of abandonment by his father. I referred him for anti-depressants and he had to take some time off from his studies.

The descriptions of some of our individual therapy sessions above suggest that our therapeutic alliance was the container in which he could go close to his primary emotions. I deliberately chose to share additional details of some of the intense individual work that may have contributed to the development of this participant, who had gone on to complete his studies and obtain employment, while his relationship with his girlfriend also stabilised.

However, even though we had such a strong alliance and he trusted me so implicitly, there were aspects of his healing that could not be facilitated by me. It was just that as a man with male-inflicted psychological and emotional wounds, he also needed to
be affirmed by other men. Here I want to highlight the power of the men’s group, the centrality of male others for the healing of men (Diamond, 2006).

Parts of his therapeutic growth were generated only once he had entered the men’s group. This does not mean that this interviewee will in future reject women as good healing objects. Women may have played a necessary and even foundational role in his therapeutic journey, yet they may remain insufficient for a more holistic healing experience for some men.

Diamond (2004) suggests that the young boy starts out with his attachment to his mother. This maternal attachment assists him to turn towards an available father figure. There may be repercussions for young boys when during the stage of early gender identity development there is no man available to provide a father function (Diamond, 2004).

A parallel concern in the discipline of psychology and psychotherapy specifically is its present trajectory of being dominated by women (Denmark, 1998; Skinner & Louw, 2009). One can reflect on the potential repercussions for therapy with men especially when male clients present with male-inflicted trauma and feelings of being insufficiently male (Herzog, 2004).

I want to return to the comment interviewee 8 made to the male interviewer in which he shifted his preference from women to male confidants. Even though we did much needed processing of early childhood trauma, being finally accepted and valued among men proved to be the seminal experience for him. It seems that part of achieving the definition of manhood involved being accepted and affirmed by male others. Becoming a man appears to be an identity project in which other men are the key role players (Pattman, 2007). He needed same-gender others to heal his inner broken manliness.

Given the male-engendered nature of his inner devastation, what was I left to do as a female therapist? Directed by Diamond (2004) I used my role as the masculine affirming female to assist him to turn towards male others. Although our individual therapy was apparently effective, I encouraged him to enter the men’s group
because, as the psychoanalyst Diamond (2006) says, one has to ingest a man in
order to become one.

I now turn to focus more explicitly on the gender of the female facilitator of the men’s
group. The last aspect under the gender theme to be addressed is the gender of the
female facilitator in an all-men’s group, before continuing to the discussion of the
second-last theme, namely emotional expressiveness.

Before exploring the role of the female facilitator in all men’s group it may be
appropriate to inquire whether the skills of the facilitator are more important than the
gender of the facilitator. What seems to be unquestionable is that effective work with
men requires philosophical, attitudinal, theoretical, socio-political and clinical sets of
skills across a range of psychosocial change issues with men (Cochran &
Rabinowitz, 2003; Golden, 2009; Nahon & Lander, 2008; Rabinowitz & Cochran,
2008).

Thus when it comes to effective personal change work with men skills are more
important than gender. Nevertheless it stands to reason that the gender of the
practitioner in all-men’s psychotherapy groups is not insignificant. I have already
made the point that the literature encourages the forging of strong bonds of
attachment between participant and group facilitator as part of preparation for group
therapy in general (Gauron & Rawlings, 1975). In this part of the discussion I am
going to focus on the female gender of the practitioner who works with men as it is
relevant to this study.

I limit the discussion to a brief exploration of the role of the female facilitator in
assisting the male participant to ‘turn towards male others’ as potential healing and
personal change resources in masculinised therapeutic spaces. I do this with
reference to the revised theory of early male gender identity development. According
to this theory the young boy forms an earlier attachment to the mother, which
continues and supports and facilitates his turning towards father figures as he enters
the stage of gender identity formation (Diamond, 2004).
The possibility of entering an all-male group may evoke a range of feelings in men. These may include excitement and anticipation, but also discomfort, fear and alienation.

“A lot of uncertainty, as I say, a lot of uncertainty. I’ve been involved in sport all my life so … uhm … and soccer particularly so being with men meeting men having meetings and stuff I was okay with that. I was familiar with that. But this was like a whole new ball game. You know in terms of almost like secrets gonna be divulged here and chatted about and feelings chatted about. So I was very uncertain about that. And almost wondering for a while can I actually trust you know” (Interviewee 6).

Despite their reservations and anxieties about joining the men’s group all the participants were introduced to and persuaded to join the men’s group by female clinicians.

“Uhm I … (pause) entertained the idea because of (group facilitator) actually she … uhm … through previous individual sessions with me had won over my confidence and so based on her invitation I gave it the benefit of the doubt. So I was willing to give it a chance but I was entertaining thoughts of is it a good idea for me. Is it a safe space and I did feel uncomfortable” (Interviewee 4).

The reflections of this interviewee suggest that the revised theory of early masculine identity development is relevant with adult male entrance and endurance in a men’s group to achieve masculinised growth and personal change opportunities. The female clinician, similar to the mother of the infant boy who nudges him towards the father, invites participants to join the men’s group, thus ‘authorising’ and investing in maleness.

The role of the female in facilitating maleness is indirect, unlike the male facilitator, who through his own maleness directly sanctions the masculinity of other men (Pattman, 2007). Though indirect, and in spite of their difference from men, the crucial role that women play in shaping masculinity cannot be underestimated (Diamond, 2004).
The role of the female may indeed be critical in affirming masculinity, but as female therapists we are not socialised to be mindful of our masculinising influence (Bernadez, 1982). In my own development as a female facilitator of a men’s group I will briefly reflect on two helpful influences. One is Diamond’s (2006) revised theory of early gender identity development already referred to a few times above. The second is my appropriation of African-centred philosophy, the ubuntu concept popularly bandied about in post-apartheid South Africa (Kamwangamalu, 1999) and introduced previously in this thesis.

Diamond’s (2006) revised theory of early gender identity development helped me to understand my role as a female facilitator in a men’s group. Initially it was hard for me to explain even to myself what effect I was having. My impact in the men’s groups though ‘unconscious’ was apparent, particularly to the participants.

A group is a container of the unconscious forces of the group members, including the unconscious dynamics of the facilitator, whether it is a structured educational group or a purist psychoanalytic group (Garland, 2010). I remember complaining to my group supervisor during the early days of running men’s groups, that there was so much happening in the group that I was missing. He affirmed that and added that much of what happens in groups will be recognised by group therapy participants, not necessarily by the group facilitator. The young boy is able to pick up on the unconscious assumptions of his mother about his father or about men in general. If the mother secretly hates men, or think they are beastly or disdainful, this may be communicated to the young son and affect his psychosexual development (Diamond, 2004).

Hence the respect that the female facilitator has to have for the male client is significant. In my discussion of my role as the therapist in the combined therapies of the research participants I have alluded to the many transference relationships with these participants. I am used as an object of affection, sometimes idealised, often despised. Interviewee 6, for instance, is a generous man who does not hesitate to help anyone in need. Especially women, he said, like to ‘cry on my shoulders’. Yet he would frequently complain about the expense of his private group therapy and at times jokingly suggested that I was about to increase the group therapy fees, again.
Then there are certain group dynamics that have to be addressed explicitly and head-on in a men’s group. Key of these is sexual feelings and erotic dynamics during the psychotherapeutic encounter. Depending on the situation at hand, I may be required to reflect on my femininity, masculinity or sexuality. Care has to be exercised in managing the attitudes and behaviours of the facilitator that may influence sexual dynamics in a men’s group. Personal life and the life of the facilitator inside a men’s group are best kept separate. Attending to my own narcissistic needs is a key protection against using the group for the realisation of my own apparent and unconscious desires. So at the risk of stating the obvious high levels of self-awareness are central to the effective functioning of the female facilitator of men’s groups (Bernadez, 1982).

When one participant in the private-practice setting developed an acute maternal transference, he wanted to be hugged. I drew in the rest of the group members and we spoke openly about his need to be hugged by me, and I proceeded to hug him in the presence of the other group members.

The young men on campus may struggle with their sexual orientation, which may still be in flux, as they labour towards consolidating their sexual identity. I request that participants at the start of a new men’s group delay disclosure of their sexual orientation. The group has to prioritise the development of a group ego that can contain the pressures of diversity and differences. I also have to be mindful of how issues of gender dysphoria and sexual orientation have become highly politicised concerns and that I have to respond appropriately to such dynamics in the context of time limited group psychotherapy in a campus setting.

There is also that fine line between strong feelings of brotherhood and same-sex attraction between men. When a middle-aged married father of young children who had recently joined the private-practice group made sexual advances to one of the participants, I had to act decisively before the group dynamics suffered. I find men’s group participants generally reluctant to discuss homoerotic desire. It is like a taboo, so it becomes the therapist’s responsibility to facilitate the conversation. It helps to remember that in a therapy group, secrets of any kind are generally part of the anti-group (Nitsun, 1989).
Participants may also call each other on their behaviours. When a participant in his early twenties spoke a few times in the group about the ‘casual’ sex he was having, one of the older participants asked him what his intention was with the women that he was sleeping with. Another group member who was ‘dating’ sex workers was cautioned by some of the participants that he was making himself vulnerable by putting his health at risk.

I also observe from time to time the usefulness of discussing sex with the young men on campus. Even the older men in private practice benefit from collective discussions about sexuality, their desires, their partners and the meaning of these relationships. Some of the men’s group participants may assume shame, a split-off internalisation of sexual desires and behaviours as ‘bad’. So they feel conflicted about their own desires. They seem to need a safe space in which to, for instance, explore the ‘random’ sex that they sometimes participate in, and how it leaves them feeling empty and lonely.

Now I will reflect briefly about what an ubuntu philosophy can do for a female facilitator of men’s groups. What I mean by philosophy is the establishment of meaning (Beyer, 1990). One implication of assuming an ubuntu ethic (Chuwa, 2014) is that the therapist enters the therapeutic space with a different set of assumptions about the definition of clients, their presenting concerns, and their treatment and recovery prospects (Hanks, 2008). In contrast to the tendency to limit the therapeutic focus to the negative or pathological aspects of human behaviour, in this study the clients were viewed in more holistic ways (Hanks, 2008). Their experiences, strengths and insights were assumed and utilised within the treatment context, one of which was to engage the spiritual-cultural strengths that clients bring with them into the therapeutic encounter (Nagai, 2007). Furthermore, the philosophy of ubuntu makes claims to a shared humanity between people (Chuwa, 2014), which extends into the therapeutic encounter between therapists and clients. Consistent with this ethical humanist approach is the therapist’s role that encompasses that of a fellow human being with the accompanying concerns and responsibilities of a shared humanity (Hanks, 2008).
Perhaps it is this philosophical stance that makes me trust, and feel safe, psychologically and physically comfortable, when working with participants. This ubuntu ethic directs my perception of men as human beings with the same complexities and paradoxes that accompany human nature, irrespective of gender or other diversity factors. The participants often referred to each other as brothers, but they are also ‘my brothers’, who reflect part of who I am, given that an ubuntu ethic suggests that our humanity is contingent on the humanity of human others (Chuwa, 2014).

Philosophy is said to guide thinking, providing a sense of balance, proportion and moderateness but also critical thinking (Beyer, 1990). Therefore when some of these ‘brothers of mine’ go astray, as reflected in the statistics of male-driven violence, they remain ‘brothers’ nevertheless, and some of them may even be open to be guided back to ‘the straight path’.

Philosophy also brings clarity of purpose (Beyer, 1990). Whether it is a participant intent on acting on his homoerotic desires in a men’s group or the narcissistic impulses of the group facilitator, it remains the ultimate responsibility of the group leader to keep the participants focused on the group purpose. With an exception here and there, participants are usually committed to do the work that these groups have been designed for.

But the most useful feature of a people-centric philosophy such as the ubuntu ethic (Chuwa, 2014) is how it tilts my worldview towards seeing the ‘glass as half full’. I assume that the participants of men’s groups are capable of sophisticated emotional work. Women and men may approach the project of emotional work differently, but men do not have to stand back as the subordinate sex when it comes to emotional work (Dutton, 1994). Hence men can be keen observers of human nature who hold each other and the group facilitator accountable for the therapeutic progress in these groups (Garland, 2010).

I now turn to an examination of the emotional experiences and expressions of the participants of the men’s groups in this study.
5.4.3 Male emotional expressiveness

The opportunity for deeper male emotional intimacy provided by all-men’s group psychotherapy is central to the theme ‘male emotional expressiveness’. An all-men’s psychotherapy group can be conceived of as an intimacy intervention with the explicit purpose of tapping into primal male-to-male attractions. The power and strength of the ties of attraction that developed between the participants of the all-men's group of this study appears to be independent of and pre-existent to the therapeutic intervention. It is as if male gender-homogenous group psychotherapy draws on an existent male-to-male emotional valence that can be used for positive identification with other men (Hunter & Davis, 1994).

This is what one of the interviewees had to say after a few months’ enforced absence from the group due to work commitments.

‘I really looked forward to it, going back. I haven't seen the guys since February. It was a really good feeling to think this awesome feeling’ (Interviewee 8).

He suggested to the interviewer that the strong bond between men in the group was strengthened through the exclusion of women. He referred to these non-erotic attachments between men as a higher form of friendship than the sexual relations between men and women. This same interviewee had earlier reflected on his longstanding distrust of men and greater faith in women.

Participants in men’s groups seem to appreciate the healing potential of talking and sharing stories. Men's groups facilitate the establishment of ‘brotherhood’ outside of accepted forms of male bonding routines, as this interviewee confirms.

“Uhm … I feel like that as the time goes by I feel like the guys that were there are my brothers. So it’s easy to share something with a person that you trust. The trust that we started to build up as we were talking and then do the tasks that we did. I feel like okay one of us shared a story so it will be easier for me to share my story if I heard someone sharing a story” (Interviewee 7).
Interviewee 5, who had referred to his lack of voice in a previous mixed-gender support group, offered that he was ready to express himself emotionally right from the start of his attendance of the men’s group. He connected the freedom that he felt to express himself emotionally to the fact that he felt accepted and not judged by the other men in the group.

Interviewee 4 reported feeling unburdened through allowing himself to feel and express himself. He used an interesting analogy about how emotional expression was a kind of massage that brings nutrition and healing. He continued by sharing his sense of release from emotionally letting go. He recognised that he was never taught how to deal with his emotions. He seemed to have been overly concerned with ‘losing control’ if he allowed himself to become emotional. He continued by philosophically reflecting a wisdom that was once shared with him about allowing emotions their rightful place and said that expressing his feelings and being able to verbally reflect on these expressions seemed to have given him new insights into himself.

Interviewee 3 compared the emotional geography of a popular students’ pub located near the university with that of the emotional climate inside a men’s group. He pointed out the shallow nature of the pub conversations versus the personal disclosures reflective of the trust relationships forged inside the men’s group.

This interviewee had earlier expressed his admiration for his fellow participants’ undefended sharing and self-expression. He appreciated the new behaviours being modelled by the other participants. Interviewee 7 seemed to have benefitted in a similar way, commenting on how the men’s group helped him break out of old habits and try out new ones, in a space in which he felt supported and ‘seen’.

“So being in the men's group they taught me they taught like … uhm …I was taught about how to let’s say for instance if my anger was in that immediate thing how do I react within that second. Because if anger is coming this second then you respond quick. How do you respond to that? I realised that fighting back is not always the solution because it causes more trouble” (Interviewee 7).
Another interviewee shared a comment that suggested his awareness that the men’s group expected one to ‘go the extra mile’, to brace oneself for moving into ‘uncharted territory’ of confronting negative feelings and experiences.

“And sometimes it’s become so painful and one doesn’t know that some members two or three weeks after their breakdown they are deciding should I continue with the group or not because it could be such a painful experience but yet in my experience (gives a heavy sigh) it’s that no pain no gain. And so I’ve come to realise that the tears that I shed is for a good reason and it brings healing and that’s the only way” (Interviewee 5).

One interviewee shared how deeply he was affected witnessing another man cry in the group.

“Uhm … like the first time I saw a guy cry in the group. I remember it was like what? Don’t do it” (Interviewee 8).

He received a strong message through directly experiencing the emotional expression of others in the group that expression of his feelings was welcome. This resulted in him becoming comfortable with his own feelings. He reflected that he had always been an emotional person, but the group has made him more aware of his emotions, and also more accepting of expressing it. Of late when he finds himself crying over something he is also able to explore why he cries, because now he allows himself to think about his emotions.

“It was okay to feel emotions it’s okay to get angry it’s okay to cry it’s okay to laugh it’s okay” (Interviewee 8).

He described his inner transformation with respect to the way in which he relates to his emotional self. For this interviewee witnessing the open display of tears, be it due to sadness, loss or grieving, by another man was an event that changed him. Another interviewee cited how the group constantly spurred him on to engage with his own emotions. The group heightened his contact with his inner self, his emotional awareness. His reflections here can also be interpreted in more spiritual terms of
going back to previous (childhood) ways of being more integrated, in touch with the whole of one self, fully human, which requires being close with one’s emotions and expressing one’s inner world (hooks, 2004).

The intimate alliance of males becomes a safe sanctuary in which men can shift from conventional male competitiveness to engaging vulnerability. It is this potential to normalise the expression of vulnerable feelings that is the taboo-breaking potential that all-men’s groups hold over other forms of interventions (Heppner, 1981).

Interviewee 4 reflected on how the group members supported him during his crisis. He described the group as a respectful container. He said that he never felt pressurised to share his pain, but was able to retain his dignity while receiving much needed support. The group gave permission for tears, helped him to process his feelings and nurtured him through this emotional period. The care and support he received from the group when he was at his most vulnerable seemed to have formed a lasting impression.

This interviewee had presented with resistance to becoming a father in his individual therapy the year before he entered the men’s group. His wife had begun to put pressure on him to start a family; therefore during individual therapy with myself, we explored the psychodynamic roots of his fears of fatherhood.

He had a very difficult emotional relationship with his father, starting during his high school years. His father’s work involved some travelling, which also meant that they would not have contact for extended periods of time. He consequently spent a lot of time with his mother. Due to his father’s financial challenges they also moved house frequently, adding yet another layer of instability to his formative years. During his individual therapy this client had processed traumatic memories of himself being publicly humiliated by his father. His problematic relationship with his father continued right up to the death of his father in the first few months of him joining the men’s group.

This group member, who had grown up so isolated and estranged from his father, entered the men’s group with unresolved father wounds and unprocessed discord
with father. He first discovered his father ‘issues’ in individual therapy. The uncovering of his father-wounds was the major reason I had suggested in my role as his individual therapist, that he should join the men’s group. In spite of his fears he responded positively when I supported his transition to the men’s group. He successfully resisted his initial impulse to flee from the group and shortly thereafter the sudden and tragic loss of his father was to dramatically change his experience of the group.

His father’s sudden illness and admission to the intensive care unit of the hospital caused this member’s emotional breakdown during one of the group sessions. He was overwhelmed with a sense of imminent loss and regret, and in his grieving broke down in tears. He shared with the male interviewer how the group helped him, contained him and nurtured him through this very emotional period. And as the group facilitator who was present in the group that night, I recall observing how the men took charge of containing this grieving member. He confided to the male interviewer:

“And … uhm … I just felt what it felt like was just a bunch of guys who had decided to gather around me and kind of like just create a safe zone. Uhm … no advice or pity or anything just … uhm … (pause) a willingness to listen and a willingness to allow me to feel whatever I was gonna feel at that particular point in time. Uhm … and like I said I don’t think anybody would have predicted that the very reason why I have come to therapy was going to escalate within the space of two months but it was a … I had a really difficult relationship with my dad at the time leading up to his death and … uhm … I was dealing with a lot of regrets” (Interviewee 4).

And so it was with this interviewee whose father’s death became a major critical incident that was to dramatically change his experience of the group. The loss of his father brought him closer to the men in the group. During the interview he expressed his gratitude and appreciation for the containment that the group had provided. The group became the ‘father’ to him. The group process is the ritual that can contain the paradox of grieving where a loss is converted into a gain.

The group provided an opportunity for him to process the loss of his father and to reconcile with his father at his deathbed. Although reconciliation with his father came
‘late’ it was an instance for psychological and existential reparation. When men write about the influence of their fathers they reflect that not even death ends the significance of the relationship with their fathers, whether it was good or bad (Brochner, 2008).

From the above it is clear that the principles of effective emotional work are applied within the trust and safety of an emotion-focused men’s psychotherapy group. By the time the men’s group of this study shifts into working phase the group’s central focus is the processing of emotional feelings and the facilitation of appropriate emotional expression. Some of the most frequent narratives shared in the groups are stories about childhood abuse, rejection, abandonment, exploitation and cruelty from significant others and the suffering, survival and transcendence that went together with these.

Members commonly identify with each other during this kind of cathartic communications of dehumanising experiences. They often respond to each other with similar and related self-disclosures. They are sometimes visibly and verbally moved by each other’s testimonies of adverse experiences and are generally credible witnesses and containers of each other’s pain and vulnerability.

Access to the group is contingent on submission to the group purpose of ‘emotional work’. ‘Early adopters’ of going near their feelings of uncertainty, sadness, loss, rejection, invisibility and more become the role models of this fundamental preoccupation of the group, which is for each participant to forge closeness to a broad range of feelings.

I will now turn to the last of the themes to be discussed in this chapter, namely the significance of childhood experiences for the development and expression of male emotion for the research participants of this study.
5.4.4 Childhood influences

The schedule of interview questions did not contain a question on childhood experiences. It was a theme that was unintended and which emerged right at the start of the interviewing process, during the pilot phase. During their responses to the interview questions six of the eight interviewees referred to their childhood socialisation in one way or the other.

They shared aspects of their early experiences that influenced their understanding of themselves and shaped their adult experiences. This included their early encounters of the division of the genders, being raised by single mothers, the influence of parents and extended family, painful recollections of parental dysfunction, separation and relational difficulties, and most often their wounding fatherhood experiences. They reported on fathers who were absent, inadequate, rejecting and neglectful, who abandoned them physically and emotionally and who they came into conflict with.

From their narratives about their childhood experiences it would appear that both childhood socialisation and broader societal influences are salient to the formation of manhood and emotional expression. An early emotional instruction he had received was ‘indodo ayikhal’ (a man does not cry), according to the first interviewee.

‘But then again I remember something my grandfather told me that once you start crying you will never stop. So those are the other things you keep on thinking as a result. The tears wouldn’t come because I actually trained myself to’ (Interviewee 1).

His grandfather had instilled in him the danger of being engulfed by emotions. This interviewee seemed to be aware that due to his early practice of hiding his emotions, his emotions might have ceased to be easily accessible – the enduring legacy of his childhood emotional socialisation. He contrasted women’s freedom to be emotionally expressive relative to that of men, who are taught that it is not manly to open up. He sounded like he was lamenting, almost envious of women’s permission to openly and publicly express their emotions.
‘Personally I would love to cry for once. You know it’s something I don’t really do so for once I would love to open up and cry you know. I feel like you know maybe some of the river that is inside some of the things that I’ve kept inside would actually go away if I start crying’ (Interviewee 1).

This interviewee had experienced severe physical abuse by his uncle, had been bullied by older males and had a mother who failed to protect him from abuse. He struggled with a deep sense of his own inadequacy. His attachment trauma was severe as he was also emotionally neglected within a context of instability. His mother had multiple boyfriends, and during his childhood they moved around a few times.

He continued to engage in risky sexual activities with girls on campus. He had difficulty managing his relationship with girlfriends, made poor decisions and got involved in more than one pregnancy scare. Therefore his envy of women’s supposed emotional expressiveness may speak to the depth of his unresolved grieving and mourning. He has yet to enter into those awful and devastating feelings of loss towards the resolution of his childhood abuse and instability. Here is another research participant who did not have exposure to a length and quality of psychotherapy that match the severity of his dysfunction and abuse. He has been seen by a number of staff psychologists. Perhaps the therapies have been too brief to be impactful. He had four sessions in the men’s group, and equally brief therapeutic exposure in the mixed-gender group he attended after leaving the men’s group.

The second interviewee reinforced the theme that ‘crying is not for men’. He said that it was in his nature ‘not to cry’. He referred to an exercise that was done in the men’s group that made him realise that he expressed himself in many ways except the emotional part of himself. He said this ‘underuse of his emotions’ was due to the way he was raised as a boy, not to cry.

Like interviewee 1, his early childhood was similarly marred by instability, abuse, repeated loss and attachment failures. His father would abandon him and his siblings for long periods of time. This interviewee is one of seven siblings. His parents
separated the year he was born, and apparently his father was physically abusive to
his mother. As children they were shunted around to live with different caregivers.
On one occasion his father came to fetch him and his siblings where they were
staying to take them to live elsewhere. The caregivers had abused them and treated
them unkindly. His mother, however, had worked tirelessly to give them some
stability, hence his strongly expressed desire to repay her.

For interviewee 8 seeing a ‘big man’ cry in the group was like witnessing the violation
of a cherished male code. He referred to the societal expectation of ‘men as
providers and carers’, but they are not supposed to ‘show weakness’, implying that
they are not supposed to publicly express vulnerability. He never saw the adult men
of his childhood express their vulnerable side publicly. He described his disbelief at
seeing a man cry in the presence of others and that witnessing this event changed
the way he perceived his own emotions.

Another aspect of their childhood that interviewees reflected on was the verbal and
emotional communication from significant others that negatively affected their
developing sense of self. The first interviewee recollected the abusive verbal
messages from extended family members directed at him and other siblings. He
recalled how common it was to be called stupid and how he had internalised these
messages about himself. In his reflections he shared his perception of the tenacity of
historical imprinting and that one cannot just walk away from it.

Interviewee 6 reflected on a childhood incident that underscored the fact that he was
used to being emotionally and psychologically abandoned. As a child he was
expected to take care of others. He said that now as an adult he can finally tolerate
the reality that as a little boy nobody really cared about him in the way he needed to
be taken care of.

Interviewees elaborated on how the parenting arrangements they were exposed to
shaped their childhood lives. They expressed complex and mixed emotions about
growing up with single mothers. They seemed to be grateful for the courageous task
their mothers took on, but as young boys they were sometimes compromised by her
choices of partners and the gender socialisation they received.
Interviewee 8 affirmed the supportive presence of his mother during his childhood. At the same time her husband, his stepfather, was abusive and seemed to have contributed to his trust issues with men.

"Ja ... uhm ... (pause) I'd say the biggest thing was I don't trust men. I've had very bad father issues, stepfather issues. So men wasn't ... I don't trust men easily. Most of my friends are women" (Interviewee 8).

Interviewee 2 used to harbour anger towards his father, who had physically and emotionally abandoned him, leaving him to be raised by his mother, who, he added, had never complained and had done an excellent job of raising him. He felt gratitude towards her and was motivated to ‘repay her’ for her kindness.

Interviewee 1 narrated childhood experiences of being bullied by older boys. He recalled being ‘labelled’ when he complained about this harassment. Lacking a readily available father figure, he reflected on the conflicting advice from peers and his single mother about how to respond to this victimhood. His mother’s instruction that ‘he should not fight’ had apparently negatively affected his ability to defend himself. He spoke of how this childhood occurrence of abuse by older males was repeated during later developmental stages.

What seemed to have compounded these intimidating experiences related by this interviewee is that he had to navigate frightening circumstances alone and with no external guidelines and was possibly overwhelmed with negative emotions that he could not understand or manage. He referred to the problem of not having a male role model that could guide his relationships with male peers as a young boy.

He perceived his single mother’s advice on how to respond to external threats and aggression as well-intentioned but contradictory and unhelpful. He was intentionally hurt by others, but was advised not to respond with aggression himself. He was not assisted in learning how to distinguish right from wrong. He felt confused and later referred to his low self-esteem in relation to not knowing how to defend or protect himself. He had to figure things out by himself and this had compromised his sense of self and later maturity.
This is part of the difficulties boys encounter when they do not receive ‘scripts’ on how to behave, when there is no containing male figure in their life (Diamond, 2006). Furthermore the literature highlights that males who had themselves experienced intimacy abuse and attachment trauma tend to become adult perpetrators of intimacy crimes (Sonkin & Dutton, 2003).

The absence of fathers or their dysfunctional or traumatising presence is a theme that was echoed by most interviewees. Interviewee 5 had sad and painful memories of an unavailable, rejecting and un-nurturing father. He expressed yearnings for the presence of a mentor and protector.

There are also consequences of father absence for the mother-son bond (Diamond, 2006). When the father’s presence fails to modulate the mother-son bond, the mother may become potentially intrusive and enmeshed with the son.

Interviewees commented on potentially formative early events and reflected on their awareness of childhood dynamics that played out during their adult lives. Interviewee 2 shared that his parents separated the year that he was born. During the time of his birth his parents’ relationship had run into trouble. This interviewee struggled to contain his anger towards his father. He commented on his interest in other male participants’ peacefulness and self-acceptance as if it were something that had eluded him.

Interviewee 4 shared his new awareness of his need to seek his father’s approval. He had recently discovered that his need to achieve was actually a desire to get his father’s approval. For him and other interviewees, strong overt negative feelings towards the father are often coupled with an unexpressed yearning for father love and approval.

Insights into the deeper dynamics of their behaviour provide men’s group participants with opportunities to grieve, to process childhood losses and trauma and to rework internalised psychological models and schemas. Interviewee 6 grieved and comforted himself for having been psychologically exploited as a child.
Interviewee 4 used to be unfavourably compared with his schoolmates by his father. The group participants had made him aware of this harsh father that he had internalised and that this was responsible for his tendency to act punitively towards himself. He reflected on painful childhood traumas that were related to his unexpressed desire for approval by his father, and his unconscious attempts to undo the conflict between them.

He had achieved a marked shift in his own understanding of his father-son relationship. This signalled a resolution of symptomatic behaviour accompanied by a new understanding of the childhood roots of his adult behaviour. The group helped him realise the impact that his father had on his experience of himself. His father had made a major impression on him even though he was more aware of the psychological distance between them. It is in the safety of the group as ‘father’ that he was able to more unambiguously reclaim the loving dynamics in his relationship with his father.

Interviewee 5, who had lost his rejecting and un-nurturing father at the age of 15 years, found in the unique male culture of the men’s group an experiential opportunity to process or rework his father issues as well as exposure to other ‘fathers’ with the male members. He achieved new ways of relating to men and to his own manhood.

Other practitioners may perceive abusive and battering men as having been victims of abuse themselves, thus in need of catharsis and grieving while simultaneously acknowledging the need for these men to change their abusive behaviours (Jennings, 1987; Sonkin & Dutton, 2003). Whether one privileges the feminist power approach to men’s work or take a more empathic view of victimised men, it seems that men require emotional work equally or perhaps even more so than women, which begs the question why emotional work is often regarded as the preserve of women (Dutton, 1994).

From the comments of the interviewees it would appear that men can benefit from opportunities to process their childhood trauma so that they can access and restore ‘disavowed parts of themselves’. Emotional work can be redefined as the work that
‘real men do’. Male emotional work signifies a public health concern, as authors point out the consequences for men, women, children and the larger society of unattended male psychic wounds (hooks, 2004; Miller, 1997).

If men do not have a safe place to tend to their psychic wounds, they potentially act out those wounds in violent forms on others. A society that creates safe spaces for men to process their negative experiences and restore their humanity is less likely to be overwhelmed with male-driven distress (hooks, 2004; Miller, 1997).

5.5 Conclusion

This chapter started by describing the context in which the data collection took place. An examination of the interview dynamics served to highlight the most salient aspect that shaped the collection of data in this study, the face-to-face interviews, which took place between the researchers and research participants. This section was followed by a description of some of the most salient aspects of the therapeutic context in which the emotional work with the men in this study took place.

In the remaining and largest parts of this chapter the thematic experiences that had emerged during the process of data collection, analysis and other aspects of the research process were dealt with in considerable detail. The four themes – group therapy, gender, male emotional expressiveness and childhood influences – were described as related and integrated with each other.

The first theme that was discussed was the group therapy theme, next was gender followed by male emotional expressiveness and lastly childhood influences. The analysis of the group therapy theme was integrated with participants’ experiences with aspects related to general group therapy. This included group therapeutic factors, the purpose of the group, as well how participants were personally affected by the therapeutic group dynamics. This part of the analysis also considered the impact of the specific gendered aspects of a men’s group on the experiences of the participants.
In the following section the gender performances of participants in a men’s group were more closely examined. The theme of emotional expressiveness considered the prospects for emotional engagement, male bonding and opportunities to become more intimate with self and others that was afforded to participants in an all-men’s group.

Under the final theme of childhood influences the analysis explored aspects of participants’ early formative experiences both in the family and the larger society that had shaped their adult emotional experiences.
6.1 Introduction

Chapter 1 narrated the original accidental and subsequent intentional application of all-men’s group psychotherapy of this study. This concluding chapter considers the maturation of the process of purposeful engagement of male emotions with a gender-conscious therapeutic strategy. I reflect on the aim and objectives of this study. I think about the people and events that may have contributed to the particular form that these groups had taken. I review whether the reports of the research participants about their experiences in the all-men’s psychotherapy groups of this study extends any hope for the future of research on and group therapy with men.

The men’s group of this study, though an unfamiliar intervention to my professional peers, is nevertheless marked by my own increasing sense of confidence in attitude and practice as a female facilitator of men’s groups (Bernadez, 1982). This recently crystallised professional ‘coming of age’ is in contrast with my initial sensations of perplexity, ‘illegitimacy’, marginalisation, strangeness, oddity, and a sense of professional inappropriateness, not to mention ‘otherness’ (Bernadez, 1982).

It would seem, though, that the on-going solo strivings of how to ‘do’ all-men’s group psychotherapy culminated in significant ‘knowledge in practice’ (Gabbay & Le May, 2011). Just doing it all the time, complemented by collegial supervision on the latest process in the men’s group, seemed to have held and contained me in the process. Continuously responding to the curiosity of others about what I actually do in men’s groups in several different forums, mostly to practitioners who themselves have never facilitated a psychotherapy group, let alone a men’s group, has also been instructive.
As for the handful of mostly analytically orientated group therapists that I am exposed to in my broader professional context, I made the choice of ‘doing groups differently’. I suspect that it is this ‘doing groups differently’ that perhaps in some way made the chance meeting with men’s groups possible. I attempt to convey the intuitive, trial and error, tacit and adaptive way of doing men’s groups week after week and year in and year out in the therapeutic recommendations of this chapter.

I prefer this ‘different way of doing groups’ because of its fit with local culturally resonant ideas of the self, which enhances assimilation of the cultural, materialist, socio-economic and politically familiar wisdoms and practices of clients and practitioner during the therapeutic encounter, including that of manhood performances. I am generously compensated for trading the ‘tried and true’ approaches to group therapy with men for the intriguing and rewarding but ‘experimental’ all-men’s group psychotherapy of this study by the emotional responsiveness of the ‘healer-participants’.

The other enlightened witnesses to the evolvement of the all-men’s groups of this study are colleagues, psychotherapists, student affairs professionals, administrators and some of the academics of the broader university context. Presumably they perceive me as a ‘credible’ practitioner who works with men as I rely heavily on them for the marketing, recruitment, referral and population of the men’s groups.

I would not be a well-supported practitioner who works with men without the advocacy and literary cheerleading of the international community of practitioners and researchers and many others that I am not referencing here (Dutton, 1994; Elliot, 2010; Fonagy, 1999; Haen, 2011; Kiselica, 2003; Van Wormer, 1989). Their assertive testimonies and reports that boys and men deserve a special place in therapeutic practice have been a vital support and reinforcement of the men’s groups of this study.

During my wrestling with the ‘nuts and bolts’ of effective localised context-bound gendered group psychotherapy I found myself gravitating outside of conventional psychotherapeutic worldviews and practices (Kiselica, 2003). In the local scholarly writings about men Ratele’s (2014) call for a culturally intelligent approach to working
with men appealed to me. I was already aware that I continuously adapt my therapeutic practices to resonate with male clients' socio-cultural histories. I persevere in attempts to therapeutically engage their diverse definitions of manhood and strive to stay in step with their expressions of adversities and triumphs (Haen, 2011).

The major focus of this chapter is thus on the illustration of the beginnings and use of a culturally intelligent therapeutic technique that may be used to get to ‘know’ local men on ‘their’ terms (Mfecane, 2013, Ratele, 2014). The words technique, tool and instrument are used interchangeably. Therapeutic techniques refer to the in-session therapist activities to improve the therapeutic alliance or to enhance clients’ therapeutic participation (Ackerman & Hilsenroth, 2003). The Afro-Eastern dimensions of person are a culture-specific graphical representation of the different segments of a person that is used as a therapeutic tool mostly but not exclusively with the campus research participants of this study (McCormick, 1996).

I start the chapter by restating the aim of the research and providing a summary of significant findings. This is followed by a discussion of the research and the therapeutic implications of some of the research findings for future psychosocial change work with men. Under the heading ‘the future of research on and group therapy with men’ a local culturally embedded therapeutic technique, the Afro-Eastern dimensions of person, is introduced as a key therapeutic recommendation. Limitations of this study are provided, followed by the conclusion to the study.

6.2 Restatement of the aim of the research

The aim of this research was to understand the emotional experiences of participants in a gender-homogeneous psychotherapeutic group. The study explored men’s capacity for emotion processing. Are men able to emote, and if they do, how do they express themselves? Do they possess a level of emotional insight or is refined emotional behaviour the exclusive preserve of women? (Dutton, 1994).
6.3 Summary of major responses to the research aim

The rich, extensive accounts of male emotional engagement collected suggest that these research participants connected to their emotions with depth, breadth and intensity in a masculinised peer-centred therapeutic environment. Some of the study’s research findings are summarised below under the four themes that emerged from the data analysis, namely group therapy, gender, male emotional expressiveness and childhood influences.

6.3.1 Group therapy

All-male group psychotherapy emerged as an intimacy intervention in which the transformative potential inherent to therapeutic processes like trust building, mirroring, transference and peer role modelling was the basis from which participants bonded with each other, improved their emotional expressiveness, and acquired and practised skills like self-awareness, self-disclosure, grieving and trust building (Reddin & Sonn, 2003). The group therapy modality was highlighted as a masculinised emotional geography that enables gender-consistent intimacy exchanges of closeness and distance between men.

Participants took advantage of the personal change opportunities transmitted through group participation and known group curative factors such as hope-giving, cohesion, catharsis, universality and altruism (Bakali, 2013). Their narratives reflected their attempts to maximise the use of the group towards their personal emotional maturity (Heppner, 1981).

6.3.2 Gender

In the all-male psychotherapy groups of this study male gender performances were integrated into psychotherapeutic emotional engagement. The participants of these all-male groups identified with same-gender peers, expressed a preference and comfort with same-gender peers and masculinised their emotional expression and achieved acceptance and validation from male peers with whom they had formed strong emotional bonds.
The importance of an explicit masculine frame was affirmed (Barker & Ricardo, 2005). Working within their ‘own masculine culture’ secured for these male participants a unique masculinised discourse in which to organise and express their emotions (McCarthy & Holliday, 2004). The all-male group became a container ‘filled with their own kind’ who intuitively understood, approved of, enhanced and supported a gender-consistent way of managing emotions (McCarthy & Holliday, 2004).

6.3.3 Male emotional expressiveness

Participants reflected on the strong bonds of attachment that they had formed with each other in these groups. At times these therapeutic bonds extended beyond the psychotherapeutic environment to include ‘hanging’ with each other outside the group. They had expressed a range of intimacy exchanges with each other, including verbal expressions of affection, perceiving and remarking on each other’s personal idiosyncrasies, mutual projections, transference interchanges and mirroring of each other (Garland, 2010). What was also noticeable was risk taking to be personally vulnerable, allowing themselves to be held in crisis, dealing explicitly with personal losses, grief and disappointments (Reddin & Sonn, 2003).

Most importantly, participants’ engagement of their emotions was associated with personal transformational processes. Reports of increased self-awareness, greater comfort with ‘just being’, improved psychological mindedness and changes in relational and psychological behaviours, reinforce the transformational power of male emotional engagement (Fosha, 2000).

6.3.4 Childhood influences

Early encounters with gender divisions, parental and other childhood experiences and influences from the broader society shaped their identities and their emotional behaviour. They commented on the early warnings against the open expression of vulnerable emotions that they had received. They were socialised into the dangers of being ‘engulfed’ by emotions, yet they appeared keenly aware of the loss that
accompanies emotional inhibition and expressed yearnings to be emotionally articulate (Moore & Haverkamp, 1989).

They reflected on the tenacity of historical imprinting on their adult lives. They commented on the significant lack of support and guidance from same-gender parent figures specifically the absence of father figures (Engle, Beardshaw & Loftin, 2006). Rejecting, abusive and dysfunctional early childhood experiences were expressed in the narratives of emotional engagement of these all-male group therapy participants (Fonagy, 1999).

6.4 Research and therapeutic implications

The behaviour of participants in the all-men’s psychotherapy group of the study suggests that these research participants and perhaps some men are capable of competent emotional expression (Stein, 1982). They expressed emotions including that of joy, humour, excitement, eagerness, bonding and attachment, grieving, sadness, anger and intimacy.

Some of the emotional and relational challenges that they reflected on include unresolved childhood trauma, personal losses, feelings of being overwhelmed, fear, frustrations, discomfort, self-doubt, dread, personal disclosures of abuse, abandonment, neglect, failures, imperfections and being let down (Cochran & Rabinowitz, 2003). They also considered some of the extreme negativity of male behaviour (including homicide) and what they perceived women to be better at than men (emotional expression).

The significance of the spontaneous emergence of the theme of childhood trauma and related disclosures may lie in its potential to alert us to a side of men deserving of our understanding and empathy. Men appear to be sensitive to the way they are treated by others. Their sense of self is shaped by the behaviour of significant others, which suggests that men too, like people in general, are potentially negatively influenced by their childhood experiences of hurt, pain and dysfunction (Cochran & Rabinowitz, 2003). Men too need to be debriefed and to review their early formative experiences. Like everyone else, they experience a need to grieve and to process
painful unresolved aspects of their formative years (Good, Thomson & Brathwaite, 2005).

Unstructured male-focused group psychotherapy may thus be an appropriate intervention for men to process painful losses and hurts as part of recovery and healing (Jennings, 1987). Such an opportunity to transform themselves further hints at the potential of men to achieve a non-patriarchal benevolent masculine identity (hooks, 2004).

The research participants of this study displayed openess towards personal change opportunities. They critically reflected on their behaviours and responded with decisions based on these reflections. They demonstrated a capacity for personal transformation, expressed desires for self-change and reflected on their self-transformative processes (Reddin & Sonn, 2003).

Participants were aware of the special and at times rigorous demands of personal transformation. They were willing to commit to the change process and endured the discomforts, costs, uncertainties and sacrifices that personal change demands (Verhaagen, 2010).

The study further validates what has been suggested in the literature about the centrality of masculinity frameworks in psychosocial change work with men (Barker & Ricardo, 2005; Heppner, 1981; Van Wormer, 1989). Approaching men’s personal change process through masculinity constructions may enhance male personal transformation.

The study presented participants’ competent engagement of their emotions in a masculine-centred therapeutic environment. The literature suggests that masculinity, even in its hegemonic forms, can be integrated with emotional engagement in a therapeutic environment (Gillon, 2008; McCarthy & Holliday, 2004; Nahon & Lander, 2008).

If male struggles with intimacy can be effectively addressed with a gender-conscious psychotherapeutic strategy, what about psychosocial change practitioners’ alliance
challenges with male clients (Mfecane, 2013)? It is my contention that practitioners who work with men insufficiently appreciate masculinity constructions as the signifier that organises male emotional processing.

Even if the centrality of male gender performances in the psychosocial change encounter is acknowledged there may be (mostly) ideological resistances to the embrace of masculinities experienced by practitioners who work with men (Dienhart, 2001; McCarthy & Holliday, 2004; Mfecane, 2013; Ratele, 2014). Furthermore the study highlights the radical presence of gender in the psychosocial encounter for both male clients and practitioners who work with men. Psychology is an increasingly feminised profession internationally and locally (Denmark, 1998; Skinner & Louw, 2009), yet gender is still to be recognised as a central therapeutic factor in male help-seeking and the utilisation of mental health resources (McCarthy & Holliday, 2004).

The study sought to re-affirm the importance of the explicit focus on gender and its deliberate integration into the therapeutic curriculum of male clients. Gender-sensitive and gender-consistent psychotherapeutic services may reduce the underutilisation of mental health services by male clients (McCarthy & Holliday, 2004).

6.5 The future of research on and group therapy with men

The Afro-Eastern dimensions of person have to be understood as an evolvement, an ‘unfinished work in progress’ of ‘taking matters into my own hands’ during the clinical engagement of black and African masculinities within marginalised spaces. This attempt to respond more sensitively to the participants of the men’s group in this study gradually unfolded into a conceptually sophisticated yet ‘simple’ therapeutic tool designed to reflect a graphic representation of a person that is part positive psychology (Wong, 2010), ‘humanized’ psychotherapy (Nahon & Lander, 2008), ‘male friendly’ (Kiselica, 2003), containing of male structural-cultural contexts (Dolan, 2002), yet holding men accountable as moral and ethical agents capable of transforming their losses and suffering into something meaningful (Stetsenko, 2012).
The Afro-Eastern technique aims at laying a foundation for future research in this area. For practitioners who work with men the tool offers an ubuntu ethical framework (Chuwa, 2014) that, if applied appropriately, may serve as a rite of passage during the psychosocial encounter with men and a link towards empathic and receptive engagement of masculinities. It is an open invitation to practitioners and researchers to explore its discourses and practical possibilities for effective psychosocial change work with men. It will be up to researchers to corroborate whether further development of this technique has the potential to contribute to the alleviation of the problems that men experience and the problems they create for others (Hearn, 2007).

I explain the tool before integrating it into a discussion about its therapeutic application with male clients. In the discussion I explore the Afro-Eastern dimensions of person as a therapeutic instrument that can be incorporated with current psychological theories and practical approaches with local men.

After explaining the Afro-Eastern dimensions of person I reflect on the implications of the technique for imaginative male beings and the therapeutic possibilities arising from its application in the clinical encounter with men. This is followed by a section devoted to an extension of the Afro-Eastern dimensions of person to the socio-economic and cultural contexts of men. I then discuss the advantages of the technique for an engagement of issues of diversity with men. The final section of this discussion reflects on the prospective benefits and challenges of the Afro-Eastern dimensions of person for practitioners who work with men.

The Afro-Eastern dimensions of person are a graphical representation of the fusion of African humanism or an ubuntu ethic and holistic Eastern psychology (Chuwa, 2014; Frager, 1999; Haeri, 1989; Kamwangamalu, 1999). It is made up of interrelated and integrated capacities united by its central spiritual dimension (Frager, 1999). Before continuing to describe an African worldview I must define what I mean by worldview.

Worldview is the belief systems and values of a collective of persons. Worldview includes the beliefs and values about the sickness, healing, health and wellbeing of a
culture, particularly as it may affect the formulation of client problems, treatment and healing in a therapeutic context (McCormick, 1996).

The ancient worldview of ubuntu refers to the beliefs and values of a diverse range of African cultures, which, in spite of their differences, hold dear the values of ubuntu (Kamwangamalu, 1999). According to the ubuntu worldview the self of a human being is spiritual, which implies that human beings can be conceived of as harmonious, holistic and integrated (Kamwangamalu, 1999). An ubuntu ethic is founded on values such as human dignity, compassion, mutual concern between people and connectedness to other people and the community (Chuwa, 2014).

African beliefs about the causes and treatment of mental health and illness may go beyond a concern with the affected individual person to incorporate the immediate and extended family, the community, as well as ancestors or deceased elders. In South Africa some mental health problems may be believed to be due to issues in relation to the person’s ancestors. Treatment may require the performance of traditional rituals, slaughter and sacrifice of animals and religious ceremonies that involve the broader community of the affected person (Sorsdahl et al., 2009).

I have focused on Eastern approaches to the dimensions of person that are compatible with the foundational principles of the ubuntu philosophy of the self (Haeri, 1989). Within an Eastern psychological perspective Frager (1999) explains that a human being is composed of seven levels of consciousness, each with a unique capacity. The highest level of consciousness in this psychological frame is a ‘union with spirit’ (Frager, 1999), which corresponds with the concept of ubuntu that the human self is spirit (Kamwangamalu, 1999).

Other dimensions represented in this framework of persons are the physical, emotional, animal or lower self, power, mental and spiritual (Frager, 1999). The principle of balance governs the health or wellbeing of each dimension. A tendency towards extreme opposite poles in these segments of a person challenges human beings to stabilise each segment because health requires balance in each dimension (Frager, 1999).
Initial designs on pieces of paper evolved into a sheet of cardboard that reflected the fused African and Eastern dimensions of person. I divided a circle into six areas and populated each area with the physical, emotional, spiritual, power, animal and mental dimensions (Frager, 1999). An additional central circle, surrounded by the other six dimensions, represents the ubuntu or ‘higher’ spiritual core of the person. All the dimensions were drawn as interconnected with each other, and the ubuntu dimension was depicted as an open circle for mutual communication between this central higher spirit and the other dimensions of the person.

I first used words to label each dimension. Later I started to use pictures that symbolised each dimension, and retained their use because clients responded more positively to the pictures than the text. The picture of the sun was used to symbolise an ubuntu ethic or ‘energy’. The word energy was sometimes used, as in the energy of the sun that gives life to living creatures as a more inclusive term for clients who may feel uncomfortable with the integration of therapy and spirituality. A picture of a plant represents the body, the human heart represents emotion, the backbone represents personal power, a lion represents the animal or lower self and the brain represents the mental or human intelligence. Much later this fixed design was changed to loose A4 size laminated colour pictures that were easier to carry between the group room and my office.

This spiritually infused arrangement of multiple dimensions of person thus integrates the physical, psychological and spiritual elements of experience (Frager, 1999; Nagai, 2007). Human wellness demands even-handed attention to each dimension of person. Engaging in physical exercise and eating nutritious food are as essential as having good interpersonal relationships (Frager, 1999). Nurturing a healthy self-esteem cannot be done at the expense of tending to emotional concerns and being spiritually connected. An imbalance emotionally may lead to the neglect of the body, or too much emphasis on the spiritual may discount the importance of the material or structural aspects of life or the tempered expression of passions (Frager, 1999).

During the initial phase of the all-men’s psychotherapy groups of this study, therapeutic activities such as the exploration of presenting problems and history taking are delayed in favour of culturally relevant concerns with balance between the
different dimensions of person and the interconnectedness between self and others (McCormick, 1996).

After the initial ice breaking and establishment of group cohesion the first therapeutic activity in the men’s groups of this study is the introduction to a visual of the Afro-Eastern dimensions of person. Chairs are arranged around the spread of pictures on the floor. I usually initiate an interactive conversation by inviting participants to suggest what the pictures symbolise. I would then add an explanation of the principle of balance and the interconnectedness of all the dimensions of person. I also underline that the definition of wellbeing in accordance with this multidimensional person requires working on all the dimensions of the person (McCormick, 1996). I also like to highlight how the ubuntu ethic, which most clients who are South African are at least superficially familiar with, interconnect with their emotional experiences and represent their ‘higher self’, or overcoming self, as we often refer to the ubuntu component during the sessions.

Almost without exception, participants will spontaneously comment, ask questions or begin to relate the pictures to their own psychosocial concerns. Often before I start to introduce the pictures some of the participants would be looking at them or pointing at them because it is such a visual and focal point in the room. What I have also observed is that even when I forget about the pictures some of the group members will ask for the pictures and spread them out on the floor themselves. The pictures transform into a ‘talking point’ or an evocative technique that stimulates participants’ recognition, identification and engagement with aspects of themselves that transcend restrictive discussions about their ‘presenting problems’ (McCormick, 1996).

I will now expand on how the Afro-Eastern tool may assist both the group facilitator and group therapy participants to engage male clients therapeutically. I reflect in more detail in a later section on how the dimension of the body assists to integrate the structural cultural dimension of therapy with male clients. For now I want to reflect on some of the more practical ways in which the body dimension is applied in the therapeutic engagement of participants. I often start with the body, as some of
the other dimensions, especially emotions, may be experienced as more threatening to talk about by some group therapy members.

I might ask group therapy participants to consider how regular physical exercise might contribute to the wellbeing of the body dimension as well as to some of the other dimensions. They usually affirm that doing exercise helps them to concentrate better, make them feel strong and in control and improves overall feelings of wellbeing (McCormick, 1996). This part of the discussion generally provokes insights that effective emotional work calls for engaging the physical body as well. Some of them might contribute about the effects of exercise on the body, body chemistry or the endocrine system’s responses to exercise. We usually end this part of the conversation with an agreement that involvement in some form of physical exercise is part of their commitment to the group psychotherapy (McCormick, 1996).

In the context of this university, some of the group therapy participants are faced with food insecurity, financial challenges and lack of warm clothing during the cold winter months (Letseka & Breier, 2008). I usually weave into the conversation the link between survival concerns and overall wellbeing. Sometimes group therapy participants may miss group because they have to work part-time or because they did not have transport money to travel to the campus. Their poverty is often accompanied by shame and secrecy. For that reason alone I have to normalise the material basis of some of their problems.

In the above sections I have reflected on how the Afro-Eastern technique supports a more embodied form of psychotherapy. The Afro-Eastern dimensions of person are influential in too many ways to capture in this chapter. I will next limit myself to some of the implications of the Afro-Eastern technique for engaging the emotion and animal dimensions.

The emotion dimension of the Afro-Eastern technique is a key component in this framework of persons. Besides facilitating the processing of negative emotions, the emotion dimension promotes insights into the significance of emotion overall, and specifically the consequences of not grieving over or dealing with loss. Participants also start to discern the interconnectedness of the emotion dimension and other
dimensions as of vital importance for them as students. Participants who are working often connect the dimension of emotion with the dimension of the body when they reflect on how they may suffer with their career or in the world of work due to their emotional problems.

The lion or animal dimension elicits conversations about anger, violence and shame. It also raises discussions about addictions and related concerns about ‘losing control’ as in the mismanagement of the sex drive. These discussions tend to enhance their self-empathy and reduce shame as it leads to the normalising of the animal or lower self component. Conversations about their lower self may instil a sense of control because sometimes simply talking about a sex drive that is out of control or sharing reflections about abusing substances may teach that one does not have to be at the complete mercy of one’s impulses.

In the next few sections I consider how the Afro-Eastern dimensions of persons may shift the understanding of the male client, for men themselves but also for those charged to engage them for personal change work. The therapeutic use of this multi-dimensional view of persons can transform participants’ self-understanding, facilitate empathic therapists’ responses to male clients and enhance the emotional engagement of male participants. An introduction to their interconnected dimensions gives them a glimpse of their own possible selves (McCormick, 1996). It is then from this platform of understanding themselves in broader interconnected terms that clients may approach their unprocessed psychic wounds and unvoiced emotional pain, and proceed with the sensitive and uncomfortable emotional work (Greenberg & Pascual-Leone, 2006).

The ubuntu dimension affirms the spiritual dimension of human beings (Chuwa, 2014). The ubuntu component suggests that the spiritual element in people is the seat of the higher self, the super-self or the supreme level of consciousness in human beings (Chuwa, 2014). If the ‘higher’ self in human beings is spirit it suggests that at the deepest level human beings have an impulse towards growth, creativity, wholeness and cooperation (Piper-Mandy & Rowe, 2010). This ubuntu appraisal of men proposes that human beings and by extension men are innately trustful, positive, humane and compassionate (Chuwa, 2014). Such an ethical point of
departure encourages a more holistic, balanced and generous view of men (Akbar, 1984).

Ubuntu asserts the humanity, and ethical and moral basis of people and by extension of men (Chuwa, 2014). Men, just like women, are human beings in the full sense of the word. Their nature embraces the broad spectrum of human propensities towards good and evil, light and dark, complexities and contradictions (Haeri, 1989).

The Ubuntu ethic encourages conceiving men as essentially good and moral. They, like most human beings, are assumed to reach towards the higher self within themselves (Chuwa, 2014). It is precisely an ubuntu-inspired therapeutic technique that is affirming of male personhood that is required to counter deficit-orientated discourses about men (Dollahite & Hawkins, 1998; McCarthy & Holliday, 2004).

The ubuntu dimension affirms and foregrounds the humanity of men through a spiritualised model of a person (Chuwa, 2014). Defining men by their spiritual nature destroys the ‘taken-for-granted’ pessimistic perceptions of male nature and enduring character profiles of male clients as ‘unsuitable’ subjects of personal change interventions (Nahon & Lander, 2008).

In the face of immense negativity towards men in South Africa constructions of alternative capabilities of males are required (Ratele, 2014). This would enable perceiving a male person as someone who experiences problems but who is redeemable, a human being with positive transformative power (Efran, 1991).

Hence in accordance with the ubuntu ethical dimension, despite the widespread prevalence of male-driven violence in contemporary South African society, violence cannot be equated with male nature. Male striving toward wholeness can be conceived to be more than the sum of private and collective traumas, destructive impulses, feelings of marginalisation, shame and societal exclusion.

In the following sections I move to an elaboration of the Afro-Eastern dimensions of person and its capacity to appreciate and articulate the impact of structural cultural dynamics on the well-being of men (Schiele & Stewart, 2001). Without knowledge of
the impact of job market forces on male economic experiences, cultural constructions of manhood and legacies of structural violence and traumas (Reid & Walker, 2005), it may be difficult for a practitioner to obtain nuanced insights into male distress, especially that of South African racialised male minorities (Reid & Walker, 2005).

Male-focused therapeutic approaches like the integrity model (Nahon & Lander, 2008) and the non-deficit approach to fathers (Dollahite & Hawkins, 1998) originated in and are responsive to western notions of understanding the self. These are appropriate responses to their contexts, and good attempts at mobilising ideological resources in the service of male-focused psychosocial change work (Dollahite & Hawkins, 1998; Nahon & Lander, 2008).

However, these approaches are plagued by the exclusive focus on the self and individualism bias (Nagai, 2007; Schiele & Stewart, 2001). They pay insufficient attention to the broader socio-economic environment of men (Barker & Ricardo, 2005). They do not deal with issues emanating from a Eurocentric worldview and domination, particularly those of black male experiences of racism, oppression and subjugation (Franklin, 1999; Schiele & Stewart, 2001). Perhaps because of the lack of grounding in culturally acquired worldviews that shape beliefs about illness and healing (McCormick, 1996) the integrity model and the non-deficit approach to fathers neglect attention to attachments beyond narrowly defined object relations and therefore inadequately address the spiritual and cultural aspects of the human psyche (Nagai, 2007).

In contrast, one of the multiple dimensions of the Afro-Eastern framework, the physical dimension, can be extended to affirm and sympathetically understand the socio-economic aspects of male experiences. This material aspect of the Afro-Eastern dimensions of person fosters appreciation of the historical, social, cultural, economic and political context within which black men are reared and socialised (Schiele & Stewart, 2001).

The Afro-Eastern dimensions of person, integrated with psychotherapeutic theories like attachment, psychodynamic and relational group therapy theories, form a
theoretical framework that can contain not just the psychological injuries of men, but in addition provide a means by which to express their hurt due to violent separation from the structural and socio-cultural forces that used to define them (Mkhize, 2004). This would include making sense of and working through the violated socio-cultural frameworks from which some men used to derive meanings of themselves (Mkhize, 2004).

Articulation and the treatment of complex structural cultural injuries of local black men require a multidimensional therapeutic theory and practice to respond effectively to the concerns of this particular client population with respect to their gender, ethnicity and historical and socio-economic contexts (Dorfman, Meyer, & Morgan, 2004). A theoretical framework inclusive of the Afro-Eastern dimensions of person is better equipped to express and provide the foresight required by alienated men to repair and re-connect themselves to the contexts that define them (Mkhize, 2004).

Furthermore insights into and appreciation of the socio-economic circumstances of participants’ lives facilitate empathy for their frustrated desires for an acceptable masculinity (Hunter, 2006, Langa & Kiguwa, 2013). South African men are frequently caught up between the demands of culturally defined definitions of manhood, while being marginalised by labour market forces and other socio-economic pressures that prevent the realisation of standards of masculinity (Hunter, 2005).

Another concern that the Afro-Eastern dimensions of person are responsive to are issues of diversity and multiculturalism. McCarthy & Holliday (2004) and (Liu, 2005) make the argument of masculinity as part of multicultural competence and diversity.

The Afro-Eastern dimensions of person assist practitioners who work with men to have an in-depth knowledge and understanding of men. As a potential projective instrument or experiential exercise it may assist practitioners who work with men to get to ‘know’ men on their own terms, i.e. it may facilitate obtaining a contextualised culturally informed benevolent understanding of men. Such improved insights may in turn lead to methodological creativity (Kiselica, 2003). Immersion into local male constructions à la shebeen or township location (Mfecane, 2013) may correspond to
a tradition-perceptive attitude or a culturally intelligent approach to men and masculinities (Ratele, 2014).

These culturally competent practitioners have sourced insights into cultural constructions of manhood and traditional masculinities and how to mobilise local male discursive practices for male psychosocial change work (Mfecane, 2013). They acknowledge and work within the norms of masculinity (Gillon, 2008). These practitioners competently discern between constructive and hurtful male-focused cultural practices, skilfully mobilising the former with good therapeutic effect. Culture may shape masculinities positively by providing visions of manhood that may be utilised in the fight against gender violence, for instance (Mkhize, 2004). However, culture and tradition may also be used to further distort already ‘fallen’ forms of African manhood (Mkhize, 2004), as the enactment of violations against women are sometimes culturally justified (Ratele, 2014).

The last concern of this section relates to the challenges of the application of the Afro-Eastern dimensions of person with respect to the subjectivities, attitudes, cultural models and gender perspectives of practitioners who work with men (Wegner et al., 1998). Given the disproportionate prevalence of discourses of difference in South African society as a result of its colonialist and apartheid heritage (Letseka, 2012), empathy between males from marginalised spaces and practitioners who work with men may not be easily forged (Mfecane, 2013).

The sheer socio-cultural divide of race, class and worldview between males inhabiting marginalised spaces and psychosocial change practitioners in the South African context, who may be mostly female and of a different racial and cultural background (Skinner & Louw, 2009), may preclude exchanges of empathy between them (Mfecane, 2013). Practitioners who work with men and male clients may come from widely distinct physical, cultural and socio-economic spaces (Mfecane, 2013). Practitioners may not understand the socio-economic pressures or the cultural, humanist and traditional discursive practices of male participants more especially of participants who inhabit marginalised spaces (Mfecane, 2013; Ratele, 2014).
Issues of power, domination and subordination complicate empathic exchanges in the psychosocial context (Zorn & Boler, 2007). Sensitivity to the overt and tacit power dynamics in male-focused psychosocial change work is particularly relevant given that although at methodological level some practitioners who work with men provide constructivist accounts of male behaviour, one may speculate that at ideological level they may share widely diverse assumptions and beliefs that will affect the psycho-social encounter with men (Mfecane, 2013).

In the far Eastern psychological tradition empathy is understood as a compassionate extension of the self into the experience of another. Empathy is an active act of experience, not merely cognitive or affective understanding (Nagai, 2007). Similarly, Zorn & Boler (2007), writing from within a feminist philosophy of emotions, separate empathy from ‘spectating and voyeurism’. Empathy includes being drawn into and experiencing a sense of responsibility towards the predicaments of the other. Active empathy encourages a level of self-awareness among practitioners who work with men and a willingness to challenge their own worldview assumptions (Zorn & Boler, 2007).

The integration of masculinities into the psychosocial change encounter therefore might require the integration of clients’ cultural healing resources to address ideological resistances, paradoxes and assumptions about male clients as ‘subjects of intervention’ that may interfere with a holistic and benevolent approach to masculinity (McCormick, 1996). The achievement of personal transformational and emotionally engaging responses from male participants demands an equal openness and readiness to transform from practitioners who work with men (Overholser, 2005).

The Afro-Eastern dimensions of person articulate and make available the philosophical resources of worldview that are required for the empathic engagement of masculinities (McCormick, 1996). It presents the conceptual tools that encourage a compassionate turn towards men, which in turn facilitates caring and charitable attitudes to masculinities. A benevolent approach to men rooted in the principles and values of the philosophy of African humanism (Piper-Mandy & Rowe, 2010) enables empathic insights into the plight of local men and ignite new positive therapeutic strategies of male engagement (Mfecane, 2013).
The ubuntu dimension privileges a focus on strengths, positives and capacities during the psychotherapeutic encounter with male clients (Malekoff, 2011). This higher spiritual segment does not just confirm that men are capable of change, but also suggests that their very nature might be synonymous with creativity, transformation and wholeness (Akbar, 1984; Frager, 1999; Piper-Mandy & Rowe, 2010).

Such a worldview of men may lead practitioners who may have become too fixated with the darker aspects of masculinity, towards a focus on what is ‘right with men’ first. Affirmation by practitioners and researchers of ‘what works’ may itself liberate men and inspire them to address what is ‘wrong’ with them (Kiselica, 2003). Such hopeful expectations encourage the release of untapped human potential that fast-tracks recovery gives hope and inspiration and offsets an exclusive focus on problems (McCarthy & Holliday, 2004).

Furthermore focusing on what is ‘wrong’ with men may become counter-productive unless men can be introduced to alternatives of their ‘right’ selves. Thus practitioners require the kind of philosophical and cultural instruction from which they, practitioners, and male clients may derive alternative models of male personhood (Efran, 1991; Stetsenko, 2012).

Psychosocial theories that are overly concerned with the troublesome aspects of psychotherapy clients may not have a value system to convey the worth of men, even less likely that of black men (Franklin, 1999). In contrast the ubuntu dimension expresses imaginative definitions of generous and encouraging understandings of black men (Chuwa, 2014).

The ubuntu-inspired construction of human beings as relational may also assist therapists to prioritise the goals of treatment in accordance with the worldview of client populations (McCormick, 1996). People who are socialised with interpretations of the ubuntu ethic tend to regard connections to other people, social structures and spiritual objects as important (Chuwa, 2014). An ubuntu ethic would be consistent with prioritising transcendence of the ego rather than a focus on strengthening the individual ego of the person (McCormick, 1996). It may be more consistent with the
person’s worldview to connect them with others, rather than exclusively focus on strengthening the person, but all of this is context-dependent and requires careful therapeutic prioritisation (McCormick, 1996).

I close this section of the discussion with the reflection that the Afro-Eastern dimensions of person is a therapeutic technique that has evolved in response to the concerns and challenges of psychosocial change work with black and African masculinities in marginalised spaces (Mfecane, 2013; Ratele, 2014. It opens up the possibility of moving beyond criticism of western-based models of psychotherapy (McCormick, 1996) towards culturally intelligent and locally relevant intervention techniques with male clients (Mfecane, 2013, Nagai, 2007; Ratele, 2014).

6.6 Limitations of the study

The study limits itself to a focus on group-based psychosocial change work with men. It excludes individual therapy with men, which may be the modality familiar to most practitioners and researchers. Although group therapy has been confirmed to be as effective as individual therapy it is commonly not as widely practised as individual therapy (Holmes & Kivlighan, 2000). Practitioners may therefore be less familiar with the group therapy modality and therefore less readily able to identify with and relate to this study.

Although the focus of this study was to explore the engagement of male emotions within the group therapy modality, most of the research participants were also engaged in either short-term or long-term individual therapy. Given the extent to which many of these group therapy participants were exposed to combined therapies, the data representing the emotional experiences of the research participants in the men’s groups of this study might also be informed by their individual therapy experiences.

The study further departs from interventions that do not consider as a central point of departure the salience of gender and the socio-cultural historical and political constructions of manhood as inherent to the change work process of men (Barker & Ricardo, 2005). Masculine-focused psychotherapy can itself be regarded as a
marginalised form of psychotherapy (Good, Thomson & Brathwaite, 2005). Masculine affirming psychotherapists may find themselves with little clinical and research frames of reference (Van Wormer, 1989).

The study situates the psychotherapeutic engagement of male clients within their socio-economic concerns and pressures. It assumes that optimal psychological health and well-being includes the structural cultural aspects of clients’ experiences (Schiele & Stewart, 2001). Psychotherapeutic approaches have been known to omit the realities of clients’ lives beyond the narrow confines of the individual ego and related concerns with a strictly interior view of human nature (Hanks, 2008). The study thus again demands not just a shift in practitioner worldview but amendments to the traditional curricula of psychology training programmes (Dienhart, 2001).

A related concern of this study is that the therapeutic engagement of men’s emotions as a micro-level intervention was not directly coupled with macro-level efforts at transforming male emotional experiences. For instance, connecting some of the men’s group participants with job creation initiatives, poverty alleviation projects or job skills training may possibly enhance male therapeutic engagement.

The cultural and spiritual aspects of the theoretical approach of the study are rooted in African and Eastern spiritualised approaches to psychotherapy (Nagai, 2007; (Piper-Mandy & Rowe, 2010). This kind of spiritualised psychotherapy may be regarded with scepticism and distrust in western psychological contexts (Nagai, 2007). The integration of spirituality into psychotherapy may itself be taboo breaking, more so the use of traditional African worldviews in psychotherapy with clients (Piper-Mandy & Rowe, 2010).

The consideration of male emotions is a public health concern, yet this study does not sufficiently attend to the association between male emotional engagement and male violence prevention in the local context (Van Niekerk et al, 2015). However, the intimate male-to-male engagements in a men’s group open the path for male-to-male emotional reconnection and the possibility of contributing to efforts to reduce male-driven violence (Ahmed, Bawa, & Ratele, 2009).
The male gender-homogenous group psychotherapy intervention of this study, even if proven to be viable and generalisable to large numbers of men in need of emotion-focused interventions, demands a high level of ideological and practical therapeutic literacy and proficiency from practitioners who work with men. The literature has referred to the neglect of masculinity issues in the psychotherapy curricular of practitioners (Good, Thomson & Brathwaite, 2005). Furthermore, effective psychosocial change work with men may demand a readiness to disrupt prevalent therapeutic approaches to men and the capacity to initiate unusual and novel therapeutic strategies consistent with local male cultures (Kiselica, 2003). In addition, the effective engagement of male participants in group psychotherapy may necessitate short- and long-term individual psychotherapy, which may be even more labour intensive, expensive and thus out of reach of the majority of clients on whom this study is based.

I have stated previously that there is a therapeutic benefit for men who attend mixed-gender groups (Macnab, 1990). Male clients are also able to form effective therapeutic alliances with female therapists. In turn the female therapist may represent a range of therapeutic benefits for the participants of all-men’s groups (Bernadez, 1982). However, due to the prevalence of male-inflicted trauma in South Africa, male therapy participants may, in addition to their exposure to female therapists, benefit from exposure to male transference objects during the therapeutic encounter (Diamond, 2006). Given the preponderance of women in the discipline of psychology (Denmark, 1998; Skinner & Louw, 2009), it may be challenging to promote the holistic recovery of male clients inflicted with father-related emotional wounds and injuries.

Psychosocial change work with men may also be regarded as a political intervention. Mainstreaming psychosocial interventions with men could arouse fears of redirecting resources from women (Sternberg & Hubley, 2004). Furthermore, focusing on males may automatically be assumed to contradict the ideals of the women’s movement (Jahan, 1996).

In this study the focus of personal change interventions is on men who voluntarily presented for psychotherapeutic interventions. The study sought to demystify the
assumptions about male willingness to engage in mental health interventions. This may give the impression that men commonly present themselves for psychosocial interventions. Yet men have been perceived to be ‘difficult to target’ and reluctant to make themselves available for treatment and prevention efforts. They are apparently hard to access and difficult to persuade (McCarthy & Holliday, 2004).

This study highlights common concerns of psychotherapy research, key which are the challenges related to the effectiveness of psychotherapy (Whiston & Sexton, 1993). The aim of this research was not to prove the efficacy of psychotherapy in general and group psychotherapy in particular (Seligman, 1995). This research was limited to the emotional engagement of the male client with a gender-conscious psychotherapy strategy. The research aimed to explore male emotional engagement in an all-male group psychotherapeutic environment.

The other major concern in psychotherapy research relates to method biases, particularly research participant self-report bias (Podsakoff, MacKenzie & Podsakoff, 2003). Due to their therapeutic relationship with the researcher, some of these research participants’ responses may have been motivated by a need to please the researcher. The findings of this research are based on the self-report of participants, and clients’ access to their inner experiences are known to be partial and limited (Podsakoff, MacKenzie & Podsakoff, 2003). The study did not employ methods to remedy this potential bias or attempt to explore the degree of bias in participants’ self reports. Also, the dual role of the researcher of this study may have further confounded participant responses to the research question (Podsakoff, MacKenzie, & Podsakoff, 2003).

Let me add to the notion of confounding possibilities. The research data may automatically be attributed to the research participants’ experiences in the all-men’s groups of this study. However, research participants’ prior life experiences, other interventions, previous individual and group-based therapies, pleasing tendencies or just the plain passage of time may have impacted their research reports (Block, Gierde & Block, 1991).
This is a qualitative study. The findings of this study are only applicable to the participants of this study (Lincoln & Guba, 1985). These findings serve as insights and meanings about male emotional experiences. The findings are thus not generalisable to the emotional experiences of male participants of gender-homogenous psychotherapy groups or men in general. As already stated above there are numerous limitations to this research and it is far from ideal. The study hoped to have laid the groundwork for future research in a lesser known area like male-focused psychosocial change work (Kiselica, 2003).

6.7 Conclusion

A study that assumed that it is possible to ground men in emotions generated data that suggests that the participants of the all-male psychotherapy groups expressed their feelings and reflected on their own and the feeling experiences of their fellow participants. The fact that the participants engaged a range of emotions in a meaningful way is suggestive of male emotional agency.

Besides the diversity of emotions that they reported on, their engagement of vulnerable emotions was also evident. Some commented on being moved and transformed through witnessing the emotional upheaval of other participants. They also expressed their dependency on and need of others for support and belonging. They shared sensitive emotionally traumatic experiences in their childhood, narrating stories of rejection, abandonment and family dysfunction. They took turns to tell stories of parental figures that had caused them loss, pain and abuse. They expressed sadness at the absence and dysfunction of their fathers and gratitude for the compensatory roles played by their mothers.

The above findings highlight the significance of a number of aspects of the study. Firstly the ‘culturally intelligent’ approach of the study may have had a positive impact on both the participants and the practitioner in the study. The humanist framework may serve to disrupt the ideological constraints of practitioners who work with men that operate against effective psychosocial change work with male clients.
The humanist turn towards men facilitates creative gender-consistent and culturally infused interventions with male clients.

For the participants of this study an ubuntu ethic provided benevolent ideologies of manhood which privileged their unique strengths and characteristics, freeing them up to be open and creative with their emotions for the sake of personal transformation. Becoming humanised through emotional engagement may reduce participants’ need for aggressive and dysfunctional emotional expressions, reducing male-related violence and aggression towards themselves, other men, women and children.

At a practical level the study offers an explicit male-focused, emotionally based methodology with which to enhance male engagement with their emotions for the sake of personal transformation and the reduction of male-driven violence and destruction. Furthermore this methodology is sensitive and consistent with male-gendered emotional performances and practices.

The data of this study can be regarded as a suitable response to the problem statement of the link between male avoidance of vulnerable emotions and their victimhood and perpetration of violence and destruction. Effective male emotional engagement leads to the humanisation of men, fostering male healing from trauma and the consequent reduction of the male tendency of outward projection of their inner torment.


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Addendum

Guided imagery exercise

The purpose of the guided imagery exercise is to assist the interviewee in travelling back in time as an aid to remember their whole experience of being a participant in the men’s group, not just to facilitate recall of one or two significant incidents.

‘I would like you to imagine that you are back in the men’s group. Think about the people who were there with you. Visualise yourself back in the same venue, the circle in which you sat. Picture yourself and the place you used to occupy in this group. Please try to imagine what it felt like, the atmosphere, the whole experience from the start through to the ending. Consider what had happened in this group from the first moments that you were introduced to the idea of a men’s group, through to the ending or your last contact with the members.’

Questions

1. Please share some of the feelings and reactions you experienced at the start of the men’s group you attended.

2. Please reflect on your understanding of the purpose of the men’s group you attended.

3. How did the absence of female participants influence the way you and others related emotionally or expressed your feelings in the men’s group you attended?

4. Please share why it was easier for you to share your feelings in the men’s group or would you have found it easier to share your feelings in a group of men and women?

5. What caused you to open up emotionally in the men’s group?
6. Please share how participating in the men’s group influenced your emotional self-awareness, i.e. awareness of your inner feelings and emotions, and the way you relate with yourself on a personal level?

7. There seems to be a common perception that men relax more easily in each other’s company and can become close or emotionally intimate with each other. Given your experience in the men’s group, did you ever observe anything like that occurring or being expressed during your attendance?

8. Please share how the other participants or the men’s group in general influenced the way you deal with your feelings and emotions?

9. Are you aware of significant moments in the men’s group that may have prompted you to change personally and emotionally?

10. What have you become aware of since your participation in the men’s group?