

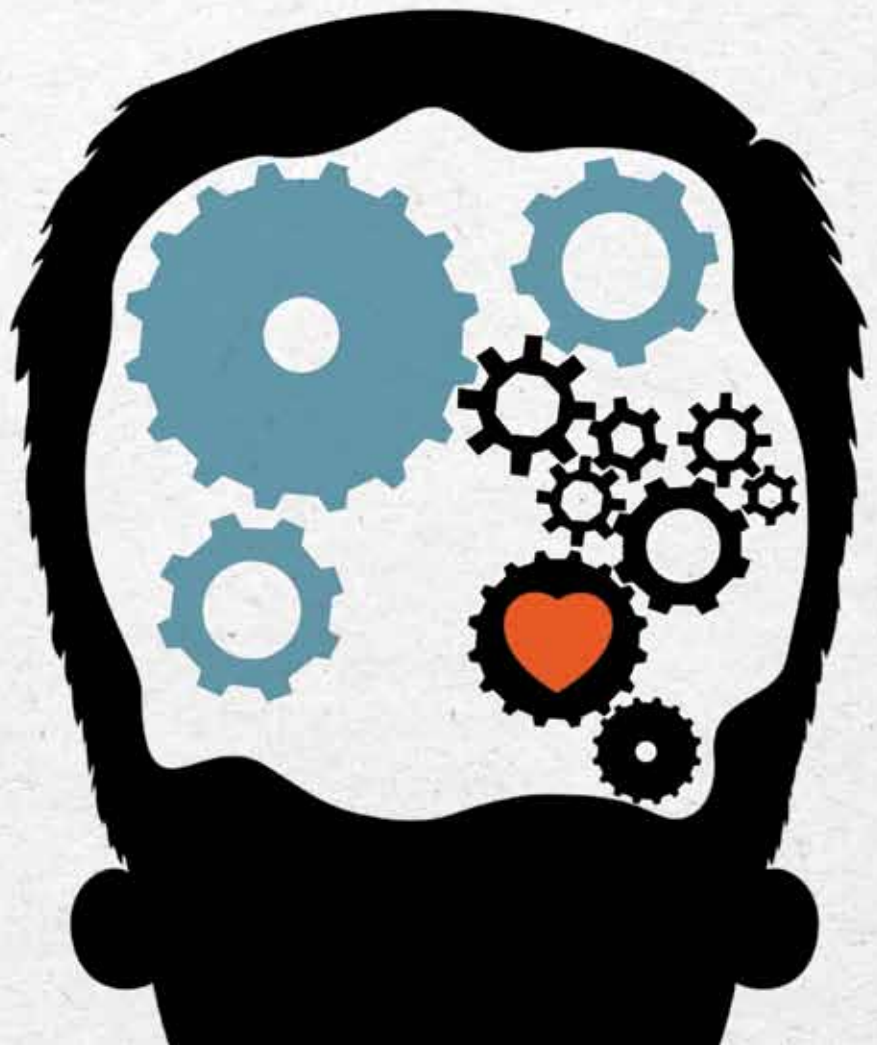
TRY TO SEE IT MY WAY

Improving relationship support for men

By David Wilkins, Men's Health Forum



relate
the relationship people



Foreword

The evidence suggests that men are usually not as good as women at looking after their own physical health and mental wellbeing and are less likely to seek help when they have health problems. And, it seems the same applies to men seeking help with their relationships. We know that positive and stable family relationships are vital to the wellbeing of both men and women and their children, but men are often more reluctant than women to seek out help when relationship difficulties occur. It is important that we understand how best to engage with and support men if we are to effectively support couples and families when relationships run into difficulties.

This significant report begins to identify some of the key issues we need to think about if we are to provide constructive support to men. It is not surprising to learn in this report that there may well be broad differences between men and women in the way they perceive relationship problems; the way they deal with relationship issues; their expectations of relationship support services; and the way they engage with relationship support counsellors. The question is whether these differences are accommodated as well as they might be in the design and delivery of support services.

An affirmative relationship is one of the keys to good mental health for both men and women and, as this report points out, people in settled relationships tend to enjoy better physical health too; as caring for each other's wellbeing is one of the foundation stones of a good relationship, it is not surprising that this is the case. We have made great strides in recent years in understanding how

better to improve men's health, and we have begun to see some of that understanding translated into policy and practice. I hope this report marks the beginning of a debate about how we can best incorporate a male perspective into policy aimed at supporting family relationships. This can only be beneficial for both adults and children and for society as a whole.



A handwritten signature in black ink, appearing to read 'Lord Patel', with a horizontal line underneath.

Professor, Lord Patel of Bradford OBE
Chair, All Party Parliamentary Group
on Men's Health

Foreword

I welcome this thought provoking report, and I'd like to extend my thanks to David Wilkins and the Men's Health Forum. This report forms part of Relate's wider campaign, which has been running since early 2013, and which focuses on men and their relationships.

Relate exists to champion the importance of strong, healthy relationships as the basis of a thriving society, and we know that stable, good quality relationships are central to our wellbeing. To do this effectively, we want to broaden our reach, and this report will help us to do this, by highlighting some of the areas where more specific research and careful tailoring of services are required. One million people already access information, education and counselling from Relate, but we know that more people could benefit from our services. The costs of ignoring this speak for themselves. Relationship breakdown and its wider ramifications cost the UK economy £44 billion last year, according to the Relationships Foundation. This is a cost that we cannot afford to bear now and into the future. Alongside this financial cost, we know that there is a significant social cost resulting from relationship breakdown, which impacts the lives of individuals, families and communities.

The evidence and analysis presented in this report provides a unique insight into the experiences of men in seeking help for their health and relationships. We know that men experience poorer health outcomes compared with women. We also know that men are underrepresented in counselling services generally and more specifically in relationship support services. In fact, men are less likely to seek help in terms of health more generally, from physical health to emotional wellbeing and mental health. We know from our own experience at Relate that 44% of our clients are men but anecdotally we know that they are more likely to exit earlier from the counselling process.

This is not a matter for men to solve on their own. The relationship support sector and Government needs to work collaboratively with clients, employers and health professionals, such as GPs, to address these issues, to understand the drivers behind them, and to innovate and improve service provision accordingly. This culture change is central to normalising relationship support and making it easier, more acceptable and more effective for men to access support services for their relationships when they need to.



Ruth Sutherland
Chief Executive, Relate

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Executive Summary

This report has been commissioned as part of a national awareness campaign encouraging men to look at their relationships, and to seek help if they need to.

Try to see it my way: Improving relationship support for men explores what is known about men's attitudes to help-seeking in general and more specifically about relationship support. We know that men experience poorer health outcomes compared with women, through a combination of men's unhealthier lifestyles and their less effective use of health services; men drink and smoke more than women, for example. They are also less frequent attendees of all primary care services, including dental services, ophthalmic services and GP surgeries.¹ Men are also in a minority of those who use telephone advice and helplines provided by healthcare charities.²

We also know that men are less likely to access counselling services generally. Referrals to the Increasing Access to Psychological Therapies programme (IAPT), the national initiative designed to make counselling services more easily accessible via primary care, are lower for men than for women. The most recent figures show that men make up just 36% of those using the service.³

This report has found that men are underrepresented in relationship support services. In 2011, 44% of Relate's clients were men,⁴ and we know they are more likely to exit earlier from the counselling process.

The report has explored how cultural influences around gender roles impacts on men's help-seeking behaviours. In particular we have looked at men's ability to admit vulnerability, which is a prerequisite of securing help.

Drawing on the emerging evidence base around relationship support, the report highlights some clear themes around which men and women differ in their approach to relationship difficulties. The major areas comprise:

- **Work related problems:** Men spend more of their time at work, travelling to and from work or spending nights away from home because of work commitments than women do. The friction caused by poor work-life balance and long hours spent away from the home is therefore likely (on balance) to manifest in different ways for men and women.
- **Financial difficulties:** Men continue to be the primary breadwinner in the majority of male/female couple households that are bringing up children.⁵ This may explain why loss of employment appears to affect men's sense of wellbeing more negatively than it does that of women.⁶ The same is true of continuing job insecurity.⁷ Furthermore, as many as one in seven men may develop depression⁸ within six months of being made redundant.
- **Bereavement and illness:** The aftermath of bereavement, particularly the loss of one partner's mother or father has been highlighted as an underlying cause of relationship difficulties for some couples. Depression or other mental health problems can often result from a bereavement, which can put pressure on relationships. The gender dimension here is that men may be less likely and/or less willing to recognise the need for professional help when they are suffering from depression or anxiety.

- **Alcohol and substance use:** Men are significantly more likely to misuse both alcohol and drugs. Men are more than twice as likely to suffer from an alcohol use disorder for example (38% of men compared with 16% of women), and three times as likely to be in the most severe category of alcohol dependence (6% of men compared to 2% of women).⁹ Similarly, men are around twice as likely to regularly use all types of illicit drugs; among adults aged 16 - 59, the reported use of any illicit drug over the past twelve months was 13% for men and 7% for women.¹⁰ Drug misuse however, does tend to be more concentrated among younger people so it may be less of a problem than alcohol for people seeking relationship support (more than 80% of Relate service users are aged over 30¹¹).
- **Childcare roles and responsibilities:** Disputes over childcare often centre on the balance of responsibilities undertaken by the parents. Some women describe feelings of increased isolation and lack of support at this time. Men were more likely to identify the emergence of a tension between the demands of work (exacerbated by the increased financial pressures on the family) and the desire to be involved with their child. Some men also experience a feeling of being “pushed out” after the birth of a baby.

The theme of different approaches to communication has emerged as a key finding from this report. Insights generated from two focus groups with Relate counsellors found that men have a tendency to want to “solve problems” whilst women want to discuss change and understand why things have happened. This desire to “solve problems” can often result in unrealistic expectations of counselling by men. Men often wait to access support for their relationship until there is a trigger or crisis in their relationship or permission has been conferred by friends or family whilst women tend to notice strains in the relationship earlier.

Drawing on the emerging evidence base and insights from Relate’s counsellors we have tried to understand how and why men do or don’t access support for their relationships. We have then explored what Government and relationship support providers need to do to better tailor and target their services to the needs of men. We have set out below the main recommendations from *Try to see it my way: Improving relationship support for men:*

- 1 The Department for Education should pilot a campaign targeting men to encourage them to take up relationship support drawing on lessons from the success of the National Chlamydia Screening Programme. The campaign should be developed in partnership with health bodies such as Public Health England. The pilot should form part of the Government’s commitment to normalising relationship support.
- 2 The Department for Education should pilot a campaign to improve and increase the access points to relationship support. The campaign should target GPs and employers who are often in the frontline in supporting men who are experiencing relationship difficulties.
- 3 The Department for Education should ensure that good quality personal, social, health and economic (PSHE) education is made available to all young people in schools across England as a statutory requirement. Sex and relationships education should be a core component of this. Consideration to gender should be included in monitoring of the quality and effectiveness of this programme.

- 4 The Department of Health, through the Improving Access to Psychological Therapies programme, should pilot new ways of engaging men to increase their participation in psychological therapies such as couple therapy for depression.
- 5 Relationship support providers should explore less formal approaches to relationship support such as Relationship Coaching, which could make use of a more “practical” solution-focused approach to meet the needs of men in accessing relationship support.
- 6 Relationship support providers should explore ways to take services out of traditional counselling settings and delivering them online and in community settings and workplaces. Providers should also explore ways of extending opening hours so that access to services is more flexible.
- 7 Relationship support providers should experiment with ways to market their services directly to men, using “male-friendly” language and imagery.
- 8 Relationship support providers should capture and publish their data in a gender-disaggregated form. This should include uptake, exit, evaluation and outcome data. The data should be used to support continuous improvement, including ensuring that services are better tailored to meet the needs of men.
- 9 Relationship support providers should recognise the importance of third parties such as partners, relatives, friends and employers in encouraging men to access relationship support. They should experiment with ways of communicating with these audiences as an alternative way of reaching men. This could include partnerships with employers or marketing materials targeting partners.
- 10 Finally, further research is needed to understand better how and why men access (and don’t access) relationship support services. In particular, research is needed as to how specific groups of men such as gay and black and minority ethnic men access relationship support. We have provided a set of research questions in this report, which we would encourage the growing academic field in relationship support to explore further.

In producing this report, we are placing these issues within the wider context of the benefits to society of strong and stable family relationships. *Try to see it my way: Improving relationship support for men* aims to contribute to the developing debate within the field of health and family policy about how best to address the emotional and mental health needs of men as individuals. This latter approach reflects Relate’s belief that personal and social relationships are important to our everyday lives and are central to our wellbeing. Indeed, we hope that this report will enable the whole relationship support sector to place relationship concerns within the health context as well as the more usual family context.

1 | Introduction: why do we need to think about men?



**Prepare to be surprised and delighted . . .
I don't think you can hear any reticence, emotional
handicaps or crippling inability to communicate
caused solely by chromosome formation.**

Presenter on BBC Radio 4. October, 2012.¹²

The British Library, in partnership with the BBC, is engaged in an ambitious long-term project to record ordinary people in intimate conversations. *The Listening Project*, as it is called, invites two people to talk about meaningful personal matters they may never have properly discussed before. In the recordings, long-avoided questions are finally asked; love and admiration are expressed; grievances are aired. The idea is that an archive of these conversations will eventually provide a rich and eclectic record of contemporary emotional life for future historians to study.

Short excerpts from the conversations are broadcast regularly on BBC radio. These fragmentary insights into other people's lives are often surprising and moving. In October 2012, a fifteen minute compilation was given over entirely to conversations between pairs of men: fathers and sons; brothers; lifelong pals. It was introduced by the presenter with the words at the top of this page. The message is clear; among the men whose conversations were about to be broadcast the listener could expect to hear emotional openness and honesty. The underlying implication is equally clear; this will be *unusual*.

Of course, this remark was made light-heartedly. But the fact that it was made at all tells us plainly what many people think about male levels of emotional literacy and men's ability to articulate their feelings. The presenter was confident that listeners (perhaps implicitly, women) would engage with this view of men well enough to share a sense of unlikelihood in what they were about to hear. Indeed this way of thinking about men has become almost a staple of popular culture.

The question then is, do these assumptions about men reflect a stereotype or do they broadly describe a reality? If this view of men is merely a stereotype, we surely need to learn how to move beyond it. If, on the other hand, these assumptions describe a reality - or even a partial reality - then we need to think about what that means. Does this reality owe its existence to an outdated, restrictive, culturally-determined idea of how to be a man that (among other things) does not allow men to find or express their "sensitive side"? Or is it a reality in which the traditional male virtues of self-reliance, stoicism and emotional discretion have been devalued in favour of a world view that centres on an individual's feelings, instead of their duties and responsibilities? Or is this a reality determined by human biology and rooted in evolutionary differences between the sexes that we should learn to accept for what it is?

So, this report is about men. In particular, it considers how men respond to problems in relationships. We will come on to the evidence in due course but the reason for having this report at all is that it does seem that men are more reluctant than women to seek support and advice when relationships run into difficulties. Relate, the commissioner of this report, is the biggest and most well known organisation offering relationship information, education and counselling to over one million people each year. The majority of Relate's clients are in opposite sex relationships, and Relate's sense is that it is generally the female partner who takes the initiative in suggesting and/or organising relationship support. Further, although most of Relate's users are couples, Relate also offers support to individuals. Sometimes these individuals are single people, sometimes they are one half of a couple where the other partner has decided not to attend. More women than men fall into these two categories, meaning that overall (couples included) Relate sees more women than men. In 2011, 56% of Relate's clients were women.¹³

Men's lower usage of Relate's services is entirely consistent with the pattern in those other areas of personal life in which it is generally accepted that external help may sometimes be needed. Men tend to be poorer users of almost all forms of healthcare provision for example. The research base into men's help-seeking behaviour is not strong but it has improved in the recent past and there are lessons to be learned from other areas of public provision. In particular, there has been significant interest in the last few years in men's psychological health and how support services are provided. This is of great relevance in considering how best to support men experiencing relationship difficulties.

If there are obstacles to men's help-seeking for relationship problems, then that is important for society as a whole. It is well known that relationship problems are common. Almost all couples, including those whose relationship will endure for a lifetime, will experience at least some difficult times that seem to threaten the future of the relationship. Trends in divorce rates suggest that around 45% of marriages that took place in the first years of the present century will end in divorce.¹⁴ Among cohabiting couples, the rate of relationship breakdown is even higher. Only 61% of those couples who were cohabiting in 1991 were still together 10 years later (compared with 82% of those who were married).¹⁵ In the case of couples with children, men are very much more likely than women to become the "non-resident parent" when relationships break down. Indeed, children are living with their father in only one lone parent household in eight¹⁶ and the Millennium Cohort Study suggests that as many as four in ten children being brought up by their mothers have no contact with their fathers at all.¹⁷

The benefits of a stable, happy upbringing for children (and hence for society as a whole) are obvious but it is worth pointing out that stable relationships also benefit the adults involved. Both sexes enjoy better physical health when they are in long term relationships, with men benefiting even more than women.¹⁸ Similarly, evidence from many countries has demonstrated strongly and consistently that a stable, long term relationship is among the most important predisposing factors for good mental health for both men and women. Again, this benefit seems more marked for men.¹⁹

2 | About this report

This report explores what is known about men's attitudes to help-seeking in general and particularly in relation to situations that cause emotional distress. It focuses most strongly on apparent differences between men and women in their experience of relationship problems and in their attitudes to relationship support services.

The sources on which we have drawn most heavily, are the two reports commissioned by the Department for Education (the Department for Children, Schools and Families as it was formerly) and published in 2010. These two reports, *Relationships Matter*²⁰ and *Relationship difficulties and help-seeking behaviour*²¹, are born out of the DfE's ongoing commitment to supporting family relationships for the benefit of child and adult well-being. Both reports have been extremely useful. *Relationship difficulties and help-seeking behaviour* especially has been of particular help because it highlights attitudinal differences between men and women throughout (although it does not seek to explore them in any detail).

The content relating to men's help-seeking in general is largely, but not exclusively, drawn from previous work by the Men's Health Forum (MHF). The content relating to male responses to emotional distress is summarised from two reports commissioned from the MHF by the National Mental Health Development Unit in 2010 and 2011 respectively. These two reports, *Untold Problems*²² and *Delivering Male*²³, are respectively, a review of the evidence in relation to male mental health and a guide to good practice (the second of these two reports was written in partnership with Mind, The Mental Health Charity).

We also spoke to people working in the field of relationship counselling. In particular, we are very grateful to two Relate centres, Relate Bournemouth, Poole & Christchurch and Relate Brighton, Hove, Worthing, Eastbourne & Districts who each arranged for us to meet with a group of their local counsellors. It is often the case that local practitioners have learned to use different approaches with men and women in a very practical and pragmatic way. This proved also to be the case on this occasion and the insights provided by counsellors from their day-to-day experience are incorporated into the report.

Similarly, we are grateful to a group of representatives from other national relationship support organisations who were kind enough to attend a round-table meeting hosted by Relate, at which they shared their own experience and advice on the issue of men's use of support services. The learning from this meeting has been incorporated throughout the report. For reasons of brevity it is not acknowledged on every occasion that it appears. A list of those organisations that took part in the round-table meeting is given on page 43.

Like all reports, this one has its limitations. Time and resource constraints have meant that we could not talk to as many practitioners in Relate local centres as would have been ideal. This does not devalue the contribution of the counsellors at those two centres that we did visit of course. It just means that the range of views is not as great as it might have been. Although the report is



about men, it does not cover - except incidentally here and there - the needs of specific groups of men. Relate offers information, education and counselling to an increasing number of gay couples for example, but most of the pre-existing research is about heterosexual relationships. That means that we have not been able to discuss gay or bisexual men's needs where those needs differ from the needs of heterosexual men. Likewise, we do not address the needs of men from black and minority communities specifically (although men from all communities took part in much of the research to which we refer).

We end the report with a series of recommendations. We have tried hard to make these as realistic and practical as possible. It is our hope that these recommendations will be useful to all those working in the relationship support sector, as well as to policy makers in the fields of family support, health and mental health more widely. We also hope that the report as a whole will encourage service providers to ask questions of their own provision.

Organisations who are commissioned to provide services on behalf of a public sector funder will know also that they have a duty under the Equality Act 2010 to provide services in a gender equitable way, and to aim for gender equitable outcomes where that is possible. The information in the report will certainly be helpful towards that objective. Finally, it is important also to see this report in the broader context - as part of the developing body of knowledge about how to work effectively with men. To our knowledge there has never been a significant review of the relationship support needs of men. There is a good case that such a review is needed. The present document does not claim to be that review - but we are confident that it does provide a very good basis for opening the debate.

3 | Male help-seeking: what are the problems?

We still need to know more about why men find it difficult to talk about their problems and why they are reluctant to seek help when they are in distress.

Professor Louis Appleby, National Clinical Director for Mental Health. March, 2010.²⁴

Male physical health and help-seeking

Men's physical health may seem an unlikely place to start when thinking about men and relationships. It is from the domain of physical health however, that we have learned most about men's attitudes to personal wellbeing and their approaches to help-seeking.

On average, life expectancy is over four years shorter for men.²⁵ Men are also proportionately more likely at all ages to suffer from almost all the major forms of disease and injury. Those cancers that are not specific to one sex or the other for example are, on average, 60% more common in men.²⁶ Most authorities agree that biological differences between men and women account only partly for these gender gaps in health outcome. The most plausible explanation lies in a combination of men's unhealthier lifestyles and their less effective use of health services. Men smoke and drink more than women for example. They also eat a less healthy diet and take more physical risks. In some disease areas, men may be more likely than women to delay seeking help after the onset of symptoms.

Most importantly in the present context however, we know that men are less likely to use many of the most widely available and easily accessible health services. Men are less frequent attenders of all primary care services for example, including dental services, ophthalmic services and pharmacy, as well as GP surgeries.²⁷ Men are also in a minority of those who use telephone advice and help lines provided by healthcare charities.²⁸

This poorer uptake of services could, at first sight, be construed simply as further evidence for the idea that men tend to look after themselves less well than they might. This view however, fails to take proper account of the responsibility (now a statutory responsibility) on health service providers to ensure equality of uptake and aim for equality of outcome where that is possible. There are many examples of men being less frequent users of services where it is clear that that the responsibility for improving uptake rests with the service provider - not the service user. This is especially so where men are at greater risk. For example, despite the greater incidence of overweight in the male population (66% of men compared with 57% of women are overweight)²⁹, men typically make up no more than around a quarter of people using weight loss services, whether those are provided by the NHS or in the commercial sector.³⁰ Similarly only 51% of eligible men take part in the NHS Bowel Cancer Screening Programme compared with 57% of eligible women, despite men's higher risk of developing bowel cancer.³¹

In the most generalised terms therefore, the pattern in relation to male physical health is one of poorer maintenance at the individual level. This problem is then often compounded by inadequate recognition of the issue and/or lack of expertise among service providers. This is a damaging combination of factors for the health of the male population. The Men's Health Forum has always contended that by changing the way services are delivered, it is possible to improve male uptake of services. In other words, it is crucial to recognise that just because services are universally available it does not mean that they are universally effective. Service providers in all sectors need to be prepared to change and adapt.

In the past decade expertise in making services more accessible to men has been increasing. The problems are not yet solved but a number of principles have been established. We will return to these principles from time to time but in summary, there is currently at least some evidence that the following can be helpful in increasing men's use of services:

- Taking services out of clinical settings and delivering them in community settings. Evidence is especially good in respect of delivering services in the workplace.
- Making the opening hours of services more flexible.
- Making services more streamlined and less bureaucratic.
- Encouragement from spouse or partner, and other relatives and friends.
- Issuing invitations and appointments, rather than relying on men to make the initial approach.
- Marketing services directly to men, using "male-friendly" language and imagery.
- Delivering information and advice online.

In order to give a concrete sense of what can be achieved, it is perhaps worth highlighting at this point, a particularly impressive example of adapting the way a service is delivered to make it more appealing to men. Chlamydia is the most common sexually transmitted infection in the UK, especially among the under 25s. It is equally prevalent among men and women. In the first year of the NHS National Chlamydia Screening Programme (NCSP) in 2003 - 04, men made up only 7.5% of those who were screened. In 2007, working in partnership with a group of experts, including the MHF, the NCSP published a dedicated strategy, *Men Too*, which mapped out ways to improve male uptake.³² In 2009, the NCSP published practical guidance for its own staff on how to work effectively with young men.³³ Men now make up more than 36% of those screened.³⁴ In other words, the proportion of men using the service is now five times greater as a result of a concerted effort to meet male needs more effectively.

Male mental health and help-seeking

For obvious reasons, men's help-seeking for mental health problems offers a better parallel with men's help-seeking for relationship problems. The difficulty is that our understanding of the connection between men's mental health needs and their help-seeking behaviour is less clear.

Given the factors outlined in the previous section, it would perhaps be logical to assume that, like physical health, men's mental health was likely to be poorer than women's. Diagnosis data however, suggests that this is not the case. Serious psychotic illness is roughly evenly distributed between the sexes with a prevalence rate believed to be around 0.4%³⁵ but it is the group of conditions collectively

known as the "common mental disorders" that comprise the great bulk of mental health diagnoses in the community. Common mental disorders are mostly made up of the various types of depression and anxiety but also include phobia, obsessive compulsive disorder and panic disorder. These conditions are obviously of particular relevance when we consider the connections between mental health problems and relationships.

The common mental disorders affect very large numbers of people and - in a reversal of the pattern for physical health - are more commonly diagnosed in women. The most recent figures suggest that, at any one time, one in five women (19.7%) compared to one in eight men (12.5%) is diagnosed with a common mental disorder.³⁶

It has however, been argued by a number of commentators in recent years, including Mind and the Men's Health Forum, that the common mental health disorders may be under-diagnosed in men.³⁷ More generally, it is suggested that:

"... men often have mental health needs that are distinct from those of women and which are particularly associated with the lived experience of being male [and that] some of these needs are not being met as effectively as they might."³⁸

A number of arguments are used to support these assertions. The first is that, at the population level, men are proportionately much more likely to feature in groups whose negative life experiences might be thought, at least to some extent, to indicate underlying psychological problems or emotional distress. For example:

- Almost three quarters of people who kill themselves are men.³⁹
- 73% of adults who "go missing" from home are men.⁴⁰
- 90% of rough sleepers are men.⁴¹
- Men are three times more likely than women to be alcohol dependent.⁴²
- Men are more than twice as likely to use Class A drugs.⁴³
- 79% of drug-related deaths occur in men.⁴⁴
- Men make up 94% of the prison population.⁴⁵ (72% of male prisoners suffer from two or more mental disorders).⁴⁶
- Men have measurably lower access to the social support of friends, relatives and community.^{47 48}
- Men are more likely to suffer from personality disorders (5.4% of men compared to 3.4% of women).⁴⁹
- Boys are performing less well than girls at all levels of education.⁵⁰
- Boys are 4 times more likely to be diagnosed as having a behavioural, emotional or social difficulty.⁵¹
- Over 80% of children permanently excluded from school are boys.⁵²

It does seem at least possible then, that some men who may benefit from formal help for psychological distress are not seeking it. Further, this demographic evidence suggests that some men may be more likely, as an alternative, to rely on what one researcher has called "maladaptive coping behaviours"⁵³ such as excess drinking or misuse of drugs. Excessive use of alcohol in particular has been described by the Mental Health Foundation as "self medication" for "low-lying mental health or

mood problems” with men markedly more likely than women to use alcohol to “fit in socially”.⁵⁴ In 1999, The Samaritans found that young men with identifiable signs of depression were 10 times more likely to say that they would turn to drugs as a means of coping with their problems than young men who were not depressed.⁵⁵

Some of these broader indicators, including alcohol and drug use, have been argued as sharing a common characteristic - that of trying to *avoid* emotional or psychological problems rather than deal with them. A descriptive model has been developed which proposes that men who do not seek timely help may instead find themselves progressing through a predictable series of attempted coping strategies, each doomed to failure and each more destructive than the one before. In this model, men may begin with attempts to “numb” the pain (through alcohol or drugs for example) before trying to find a means of “escape” and, in some cases, ultimately reaching a point where they may be in danger of physically harming themselves or other people.⁵⁶

This latter point is an important one and some commentators have argued that “acting out” in general and “anger attacks” in particular may be a manifestation of distress in some men. The problem is that such “symptoms” almost inevitably militate against a sympathetic response from health professionals and other agencies, or even from family and friends. Mind’s 2009 report on men’s mental health, *Get it off your Chest*, suggests that it is:

*... essential that health professionals recognise when aggressive or violent behaviour is a potential indicator of mental distress and that this is reflected in the principles of diagnosis. This should help men get the right treatment at the right time instead of allowing mental health problems to deteriorate through not being treated.*⁵⁷

The problem of men’s poorer help-seeking does not only apply to the use of formal services. A 2009 survey by Mind found that only 31% of men compared to 47% of women would talk to family members about their feelings if they were unhappy and only 29% of men compared to 53% of women would talk to friends.⁵⁸ An American study found men are markedly less likely than women to report intimate best friendships (23.5% of female friendships scored very highly on the intimacy scale, compared to only 7.5% of male friendships).⁵⁹ Men’s close friendships with other men are also believed to “drop away” after about the age of 30⁶⁰ - an important point, since over 80% of people seeking relationship information, education and counselling with Relate are aged over 30.⁶¹ Various UK studies have found that men score lower than women on all established measures of social and community connectedness.⁶²

Referrals to the Increasing Access to Psychological Therapies programme (IAPT), the national programme designed to make counselling services more easily available via primary care, are lower for men than women. The most recent figures show that men make up 36% of those using the service.⁶³ It is not clear whether this is because men are less likely to seek counselling or because men are less likely to receive a referral (although it should be noted that these IAPT uptake figures broadly reflect the diagnosis rates for the common mental health disorders that we discussed earlier). The IAPT programme’s first three year report does not discuss whether these gender difference in service use are considered to be reflective of differences in need.⁶⁴

The Men’s Health Forum’s joint publication with Mind, *Delivering Male*, suggests a number of ways in which support services for the common mental disorders might be adapted to improve male uptake. Some of these recommendations might also have application in the delivery of relationship support services. These recommendations, which are based on interviews with men who have used mental health services and with mental health professionals, include:

- Delivering support services for men in community settings which might be less formal and seem less intimidating than clinics, surgeries or hospitals (i.e. taking services out to “where men are”)
- Adapting the way services are described so that the focus is on traditionally masculine qualities, for example “facing up” to problems instead of “asking for help”.
- Helping men who need support to improve their verbal skills, so that they can better express their emotional needs.
- Building a more practical, “solution-focused” approach into psychological therapy services.
- Providing more “non-verbal” therapies such as sports, social activities and skills-based programmes.
- Developing approaches which include an element of peer support between men.
- Recognising that third parties (e.g. partners, relatives, friends and colleagues) may be able to play a crucial part in encouraging men to seek help when they need it.



Men's help-seeking behaviour: Summary

Men are less likely than women to take good care of their personal health despite having measurably poorer outcomes for all the most common causes of injury, disease and death. Men tend also to use health services less effectively than women. There has however, been increasing acknowledgement by service providers in recent years that there is a need to improve service uptake by men. This has led to good progress in learning how to work more effectively with men and a modest body of evidence has been developed which has allowed the identification some key principles in improving men's engagement with services. There has been one notable national success in applying some of these principles in a concerted way in the National Chlamydia Screening Programme.



In contrast to the position with regard to physical health, it seems at first sight that men may have better mental health than women. There is however, at least a possibility that the prevalence of psychological problems in men is under-recognised. Some commentators have argued strongly that this is the case. There has been a lot of work in recent years looking at the issue of men's mental health and some good ideas have emerged about how to work more effectively with men who are in psychological distress. Some of these ideas may have particular relevance for the relationship support sector.

4 Do men and women deal with emotional distress differently?

Men are brought up completely differently from girls. If you fall over and you're a boy you're told to get up, "it's only a scratch, get on with it". That's gone all the way through my life - there can't be anything wrong with me because I'm a bloke ... I'm being a big baby. Participant in a discussion group of men who have experienced mental health problems quoted in *Delivering Male*.

It is easier to identify a problem than it is to understand why the problem exists. We have seen that men are less willing to seek support - whether formal or informal - during times of emotional distress. Sociological explanations for men's difficulty in seeking help tend to focus on the idea of "socialisation". Socialisation hinges on the idea that most men learn in boyhood to conform (to a greater or lesser extent) to a cultural stereotype that, among other things, does not easily allow the admission of vulnerability. The Samaritans important recent study of suicide risk among men in their mid years suggests for example, that many men, especially working class men:

"... compare themselves against a masculine 'gold standard' which prizes power, control and invincibility. When men believe they are not meeting this standard, they feel a sense of shame and defeat."⁶⁵

Certainly few would dispute that boys in our culture are often encouraged to minimise the expression of hurt ("big boys don't cry"). It is probably also true that boys are allowed greater leeway in the expression of externalised emotions like aggression, competitiveness and anger, which are associated with the idea of achieving and maintaining power.⁶⁶ Qualitative research has suggested that this view of the world has a direct impact on help-seeking behaviour for individual men:

"It was apparent that to many participants to (be seen to) endure pain and to be "strong and silent" about 'trivial' symptoms, and especially about mental health or emotional problems, was a key practice of masculinity."⁶⁷



Academic opinion varies about the extent of the role that socialisation plays in creating gendered behaviours. Socialisation is generally unquestioned as an important factor in emotional development but gender differences in psychology may depend on a combination of factors that also includes biology, personality type and prevailing cultural definitions.^{68,69} Psychological health is further known to be influenced by “social context”. That is to say, it may depend both on the circumstances in which people find themselves at the time and the life experiences that they have had.⁷⁰

We discuss the role of biology below, but social context is important because it may itself vary between men and women. Some cultural commentators have argued for example that the magnitude of social and political change in the late 20th century has left some men floundering, as old certainties have disappeared. For example, the psychotherapist, Philip Hodson, a well known broadcaster and author on relationships and mental health has suggested:

“It has indeed been difficult for 21st century men to adapt to a world where their natural anxieties are no longer masked by the universal subservience of women. Nor have they adjusted well to an economy that ignores brute strength in favour of brains and the utility of emotional intelligence.”⁷¹

Explanations from the fields of socio-biology and evolutionary psychology place a greater emphasis on genetic differences between the sexes. These disciplines rely on the idea that many human behaviours are rooted in processes of adaptation and natural selection.⁷² In simplest terms, it is suggested that men and women have developed different behaviour patterns because the behaviours that conferred evolutionary advantage differed between the sexes. These behavioural differences are sometimes said to be “hard-wired” into the brain and are believed to be observable from the very first days of life. Proponents of these genetic theories of gender difference suggest that men and women may be predisposed to hold different perspectives on relationships, to experience different forms of emotional distress and to exhibit different coping strategies.

These “determinist” theories also allow of course, that life experiences are an important mediator of men’s and women’s tendencies to act in one way or the other. The arguments tend to centre around the extent to which it is possible for people to change their gendered behaviours. Some commentators believe that the human ability to think beyond the brain’s “hard-wiring” is the most important factor in addressing the limitations of “traditional” gender roles. In her recent book, *Delusions of Gender*, the academic psychologist Cornelia Fine suggests for example, that:

“Genes don’t determine our brains, but they do constrain them. The developmental possibilities for an individual are neither infinitely malleable nor solely in the hands of the environment. But the insight that thinking, behaviour and experiences change the brain, directly, or through genetic activity, seems to strip the word “hard-wiring” of much useful meaning”⁷³

A very recent review, which sought to examine the question of whether men and women are in different “categories” psychologically (as they are physiologically), drew the following conclusion:

“Although gender differences on average are not under dispute, the idea of consistently and inflexible gender-typed individuals is. That is, there are not two distinct genders, but instead there are linear gradations of variables associated with sex Of course, the term sex differences is still completely reasonable. In a dimensional model, differences between men and women reflect all the causal variables known to be associated with sex, including both nature and nurture.”⁷⁴

Another academic psychologist, Christopher Kilmartin, the pioneer of “men’s studies”, and author of *The Masculine Self*, has neatly summarised what is probably the most commonly held position among commentators on the relationship between gender and psychology, that: “It has become scientifically indefensible to claim that either biological or social forces are solely responsible for gender behaviour.”⁷⁵ We have already seen that help-seeking behaviour differs between men and women and that men and women tend to differ in their responses to emotional and psychological difficulties. We have looked briefly at why that should be the case but in one sense, the explanations for these differences are unimportant. What matters is that the differences are there and that this has implications for people’s relationships and the way that couples use support services. If it is accepted that men find it more difficult to admit to vulnerability for example, it doesn’t matter greatly whether that is for genetic or cultural reasons, or some combination of the two. The crucial thing is to recognise is that it is then bound to be problematic that the acknowledgement of vulnerability is often a pre-requisite of securing help.

Clearly, it is not possible to change men’s attitudes and behaviours (at least in the short term) but have seen from other areas of service provision that better uptake of services by men can be achieved by adapting the way services are provided and marketed. Furthermore, if men and women do exhibit broadly different responses to emotional distress, it may well be that services need to think about whether men and women would sometimes benefit from different approaches in the relationship information, education and counselling that they are offered.

5 What we know about men and their relationship support needs

.... I very much doubt if there were problems in the relationship, that I would turn to anyone because I personally think it is a sign of failure that I wasn't able to cope with it myself or resolve it myself.

Male interviewee quoted in the *Relationship difficulties and help-seeking behaviour* report.

Introduction

Most of the information in this section is drawn from just the two DfE-commissioned reports mentioned earlier, *Relationships Matter: understanding the needs of adults (particularly parents) regarding relationship support* and *Relationship difficulties and help-seeking behaviour*. These two reports had different methodologies and set out to achieve different objectives.

Relationships Matter used a mix of three qualitative approaches: e-surveys, personal interviews and focus groups. Research was conducted in two phases. The first phase involved couples whose relationships had broken down; the second involved couples currently in relationships. In all, over 1100 people participated in the study. The three objectives of *Relationships Matter* (present author's summary) were to:

- Enhance understanding of how adults form and manage relationships; explore the factors which damage relationships and the coping strategies that couples use when problems occur; and explore the coping strategies that people use when relationships break down.
- Identify people's relationship support needs and examine how well those needs are met by present provision, taking account of differences of circumstance between couples and differences in types of relationship.
- Gain a sense of public attitudes to relationship support needs in order to guide the development of policy and practice.

It should be noted that this study found it much easier to recruit female participants. In all three elements of the study, over 80% of participants were women. In light of what we have already seen about men's engagement with helping services, this imbalance in willingness to participate is instructive in itself. More importantly perhaps it should be borne in mind when reading the references to *Relationships Matter* that male views are likely to be under-represented.

Relationship difficulties and help-seeking behaviour revisited the data from an earlier study commissioned by the Lord Chancellor's Department in 2003.⁷⁶ This study had conducted eight focus groups (64 participants in total) plus 112 in-depth interviews with individuals. The focus groups consisted of two male-only groups; two female-only groups; two mixed gender groups; and two groups of couples. The original study had focused on people's experience of distress in their relationships. *Relationship Difficulties* re-analysed the data to answer four questions:

- When do relationship difficulties occur and what are the consequences?
- What do people think helps their relationships to endure?
- What attitudes and beliefs do people hold about their relationships?
- How do people try and improve their relationships?

Because so much of the information in this section comes from *Relationships Matter* and *Relationship difficulties and help-seeking behaviour*, these two documents are not referenced to the endnotes on each occasion. Instead the abbreviations "RM" or "RD" respectively are given in the text each time these sources are used. Other sources are referenced to the endnotes in the usual way.

Male issues in *Relationships Matter*

Introduction

RM seeks to identify the key stressors that occur in relationships and the circumstances in which problems may be more likely to occur, including a particular analysis of the problems associated with the transition to parenthood. RM also looks at the evidence from couples whose relationships have ended and tries to narrow down the reasons why things went wrong.

Below we explore some of these elements in a way that pays particular attention to the issues for men, using section headings drawn from RM. Please note that RD also deals in its opening chapter with the most common causes of relationship problems. We have therefore incorporated a discussion of that particular element of RD into the sections below, under the relevant section headings from RM. The rest of the issues covered by RD are dealt with in more detail later.

Work related problems

One or other partner working long hours was a frequently cited cause of relationship problems. Although RM does not give a gender breakdown of these problems, it is probable that the male partner will be the one most commonly spending excess time at work. The most recent figures suggest that 86% of working men (compared with 62% of working women), work over 30 hours p.w. This includes the 28% of men (compared with 10% of women) who work more than 45 hours a week.⁷⁷

Because more men than women work full time hours or more, it also seems certain that men are more likely to spend longer travelling to and from work, more likely to have to spend nights away from home and more likely perhaps to be "on call" while at home. The friction caused by long hours and absence from home highlighted in RM is therefore likely (on balance) to manifest in different ways for men and women. It is also worth noting that "tiredness" and "work" were cited as the first and third most common causes of sexual difficulties for men in the "Sex Census" conducted by Relate in partnership with Ann Summers in 2012.⁷⁸

Several participants in our roundtable discussion with other relationship support organisations expressed the view that a greater national focus on healthy work/life balance would help men engage more effectively with their own relationships and with support services when they needed help. It was also reported at the roundtable that contented relationships at home are known to help “offset” work-related stress. There is therefore a potential business case for employers to support family life. It was suggested that there might be a shared area of interest on this matter between the relationship support sector and trade unions.

It is also worth noting that longer working hours for men can have an impact on the quality of the relationship between fathers and their children, and can be a particular problem for men seeking to maintain contact with children from a previous relationship. The role of men in the upbringing of children is not dealt with in detail in this report although a concern with the welfare of children underpins many of much of the discussion. Those interested in thinking more about the issues affecting men as fathers are recommended to material published by the Fatherhood Institute.⁷⁹

Financial difficulties

More than half of all participants in the RM study had experienced problems with money at one time or another. Financial difficulties were found to be a common cause of relationship stress, with unemployment as a common cause of financial difficulties. This latter point is important because research suggests that unemployment may have a greater negative effect on men than women. This is believed to be because there is a very strong cultural connection between work and masculine status:

“Unemployment or financial troubles are generally more distressing for men because of their investments in work as a way of constructing their masculine identity, and problems with work means simultaneous failure in their family role as ‘provider’.”⁸⁰

Recent decades have seen changing perceptions of the concept of “breadwinning”. Only 39% of men now see breadwinning as the most important aspect of fatherhood for example.⁸¹ Nevertheless it can be seen from the data in the preceding section, that men remain much the more likely partner to be the primary provider in families where a male/female couple are bringing up children (around 70% of children are brought up by male/female couples⁸²). This may explain why loss of employment appears to affect men’s sense of well-being more damagingly than it does that of women.^{83 84} The same is true of continuing job insecurity.⁸⁵ It is further believed that as many as one in seven men may develop depression⁸⁶ within six months of being made redundant. Anecdotal evidence within Relate suggests that redundancy, especially of the breadwinning partner, is a significant cause of relationship stress.

RM also identifies the financial obligation to support children from previous relationships as a particular cause of financial problems for people in second or third relationships. The same situation also occurs in reverse. When separated or divorced parents fail to meet maintenance obligations to their non-resident children, that may cause financial problems for the former partner in his or her new relationship. It is much more likely that it will be men who have these financial obligation to meet (or who are failing to meet their financial obligations). Indeed, RM makes this point directly.

It is important therefore to consider the possibility that relationship difficulties arising from financial problems and unemployment may well be rooted in those problems being experienced differently by men and women.

Bereavement and illness

The aftermath of bereavement, particularly the loss of one partner’s mother or father was highlighted as an underlying cause of relationship difficulties for some couples. Sometimes bereavement was a cause of depression, and mental health problems – whether diagnosed or undiagnosed – seemed more likely than physical health problems to cause relationship difficulties. The gender dimension here, as we have already seen, is that men may be less likely and/or less willing to recognise the need for professional help when they are suffering from depression or anxiety.

A small number of participants in the RM research said that they felt compelled to stay in a relationship they would rather have left, because their partner had threatened suicide. Women are significantly more likely than men to self harm and/or attempt suicide⁸⁷ but men are four times more likely to die from suicide.⁸⁸ It therefore seems likely that the threat of suicide may well have different meanings for men and women, both for the person expressing the threat and the person hearing it. Interestingly, RD noted that women appear more likely than men to use the threat of leaving a relationship as part of the process of dealing with relationship disputes.

Relationship breakdown is in fact, a well established predisposing factor for suicide and suicide attempts, an association which is thought to be stronger in men⁸⁹ (and may be even more so in men with children⁹⁰). Ironically, one reason for this is believed to be that men “rely more on their partners for emotional support and suffer this loss more acutely”.⁹¹ We have already seen that men tend to have fewer intimate friendships and fewer supportive social networks. In the case of relationship breakdown, this may well mean that the person to whom a man is most likely to turn for emotional support (perhaps the only person to whom he would turn) is the one least able to help.

Physical illness of one or other partner seemed somewhat less damaging. It should be noted however, that research has consistently suggested that women are more likely than men to see themselves as carrying responsibility for their partner’s health. RD indeed, highlights individual cases where the male partners inability to come to terms with physical illness caused conflict within the relationship. The possibility here is that physical illness may be experienced differently by gender, depending which partner is ill, and which the potential carer.

Alcohol and substance use

RM identifies alcohol and drug use as being associated with relationship problems in two ways. First, it may be that that problem drinking or drug misuse by one partner (or both partners) has been present in the background for some time. Alternatively, it might be that the problems began to occur specifically as a means of coping with difficulties that have developed, including of course, problems with the relationship itself. In either case, relationship difficulties may result from one partner’s unwillingness to accept the other’s behaviour while drunk or under the influence of drugs. The drain on shared finances may also be a source of conflict.

Again, there are likely to be marked differences between genders in the way these problems manifest. Men are significantly more likely to misuse both alcohol and drugs. Men are more than twice as likely to suffer from an alcohol use disorder for example (38% of men compared to 16% of women), and three times as likely to be in the most severe category of alcohol dependence (6% of men compared to 2% of women).⁹² Similarly, men are around twice as likely regularly to use all

types of illicit drugs; among adults aged 16 - 59, the reported use of any illicit drug over the past twelve months was 13% for men and 7% for women.⁹³ Drug misuse however, does tend to be more concentrated among younger people so it may be less of a problem than alcohol for people seeking relationship support (more than 80% of Relate service users are aged over 30⁹⁴).

Alcohol and drugs are also strongly associated with violence. Alcohol dependence in particular, doubles the risk of violent conduct, and hazardous drinking is associated with 56% of all violent incidents.⁹⁵ Overall men are greatly more likely to be perpetrators of all types of violence, including - and of particular relevance in the present context - 77% of domestic violence.⁹⁶ Over a third of cases of domestic violence occur when the perpetrator has been drinking.⁹⁷

Relate and other relationship support organisations have well established procedures for occasions when domestic violence forms part of a couple's relationship problems. It is of paramount importance to ensure the physical safety of partners, children and relationship support staff, but it is also important to recognise that aggressive, threatening or violent behaviour by men may be an indicator of an underlying psychological problem. We have already seen that it may be more characteristically a "male behaviour" to use alcohol or drugs as a means of escaping from personal problems, rather than dealing with them in a more constructive way. The problems associated with violent relationships are complex and extremely challenging. It is important however, that we do not lose sight of the need to help perpetrators as well as victims, if we are to ensure that services are as effective as possible for both parties in the relationship.

Childcare roles and responsibilities

RM records the particular problems associated with the changing roles and responsibilities of parents after the birth of a baby. Disputes over childcare were often centred on the balance of responsibilities undertaken by the parents. Some women described feelings of increased isolation and lack of support at this time. Similar findings emerged in the RD study. Men were more likely to identify the emergence of a tension between the demands of work (exacerbated by the increased financial pressures on the family) and the desire to be involved with their child. RM observes that:

"Parents were aware of the pressure on men to play a more active part in their children's upbringing yet at the same time to work hard to support the family."

Both RM and RD also identified some men's experience of feeling "pushed out" after the birth of a baby.

There was evidence among some men of an unresolved cultural conflict about their expectations of themselves in their role as a father and their expectations of their partner now she was a mother. RM notes that earlier research has highlighted an awkward imbalance between many men's desire to be more involved in childcare and men's continuing belief that women are likely to be better at childcare than they are.⁹⁸

This conflict between the "ideal" and the "reality" was also evidenced in RD, where some women reported anxieties that their partner did not, for example, handle the baby correctly. Some men reported their feeling that they were "un-trusted" by their partner in childcare matters. RD also reported a belief among some women of a kind of generalised incompetence among men in relation to the domestic sphere.

These kinds of factors lead RD to suggest that the birth of a child may precipitate among both men and women, a heightened sense of gender roles which may not have been there before. Both RM and RD identify the period following the birth of a baby as one in which a deterioration of the relationship may occur if couples do not cope well with these kinds of difficulties.

Communication difficulties

This is only section of RM in which the authors specifically identify gender differences as a important factor underlying the primary problem. Female participants were more likely to complain about their partner's unwillingness to engage in serious conversations about relationship difficulties. This unwillingness they tended to ascribe either to character flaws in the individual man concerned, or to a generalised failing in all men.

Some male participants observed that their avoidance of serious discussion was an attempt to avoid upsetting their partner. Other men acknowledged that they actively chose not to engage in such discussions because they lacked the expressive skills and/or the emotional vocabulary to do so.

Not surprisingly, communication difficulties were much more likely to be identified as a problem by couples who had separated or couples considering separation, than by couples who identified their relationship as stable. RM notes that "hundreds of people" among the group that had intact relationships believed that it was "talking" that made their relationship strong. 90% of people in this group talked directly to each other about their relationship, while 58% of those who had separated and 69% of those planning to separate identified communication difficulties as a key problem.

Male issues in Relationships difficulties and help-seeking behaviour

Introduction

Relationships difficulties and help-seeking behaviour (RD) presents its findings under four chapter headings:

- Relationship difficulties
- What factors help a relationship endure
- Exploration of relationship attitudes and beliefs
- Relationship improvement behaviour

We have used these chapter headings below to consider the particular issues for men that are identified in RD, with additional observations based on what is already known about male help-seeking behaviour.

Relationship difficulties

As noted earlier, most of the observations about relationship problems in RD were incorporated into the discussion of RM above. There is however one important additional point to note. At the end of its chapter on relationship problems, RD adds a number of comments about gender differences in participation in the focus groups and interviews that made up the study. Female research participants were observed to:

- Disclose more details about their life with their partner
- Report that they believed they had higher awareness of the difficulties in their relationship than their partner

- Speak more frequently about the problems in their relationships
- Report that they spoke about their relationship more openly both to their partner and to their confidantes

Clearly it is not entirely logical to draw parallels between men's and women's behaviour in research interviews and their behaviour in relationship counselling sessions. Nevertheless, there is a remarkable congruence here with some of the gender differences highlighted in the section on communication difficulties above, and the perception of the differences between men and women in popular culture that we discussed in at the beginning of this report. It is also worth noting that these gender differences have at least the potential to result in research findings of this kind being broadly more representative of female opinion.

RD also picks out two specific areas that men were more likely than women to identify as a cause of relationship conflict. Those are financial problems and difficulties in the couple's sexual relationship. Men were also more likely to report worries about making a commitment and/or losing their freedom.

What factors help a relationship endure?

Researchers asked participants who were in stable relationships what general principles they thought were important in enabling any relationship to endure. Participants were also asked to identify the particular factors that had enabled their own relationships to endure. Those factors that were held to be of general value were compatibility; "working" at the relationship; good communication; and mutual trust. When thinking about their own relationships the most valued factors were grouped around four concepts: "closeness"; the allowance of each other's independence; shared responsibility for children; and mutual support.

Researchers also identified a group of "relationship strengtheners" - shared values, characteristics or experiences which had served to bond the partners together. Communication was again raised as an important factor here, along with spending time together; having been through difficult times together; having compatible personalities (though not necessarily similar personalities); and having developed a sensitive understanding of the other person's needs, motivations and behaviours.

Finally researchers sought to understand the changes that had occurred over time that participants believed had had a positive effect on their relationships. These included changes in behaviour to make allowances for the other partner; an acceptance that "passion" may decline with age but that does not mean an end to sexual relationships and intimacy; closeness which had developed over time; and, once again, communication which had improved over time.

At the end of the section on what helps relationships endure, the authors highlight the significant trends by gender among research participants. As at the end of the previous chapter on relationship difficulties, female participants were measurably more likely to have expressed views on the key themes:

- Women more frequently stressed the importance of good communication
- Women were more likely to report that they valued the support of their partner
- Women were more likely to report awareness of the need to spend time together
- Women spoke more frequently about their perceived understanding of their partner's behaviour
- Women were more likely to observe changes in themselves over time

Both men and women believed that women were better at discussing relationship issues and that women were more likely to plan for the future of the relationship. The sole example of a theme more evident in male participants is that they were more likely to report that their partners wanted to talk more on a day-to-day basis than they did!

Exploration of relationship attitudes and beliefs

This chapter in RD sought to understand participants' perceptions of their own relationships. The objective in this part of the study was to "identify [the] key attitudes and beliefs" of people in ongoing relationships that would be useful in thinking about how to develop effective early interventions when relationship support was needed. The findings led the RD researchers to characterise relationships under five broad headings:

- "It's not right"
- "It's probably just average"
- "We're completely happy"
- "We will get through it"
- "Solid, but it's one that we have worked at"

This chapter in RD does not explore gender differences either in the main body of the discussion or in summary. The only clear gender reference is in one of the case studies in which a woman whose relationship has been difficult explains that she did not seek support because she thought that her partner's communication difficulties were probably just a result of him "being a man".

In the conclusion to this chapter, the authors discuss their findings in relation to whether people in these categories are more or less likely to hold "developmental" or "non-developmental" attitudes to their relationships. RD suggests it makes sense that the more people recognise the need to examine and nurture their relationship as it changes over the years (i.e. "developmental" beliefs), the more likely the relationship is to endure. RD sets its findings within the context of previous research in the field which has tended to point in a similar direction.

There is no discussion of whether men and women differ in their likelihood of holding developmental beliefs, or whether there might be gender differences in applying these beliefs within relationships. It is perhaps possible however, to theorise from what we have already learned, that - broadly speaking - developmental beliefs might be a more comfortable fit with what appears to be a more "female" view of relationships i.e. one which analytical communication is frequent and in which both partners seek to understand the changes that occur over time.

On the other hand, it is possible to conceive of a way of discussing the idea of "working" at a relationship in terms that chime with a more characteristically male world view. A broadly similar suggestion is made in *Delivering Male* by some mental health professionals who suggest that conceptualising mental health interventions as "facing up" to problems and "applying practical solutions" may be helpful in engaging men.

Relationship improvement behaviour

This chapter in RD seeks to identify the common strategies used by couples to deal with problems that occur in their relationships and analyses to what extent these strategies seem useful. The findings are presented in two sections; "Relationship improvement and help-seeking behaviour" and "Attitudes to relationship improvement and support".

Six behaviours are identified in the first of these sections: Talking; Avoiding confrontation; Arguments; Sulking; "Having a break"; and Threats to leave. Three sources of advice and support are identified in the second section: Friends and family; Relationship support services; and Health services.

Once again, both men and women commonly expressed the view that men found it more difficult within couples to talk about their emotions. In this context, the prevailing view was that men were more likely to "bottle things up". Women believed that they needed actively to encourage their partners to talk about relationship problems. Interestingly, men were more likely to report arguments as a positive experience because arguments "were times when they could convey their real feelings".

Researchers also observed that men tended to be less willing than women be open about their relationships during research interviews. This paralleled a view more commonly expressed by men when talking about their personal experiences, that they preferred to deal with their relationship problems privately. Men were also more likely to say that they found it difficult to discuss relationships with family and friends. Conversely, women spoke positively about the support they had received from family and friends.

These findings echo the research in other fields that we discussed earlier, which identifies men as tending to have fewer intimate friendships than women and less access to other forms of social support. Men were more likely however, to speak positively about the practical support they received from friends and family - such as childcare - that enabled them to spend time with their partner.

Finally, and again as might perhaps have been expected, men were more likely to describe themselves as reluctant to consider relationship counselling. Women were more likely to say they would be open to the idea if they thought it was needed.

Women also expressed the view that men might find telephone helplines or online counselling more useful, presumably because they recognised men's potentially greater difficulty in "opening up" in face-to-face conversation with a counsellor. It is important to note however, that male participants themselves did not voluntarily describe a preference for these "one-step-removed" approaches and, as we saw in the introduction, men tend to be in the minority as users of telephone advice and support lines provided by healthcare charities.

At the same time, there is some evidence that online and telephone services can attract male users, perhaps particularly where the service is male-specific. Both the Men's Health Forum and Relate have had success with online services. Anecdotal evidence from Relate points to an increased take up by men of Live Chat counselling, often during their lunch break at work, compared to face-to-face counselling. The Samaritans has run successful promotional campaigns encouraging male uptake of its range of services. CALM, a national organisation providing support specifically to young men in emotional distress runs the only large scale male-specific helpline in the UK. In 2010 - 2011, the CALM helpline received over 13,500 calls and CALM's website was visited by over 120,000 unique users -

a threefold increase on the previous year.⁹⁹ The Men's Health Forum's own health consumer website "malehealth"¹⁰⁰, which provides a wide range of health advice for men has been visited by six million unique users over the past five years.

Internationally, the most well known model for a male-specific helpline has probably been Mensline Australia¹⁰¹, which was established in 2001 and is funded by the Department of Families, Housing, Community Services and Indigenous Affairs of the Australian Government. Mensline offers video, online and telephone counselling services to men who have family and relationship concerns. In 2012 Mensline received approximately 40,000 calls to its telephone helpline.¹⁰² At the roundtable discussion with other counselling organisations, it was reported that good, targeted advertising had doubled male uptake of one telephone helpline.¹⁰³

Summary of male issues in *Relationships Matter* and *Relationships difficulties and help-seeking behaviour*

In one way the most striking impression given by both reports is of women's significantly greater willingness to participate in the process of relationship research. 80% of those who volunteered to take part in the RM study were female. RD involved roughly equal numbers of men and women but consistently noted female participants' greater openness and more thoughtful insights. This may explain the greater likelihood of common themes appearing among female RD interviewees.

As we observed earlier, there is not necessarily a parallel between people's ability to participate effectively in research interviews and their behaviour in their personal relationships. A superior ability to express themselves on matters of emotion was however, consistently confirmed by both sexes in the RD research as being more commonly thought of as a female attribute. Both men and women tended to believe that women monitor and nurture their personal relationships more effectively than men.

Men on the other hand were sometimes characterised as being actively poor communicators with limited ability to express emotion. Sometimes in the quotes in RD there is even the sense that this might be wilful behaviour on the part of some men.

We observed in the introduction that there is a popular belief that men cannot communicate effectively about emotions. The findings in RM and RD confirm that not only is this a widely held view, it is also often reflected at least to some degree in people's experiences in their closest personal relationships (it should be noted that widely held views and people's personal experiences do not always coincide). This poses important questions for service providers as it suggests that sometimes men and women may not experience relationship support as a level playing field.

In addition to the recurring observations about men's poorer communication skills and men's tendency to be less open about emotions, the two reports also highlighted some differences in other areas of life and personal relationships. In some cases, these coincided with the research from other fields about men's mental health and men's help-seeking behaviours - for example the observation of men's greater reluctance to seek help or men's greater likelihood to suffer alcohol-related problems. Additionally, all the most common relationship stressors have elements which are likely to have at least some different meanings to men and women - for example, men are more likely to be in full time work and are known to experience higher levels of distress during spells of unemployment.

6 The views of Relate counsellors about men's relationship support needs

What are we going to do about it? I need a list. Tell me what to do.

A counsellor describes a common male approach to relationship counselling.

Introduction

Most people who deliver face-to-face services of any kind inevitably learn a great deal about the people with whom they work. Over years of practice, they come to recognise patterns in people's behaviour and attitudes. Without even realising, they often develop a sophisticated range of skills that enables them to work more effectively by using different approaches with different groups of people. Sometimes these differences in approach are subtle. Sometimes they are overt and are widely acknowledged among peer groups.

In December 2012, we spoke to counsellors at two Relate centres (Brighton and Bournemouth) to try and elicit some of the insights that come only with experience. In both centres open discussions were held with a small group of counsellors.

Although the discussions were open-ended and, in practice, extremely wide ranging, we tried to address three key questions:

- In their day-to-day practice, what differences do counsellors observe between men and women in the way they approach the idea of relationship counselling and make use of Relate's services?
- In their day-to-day practice, have counsellors learned to adopt different approaches or counselling styles with men and women? If so, how would they characterise those different approaches and why do they think those different approaches are necessary?
- Drawing on their personal experiences, what recommendations or other advice do they have for making Relate (or relationship counselling more generally), more appealing to men?

It is also the case of course, that people delivering face-to-face services are bound, at least to some extent, to bring their own pre-conceptions to their interaction with the service user. We have already seen that many behaviours and attitudes vary by gender (albeit along a spectrum), and that cultural expectations of the differences between men and women are strongly held.

85% of Relate counsellors are women.¹⁰⁴ This gender balance was reflected in the make up of the focus groups where eight of the nine participants were women. It is beyond the scope of this report to explore in detail whether that makes a difference (positively or negatively) to the service Relate provides to male users but plainly it is likely to have a bearing. Indeed, the very existence of this factor tells us something about cultural expectations and about differences of focus between the sexes. Both discussion groups were aware of this and at times discussed the matter directly. Without

implying any opinion on this matter, it probably makes sense for readers to bear in mind that most speakers quoted are female.

Finally, it should be noted that the findings from these two discussions are not "research". We do not claim either, that the views and opinions expressed in this chapter are representative of the views or experiences of Relate counsellors in general. They might be - but they might not. They are simply the views expressed by those small number of counsellors who were good enough to give their time to take part in the discussions at the two centres we visited.

What the discussions offer is a useful, pragmatic insight into day-to-day practice, and a series of thoughts, ideas and opinions that provide a good basis for further investigation. It is probably however, fair to summarise the sense of the discussions by saying that these groups of counsellors have, over the years, observed some recognisable differences between men and women in the way they engage with counselling services. These differences do not apply to all men and all women of course, but there was a feeling that there might be patterns there. In terms of thinking about next steps, this broad finding is more important than the detail.

Both discussion groups were audio-recorded and all quotes included in the section below are verbatim. We have not identified individual speakers or which of the centres they worked at.

Findings from the discussion groups

Both centres thought that men are more likely now than in the past to make the initial telephone contact with Relate local centres. There was consensus that that seemed to indicate a gradual change in men's attitudes over the years. Nevertheless some counsellors thought that where one partner was keener than the other to seek relationship support, it was generally the woman who was the more likely to be the prime mover:

Usually it's the men who come kicking and screaming.

It was also thought that the manner of the initial contact might reflect gender differences in expectations:

When men book, it's because they are taking charge and solving problems. When women book, it's because they want to discuss change.

In general counsellors tended to agree that both men and women tend to wait too long to seek relationship support but some counsellors thought there was a particularly male element to this:

Men only tend to ask for help when the ship is sinking. I don't think they take much action when it is rocky. They are happy to blank that out in the hope it will go away.

Women will go and seek [help] before something disastrous happens whereas men tend to need to find a trigger.

The observation that women tend to spot relationship problems earlier was also made at our roundtable meeting with other relationship support organisations.

It was thought that men – especially younger men – are now more willing to consider counselling as an option than they were in the past. It was suggested though, that men were still more likely than women to have fixed objections that are rooted in the male world view:

I think men see counselling as being a weakness.... women want the greater level of communication and understanding.

The idea that many men's instinctive reaction to counselling is that it is "just not my way" was also expressed by participants in our roundtable discussion with other relationship support organisations.

There was certainly felt to be a recognisable pattern of difference between men and women in their expectations of the process of counselling and the kinds of solutions it might deliver:

Generally, when you've got a couple, the men.... are saying "Right, that's it... let's look at the solutions and let's move on from it".... The women, generally want to get underneath and find out "OK, why did that happen? What was going on for that to happen?" before they can [move on].
[Men's approach tends to be] "What are we going to do about it? I need a list. Tell me what to do".

This "let's sort this out!" approach was not exclusive to men and did not reflect all men's attitudes, nevertheless it was thought to be much more common in men. In general however, the expression of the desire for a "solution" was not accepted by counsellors at face value. It was believed that there might be underlying explanations for why some men have this attitude. One possible explanation suggested by participants was that men approach problems in this way because they tend to be less "in touch" with their emotions. It was believed that this was often where they needed help:

It's a generalisation but in my experience men find it difficult to identify their emotions other than the broad band of happy and sad.

A couple of the counsellors however, speculated that there might sometimes be advantages in this more "male" approach. In the context of discussing whether occasionally women might tend to get stuck in the emotional detail, one counsellor said:

Women don't always go for the "solution-focused", which men do. Once a man's decided he's going to change it, they are linear about it. They clear the debris and they sort it out.

Others felt that in some circumstances for some men (those who were reluctant participants, or those who were uncomfortable with talking about themselves), it was worth adapting somewhat to this way of looking at things:

.... for somebody who has never had [counselling] before and just wants to have practical help.... they want more behavioural techniques.... people (men) who come from a very practical background.... they can see an end product.
A lot of men would see counselling as somebody talking at you.... It's brilliant that now it's a lot more about behavioural and actually changing the way your mind works. I think if that was maybe advertised more that it's not just sitting in a room talking about your feelings.....

There was consensus that communication difficulties make up a great proportion of all problems between couples. It was suggested in broad terms that men and women may use language differently – or perhaps more accurately, do not always interpret meaning in the same way. Men's tendency to want to "solve problems", which was highlighted above in relation to men's expectations of counselling, was thought also to be an example of this. Describing a situation where a woman might for example, tell her partner about a bad day at work, one counsellor said:

.... the man hears that as "I've got a problem. Solve it!" So then he's coming up with solutions.... Often, with couples, they seem amazed when they realise that's what's happening.... Frequently the woman will say, "I just want you to listen" but the man can't hear that.

It was observed that as well as being more willing now to attend counselling with their partners, men are now more likely to seek counselling on their own. One counsellor described men who come alone as "the brave ones". Men who come alone, do so for a variety of reasons. It can be that their partner has issued an ultimatum:

Look, you've got to sort this out....

But it could be for a variety of other reasons:

What I've found.... is that it is the "overload man". The one that is overloaded with emotions.
I would say that they are all struggling with how to express themselves as men.
Some crisis.... has happened that has made them look for a reason.

Interestingly, this idea of a "crisis" (or a "trigger", which was mentioned in an earlier quote) was associated by one counsellor with the notion of "permission". The idea of people or approaches which confer external legitimacy on men's needs by directly saying to him "in these circumstances, this is what you need to do" (i.e. "giving permission") is one that has emerged in previous research as potentially encouraging male help-seeking behaviour:

Something's happened that's given them almost "permission" to say well, "This has happened, therefore I've got to go and seek some help.

Where this “permission” is given by the man’s partner, this may well be a manifestation of the beneficial effects of stable relationships on male mental health that we described earlier. A situation where the man in one couple who had benefited from relationship counselling encouraged his friend also to seek help, was described in the following terms:

His mate gave him permission. [i.e.] His mate’s wife sent him!

There was occasionally a not-altogether-serious sense in the discussions that men were somehow motivated by simpler needs, particularly by sexual needs:

Sometimes the driving force for men is [if I agree to go to Relate] we will have better communication and then I will have more sex.

I think if you want to get more men through the door, you just have to say “come to counselling and you’ll have more sex!”

At the same time, there was some agreement that men find it more difficult to talk about sex than women. One reason for this was thought to be that women more talk more seriously and openly about sex between themselves than men do:

Men find it very difficult to talk about sex. Women are much more open about it as a rule.

Gender differences, in the sense of cultural preconceptions about gender roles, were thought to be important context to a variety of relationship problems:

Most of our work is about learning to tolerate difference . . . and of course all the gender stuff comes into it.

Examples of “gender stuff” included the differences between male and female friendships. Women were generally thought to have closer friendships. This was thought very positive although sometimes it can be a complication. Men were observed to be less likely to have the kind of friendships in which they might discuss relationships:

Their girlfriends get all creative about it. Women ask women friends then it’s easier for her to decipher whatever it is she couldn’t name. With men . . . they knew they had a problem, they just never said anything about it.

Women are backed up by friends. Women will say “Oh, my friends think this isn’t right” . . . so they think they are in the right because other women feel the same whereas men don’t usually have the same.



As we highlighted in the earlier part of the report, the birth of a baby can throw gender differences into sharper focus:

Another thing that happens is “baby shock”. Men feeling pushed out. Men quite often feel that they are at the bottom of the list. . . . the centre shifts.

One “emerging” problem was associated with a circumstance where a man has become the primary carer of the children, perhaps because the woman has a better paid job or the man is unable to find work:

I think one more recent issue is when the man is the primary carer of the children and the woman is at work. Couples I’ve had where that’s been, there’s been a massive conflict and resistance from the woman. . . . They feel they’ve missed out on those young years. I wonder if at some very deep level if the man . . . isn’t providing, there’s a kind of resentment [by the woman].

It was recognised that Relate counsellors are much more likely to be female. One suggested reason for this was that the job is a flexible one, that does not need a full time commitment. This tends to suit women's lifestyle more than men's. Men may also need to be better paid ("It's not a breadwinner's occupation"). Another reason, interestingly, was to do with a perceived gender difference that we have already discussed in relation to Relate service users - the belief that women tend to have better communication skills and are better listeners; consequently, women are more likely to be drawn to counselling as a profession.

There was no clear view about whether the fact that most counsellors are women might affect the dynamics of the counselling relationship. Some suggested that, because it is absolutely central to a counsellor's skills to be neutral, the sex of the counsellor should make no difference. Others were not quite as sure:

I think it should be obvious that if you are working with a man or a woman you might have preconceptions. I think it's very difficult . . . to get rid of all these preconceptions. I find less of a need to adapt to women than to men.

Similarly, there was a debate about whether some men might prefer a male counsellor, although there was consensus that men only very rarely actively request this. Women on the other hand, will often express a preference for a female counsellor.

*Sometimes the female in the couple will say, "I think he would prefer a male counsellor" but
There is the odd occasion when I think this person (a man) would be better off with a male counsellor.*

It was speculated in both sessions that male clients might actually find it easier to talk to a female counsellor because they are unconstrained by the need to keep up appearances as they would be when talking to a man:

*It's safer perhaps to show vulnerability to a woman.
I would think in a way they would prefer it because actually they would feel it was OK to be a bit more vulnerable with a woman.
I wonder if . . . it's OK for women to counsel men because of the mother/son connection.
I've had [men] say "I've never said this before. You're the only person I can say this to. I have to put on a front. I have to be strong. I have to be the provider. But really, I feel like this."*

This greater tendency in men to find it hard or even impossible to "open up", was thought to have cultural causes:

My daughter can burst into tears and that's OK. My son can't because that's not OK. That hasn't changed and I'm not sure that it ever will.

Summary

We said at the beginning of this chapter that the discussion groups were not "research" and the findings were not to be taken in general to all Relate counsellors. It is also important that the findings as having identified all the possible areas of interest. These provisos do not however, prevent us from tentatively pointing to a small number of broad ideas that appear to emerge consistently from these two small groups and which might form the basis of further investigation to see whether they are shared more widely. These ideas are highlighted below with some suggestions of the further questions that they raise (note that this list is not exclusive):

1. Men may have become more open to the idea of relationship counselling in recent years:
Suggested further questions: Is this the case in the counselling room and is this verified by data from organisations like Relate? If so, why is it happening and how can the process be encouraged?
2. Men are more likely to seek practical "solutions" to their problems:
Suggested further questions: How common is this approach among men? Should this expressed need for a solution be accepted "as is" or should it be seen as masking a man's difficulties in reaching a deeper understanding? Are men who have this view less likely to seek counselling, or less likely to find counselling useful when they do attend? Can some acknowledgement of this way of approaching the problem be built into the counselling service?
3. Men and women sometimes communicate differently both between themselves and to counsellors:
Suggested further questions: Is this the experience of counsellors elsewhere? If so, how have counsellors learned to deal with it? Do relationship counselling providers understand this issue as well as they might?
4. The sex of the counsellor may make a difference to the counselling relationship:
Suggested further questions: Does the sex of the counsellor make a difference? If so, in what way? Should clients be offered more of a choice? Should the promotion of relationship counselling include reference to the sex of the counsellor? Is it important to recruit more male counsellors? Do counsellors' own preconceptions affect the counselling process and does that differ between men and women (counsellors and clients)?
5. Cultural expectations may affect the nature of couple relationships:
Suggested further questions: Do cultural expectations contribute to relationship problems? Do cultural expectations affect people's decisions about whether to seek counselling? Is there a role for Relate to engage with the wider debate about culture and gender e.g. in work with schools?

7 | Conclusion

Men's attitudes to relationship counselling have not previously been widely discussed, nor have relationship support providers previously asked in any concerted way, whether their services meet the needs of men as well as they might.

This report has been able to look at some of the potential problems and likely solutions by reference to the learning from other sectors. It has also considered some of the most recent research and sought to extract those findings that help identify differences between men and women in the way they engage with relationship support services. Finally, it has drawn on the insights of a small number of Relate counsellors who work daily with people experiencing the pain of relationship difficulties.

Across that range of investigation, a number of consistent themes have emerged. Some of these themes have negative implications for men; some seem to be neutral observations of factors which may be experienced differently by men; others hold the promise of a positive difference for men. The themes are grouped below according to these headings. All of the themes are relevant for the planning, marketing and delivery of relationship support services.

Negative

- Men tend to be less likely than women to seek formal help for personal problems of many kinds.
- Men are less likely to use relationship counselling services. This may be because the idea of counselling does not sit comfortably with a male "world view".
- Men have less access than women to emotional support from friends and relatives and the wider community. This fact alone is, incidentally, in itself, an argument for developing a greater concentration on services that engage men effectively.
- Men may be more likely than women to use "avoidance strategies" at times of emotional distress. Some of these strategies can be self-damaging (for example, increased reliance on alcohol).
- Men who do use relationship counselling services appear to use them less effectively than women. For example men are more likely to have unrealistic expectations of what can be achieved in counselling; are more likely to struggle to express their feelings; and appear less sensitive to difficulties in the relationship.

Neutral

- Cultural expectations influence gender roles. They also influence men's and women's expectations of each other. These cultural expectations can cause problems for both sexes for different reasons.
- Conflict over work/life balance is a common cause of relationship difficulties. The male partner is the more likely to experience the need to work long hours.

- Financial problems are another common cause of conflict. Men are more often the primary breadwinner in a family and probably more likely to feel that "providing" is the male responsibility.
- Unemployment and the attendant financial difficulties can also cause relationship problems. Men may find unemployment more damaging psychologically than women.
- Men are more likely than women to misuse alcohol or drugs. Substance misuse is an underlying cause of relationship problems for some couples.
- The birth of a baby is sometimes the trigger for relationship problems. This can lead to a sense of feeling "pushed out", which some men find difficult to deal with.
- After a new birth, some men suffer a conflict between the desire to be as engaged as possible with the baby, and the feeling that they may not be as competent as their female partner. There is a similar conflict between the desire to spend time with the baby and the increased responsibility for supporting the family.

Positive

- Stable, happy relationships are good for men. Men in such relationships enjoy better psychological and physical health.
- There is a developing body of evidence about how to work effectively with men that may have lessons about how to increase men's uptake of relationship support services.
- There is also now a strong legislative framework which has focused the attention of policy-makers and service providers on the need to aim for equitable uptake of services and equitable outcomes between women and men.
- Male uptake of relationship support services may be on the increase. If this proves to be the case, then it might indicate changing attitudes between generations which could lead to a longer term shift in men's willingness to seek help. It would be important however to know whether the change is happening equally across social backgrounds.
- Cultural beliefs about gender roles are capable of being changed by experience and discussion. It is possible to work to change those cultural beliefs that inhibit men from seeking and accepting help.
- There is an approach to addressing relationship problems that fits very well with some men - perhaps particularly with men who may have most difficulty with more discursive, exploratory models of counselling. This approach is "solution-focused" and may need some adaptation of present provision but nevertheless it holds promise for better engagement of some men.
- Alternative forms of provision may be capable of improving the "reach" of relationship support services in respect of men. There is some evidence in favour of helplines but the same might apply to online models, which are not explored in this report.

8 | Recommendations

- 1 The Department for Education should pilot a campaign targeting men to encourage them to take up relationship support drawing on lessons from the success of the National Chlamydia Screening Programme. The campaign should be developed in partnership with health bodies such as Public Health England. The pilot should form part of the Government's commitment to normalising relationship support.
- 2 The Department for Education should pilot a campaign to improve and increase the access points to relationship support. The campaign should target GPs and employers who are often in the frontline in supporting men who are experiencing relationship difficulties.
- 3 The Department for Education should ensure that good quality personal, social, health and economic (PSHE) education is made available to all young people in schools across England as a statutory requirement. Sex and relationships education should be a core component of this. Consideration to gender should be included in monitoring of the quality and effectiveness of this programme.
- 4 The Department of Health, through the Improving Access to Psychological Therapies programme, should pilot new ways of engaging men to increase their participation in psychological therapies such as couple therapy for depression.
- 5 Relationship support providers should explore less formal approaches to relationship support such as Relationship Coaching, which could make use of a more "practical" solution-focused approach to meet the needs of men in accessing relationship support.
- 6 Relationship support providers should explore ways to take services out of traditional counselling settings and delivering them online and in community settings and workplaces. Providers should also explore ways of extending opening hours so that access to services is more flexible.
- 7 Relationship support providers should experiment with ways to market their services directly to men, using "male-friendly" language and imagery.
- 8 Relationship support providers should capture and publish their data in a gender-disaggregated form. This should include uptake, exit, evaluation and outcome data. The data should be used to support continuous improvement, including ensuring that services are better tailored to meet the needs of men.
- 9 Relationship support providers should recognise the importance of third parties such as partners, relatives, friends and employers in encouraging men to access relationship support. They should experiment with ways of communicating with these audiences as an alternative way of reaching men. This could include partnerships with employers or marketing materials targeting partners.
- 10 Finally, further research is needed to understand better how and why men access (and don't access) relationship support services. In particular, research is needed as to how specific groups of men such as gay and black and minority ethnic men access relationship support. We have provided a set of research questions in this report, which we would encourage the growing academic field in relationship support to explore further.

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Appendix

With thanks to the individuals who attended the roundtable event on **Relationship support: Male attitudes and help-seeking behaviours**

Cath Allen, Relate

Chris Sherwood, Relate

Ruth Sutherland, Relate

David Wilkins, Men's Health Forum

Joanna Earl, Department for Education

Tim Eastwood, PACE

Harriet Crawford, The Centre for Social Justice

Penny Mansfield, One Plus One

Dr Yan-Shing Chang, Family and Parenting Institute

James Watson, Survivors UK

Endnotes

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About the partner organisations

About Relate

Relate is the UK's leading relationship support organisation, serving more than one million people through information, support and counselling. Our vision is a world where strong and healthy relationships are actively promoted as the basis of a thriving society and our mission is to develop and support healthy relationships by:

- Helping couples, families and individuals to make relationships work better
- Delivering inclusive, high-quality services that are relevant at every stage of life
- Helping both the public and policymakers improve their understanding of relationships and what makes them flourish

Everyone can access Relate services through a growing range of channels: face to face, online, on the phone and via email. Visit: www.relate.org.uk for more information.

About the Men's Health Forum

The Men's Health Forum (MHF) is the only national organisation campaigning for better health for men and boys. It aims to be the centre of excellence for men's health policy and practice, and to provide an independent and authoritative voice for male health in England and Wales. The MHF's vision is a future in which all boys and men have an equal opportunity to attain the highest possible level of health and wellbeing.

The MHF provides consultancy and training to organisations seeking to improve their services to men, and encourages research into the most important issues affecting male health. It also seeks to engage with the health policy agenda at local and national level. The MHF also tries to draw public attention to the key issues in male health and to encourage men and boys to take look after their own health.

Each June, the MHF runs National Men's Health Week. It also manages malehealth.co.uk, the world's most widely used male-specific health website. The MHF is currently leading an innovative and important five year project to develop a programme of initiatives aimed at improving male health in the London boroughs of Lambeth and Southwark.

About the author

David Wilkins

David Wilkins has worked for the Men's Health Forum since 2002. He was responsible for the MHF's overarching policy document *Getting It Sorted* and has written policy papers on several specific aspects of male health, including men's mental health; men's sexual health; male obesity; and cancer in men. In recent years he has edited the *Gender and Access to Health Services Study* for the Department of Health and, with Erick Savoye, *Men's health around the world: a review of policy and progress across 11 countries*.

In 2009 David wrote *Untold Problems: a review of the essential issues in the mental health of men and boys* for the National Mental Health Development Unit (NMHDU). A second report for NMDHU, *Delivering Male: Effective practice in male mental health*, co-written with Mariam Kemple, was published in 2011.



David has managed a number of practical projects aimed at improving men's physical and mental health, both for the Men's Health Forum and in the NHS. Most recently, for example, he led a three year project, funded by the Department of Health, which aimed to help redress the imbalance in uptake between men and women in the National Bowel Cancer Screening Programme. David writes frequently on men's health issues and represents the "men's health interest" on a number of national and regional policy development bodies.

David was a community worker for several years. Immediately prior to his present appointment he worked for 11 years in the NHS, for the last three years of which he was a Lecturer/Practitioner in Health Promotion on a joint appointment with a local university. David lives in North Dorset with his wife and son.

photo by Charlie Wilkins, age 12