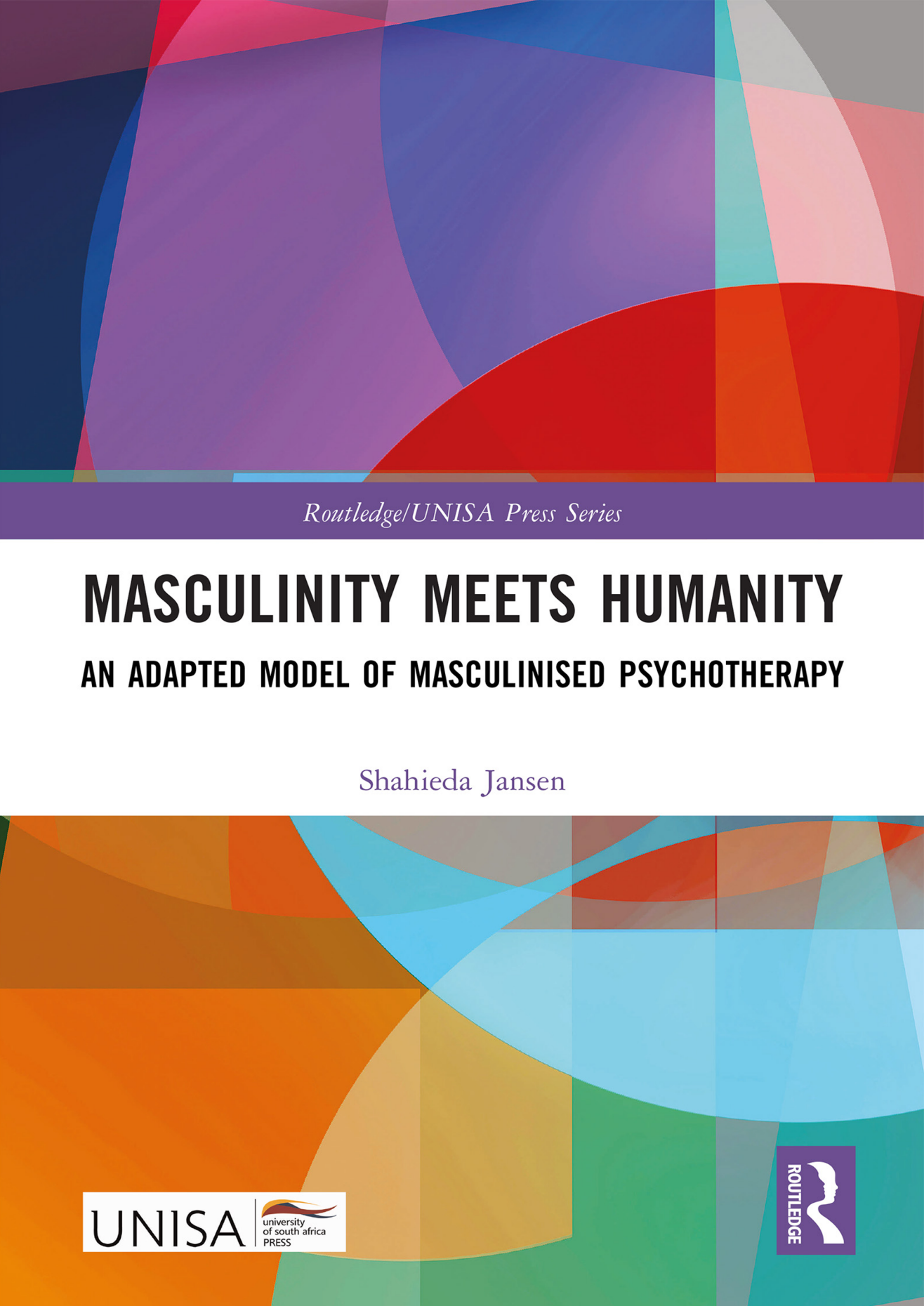
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MASCULINITY MEETS HUMANITY
AN ADAPTED MODEL OF MASCULINISED PSYCHOTHERAPY
Shahieda Jansen
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MASCULINITY meets Humanity

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An Adapted Model of Masculinised Psychotherapy

Shahieda Jansen

Foreword by Moeketsi Letseka

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ACRONYMS

AEMP	Afro-Eastern Multidimensional Personhood
CSSS	Centre for Student Support Services
EGG	Experiential Growth Groups
HPCSA	Health Professions Council of South Africa
MMP	Model of Masculinised Psychotherapy
SARGF	South African Responsible Gambling Foundation
STW	Self-Transformation Will
UWC	University of the Western Cape

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Without the boys and men who voluntarily subject themselves to the discomfort of self-reflection and who successfully navigate the challenges of personal transformation, this book would not be possible. I applaud their bravery, generosity, and humanity.

When I think back to where it all started, my husband, Prince Destiny Ugo, comes to mind as the man whose embodiment of masculinity fundamentally changed the way I relate with men. It is his masculine presence that inspired me to become the masculine-affirming female psychotherapist I am today. I thank him for introducing me to the kind of masculinity I have always yearned for.

The mothers, sisters, daughters, supporters, wives, and partners of the boys and men who work hard to improve themselves and their relationships are acknowledged and they certainly deserve my gratitude. I have acquired a greater appreciation of 'women as king makers'. Women are indeed the relational foundation of masculinity.

FOREWORD

I am pleased and honoured to contribute a foreword to this book. What first caught my attention about the book, *Masculinity Meets Humanity: An Adapted Model of Masculinised Psychotherapy* is the articulation of its central concern in the abstract:

> The central concern of this book is with masculinised mental health care for boys and men who voluntarily swop male victory narratives with stories of personal pain and vulnerability as the pathway to personal transformation and freedom from psycho-social distress. Masculinised psychotherapy enables gender-consistent and gender-sensitive intimacy exchanges of closeness and distance between men, within an explicitly masculine therapeutic frame, for enhanced personal growth and transformation.

As a background, I was born in the dusty township of Katlehong, Natalspruit, in Germiston in the 1950s, where the notions of manhood and masculinity were epitomised by the tough and violent *tsotsi* culture. But a large part of my formative years took place in a typical Lesotho rural subsistence farming household in the 1960s and 1970s. My Lesotho family was of landed gentry. It owned vast acres of arable land; hundreds of livestock – cattle, sheep, goats, horses and donkeys. As a Mosotho boy my primary responsibility was to herd cattle, and to fight battles with other boys from neighbouring villages for control of pasturelands. I was socialised into being tough; to not cry; to fight hard, and not to back down. My own father's idea of a 'real' man was that of a hardened, emotionless male who excelled in Sesotho assumptions of manhood and masculinity, real or perceived. The Sesotho saying: "Monna ke nku; ha a lle" (a man is like a sheep; he doesn't cry) was the mantra I embraced and internalised. In *Masculinity Meets Humanity*, the author draws on the practice of 'Group Therapy' to demystify and debunk the 'ingrained' notions of manhood and masculinity like the one into which I was socialised in rural Lesotho. She explains:

> The group therapy modality lends itself well to the introduction of therapeutic techniques tailored to the cultural meaning frames of clients… The early stages of the psychotherapy groups are arranged to promote social cohesion and build a group culture organised by purpose, contractual agreements, and a values hierarchy…to achieve self-change or reduce violent acting out, through going near and processing feelings usually avoided, like shame, fear, and rejection.

The more I delved into the book, the more I wondered to myself, "Where was the author or her fellow contemporary psychotherapists when I was growing up?" For instance, the sort of manhood and masculinity that emphasises avoidance, and rejection of shame and fear was further cemented in my sub-consciousness in 1976 when I worked as an underground winch driver at Western Areas gold mine near the town of Westonaria, on the outskirts of Johannesburg. By its very nature, migrant labour as a practice that herds illiterate young and old men from diverse rural African environments into tribalised compound living conditions not only endorses, but also perpetuates stereotypical and insular notions on 'manhood' and/or 'masculinity'.

What stood out for me in the book was articulation of the synergy between African and Eastern Asian techniques of therapy, which the author calls the Afro-Eastern multidimensional personhood (AEMP). The latter also embraces the Pan-African concept of *Ubuntu*. The author argues that the philosophy of *Ubuntu* is approached as a signifier of personhood because it lends itself to an integrated dynamic approach to identity. To that end, the idea of an *Ubuntu*-inspired personhood is a discourse of humanness which elevates men to the level of socio-spiritual being. The book's appeal to *Ubuntu* resonates fairly well with my own scholarship, having undertaken research on *Ubuntu* in Southern Africa and written and published extensively about it. Central to the philosophy of *Ubuntu* are moral norms and virtues such as kindness, generosity, compassion, benevolence, courtesy and respect and concern for others. This is because the philosophy of *Ubuntu* is based on the principle of communal interdependence, popularised by the Nguni saying: *umuntu ngumuntu ngabantu*, or its Sotho version: *motho ke motho ka batho* (a person is a person through other persons). The author therapeutically appropriates the notion of *Ubuntu* to unpack psychotherapy as a lived experience of embodied relationships, inclusive cultural empathy and relationships that are marked by authentic humanity.

In the book, the author brings out the subtle elements of the education system inherited from colonial and imperialist domination, that is, the spectre of cultural and epistemological imperialism. She writes that her therapeutic tasks, like those of most of her colleagues, were grounded in Euro-American psychological theories such as interpersonal group psychotherapy. There is nothing fundamentally wrong with being immersed in Euro-American paradigms and epistemological metanarratives. However, what becomes of critical importance is whether such paradigms and epistemological metanarratives are allowed to paralyse and immobilise innovation, creativity and critical self-examination. Or whether such paradigms and epistemological metanarratives are decisively appropriated and contextualised to meaningfully respond to the location (s) in which they might be put into practice. The author compellingly clears this hurdle. She writes that at some point in her career trajectory she decided to "go 'therapeutically native'. By this she means she adapted Euro-American psychological theories and practices to the worldviews and cultural orientations of the clients that she was serving. I studied philosophy from purely Euro-continental and analytical philosophy schools of thought. However, I later drew on the strength of Euro-continental and analytical philosophy to create a paradigm shift for myself into African philosophy, with emphasis on *Ubuntu* as an indigenous African way of knowing.

The author should be commended for attempting, in the book, to transfer indigenous beliefs and practices into the psychotherapy treatment for a predominantly young black student population. She developed a model of masculinised psychotherapy through her unconscious collaboration as the therapist, with her predominantly male psychotherapy clients. She boldly interacted with complexly distressed students in South African campuses, who lacked a voice to interrogate psychotherapy that was often dished out to them by powerful Western trained psychologists. She was able to win the trust of her clients and to engage them in more meaningful and multiculturally competent ways. From her humble upbringing in the Cape Flats, the author brings into psychotherapy the values and virtues of humanity, pragmatism, practical philosophy, and an affirmation

of her client's humanity and dignity. She uses *Ubuntu* as a corrective philosophical foundation of psychotherapeutic contact towards credible mental health interventions that can be adapted to clients across the racial and socio-economic spectrum.

My final thought on the book is that as South Africa and the world at large heave under immense pressure from the challenges and complexities of the notions of 'manhood' and 'masculinity', as well as with the concomitant and unfortunate incidents of gender-based violence and femicide, *Masculinity Meets Humanity* is a timely and invaluable contribution. The book should serve as a useful source of ideas not only on building civil and cordial relationships among the genders, but also as a tool for forging better ways of relating with others in mutually self-respecting and dignified ways.

Moeketsi Letseka
Professor of Philosophy of Education and African Philosophy
Holder of the endowed UNESCO Chair on Open Distance Learning (ODL)
Member: South Africa's National Commission for UNESCO
College of Education, University of South Africa (Unisa)

letsem@unisa.ac.za

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ABSTRACT

The central concern of this book is with masculinised mental health care for boys and men who voluntarily swop male victory narratives with stories of personal pain and vulnerability as the pathway to personal transformation and freedom from psycho-social distress. Masculinised psychotherapy enables gender-consistent and gender-sensitive intimacy exchanges of closeness and distance between men, within an explicitly masculine therapeutic frame, for enhanced personal growth and transformation. A female psychotherapist's accidental encounter with male university students who showed up for their first psychotherapy group session ignited intentional fluency in psychotherapeutic process more relatable to boys and men who seek psychotherapeutic engagement. Through persistent cultural and gender modifications to render therapeutic discourses more appealing to a masculine audience, she inadvertently cultivated a therapeutic strategy consistent with her socio-spiritual understanding of herself in the world. In other words, she began to see herself mirrored in the therapeutic adaptations meant for her male clients. Harmonising the process of psychotherapy with meanings of manhood had the effect of resolving her elusive sense of professional fit and belonging. Reconciling mental health care with masculinity placated concerns of conflicted personal identity and ambivalent professional belonging of a Global South psychotherapist within a modern Western-centred psychological establishment.

PREFACE

It was never my intention to become a specialist male-focused psychotherapist. I was not looking to engage with manhood and did not feel 'called' to respond to men as a special therapeutic population. In fact, what I was most conscious of as a psychotherapist was the strong feelings of ambivalence towards my chosen profession. My emotional connection with the discipline of psychology lacked the intimacy and purpose that could make me thrive and enjoy the challenges that come with work. The relationship was so poor that I had reached the stage of acceptance that this insecure professional attachment would continue in a loveless state of tolerance in which I would remain unloved and insignificant. My appointment as manager of a local university counselling centre halfway through 2008 gave me decision making powers to expand the therapeutic offerings to include group psychotherapy. Small groups of youth were responsive to a series of attempts at representing a 'whole self' as part of culture building and 'tone setting' during the initial phases of group psychotherapy. I recall the 'circle of balance', a visual tool of circles symbolising the overlapping major life areas that require integration and careful balancing. Colleagues' responses to group psychotherapy ranged from lukewarm to receptive. However, clients' embracing of their change agent status as participant-healers in group psychotherapy had radical repercussions for my professional destiny.

Fast forward many years and a psychotherapy model, an organic one *nogal*, had emerged, centralising local views of personhood as the foundation from where psychotherapy with men proceed. Following the accidental men's group in which only young university males attended, trying out personhood as a therapeutic cultural formulation continued almost exclusively with male clients. Unsure about what I was doing, I never thought of the term 'cultural formulation' because at the time I could not articulate the gap of culture or the dislocation of time and place of psychotherapy intake procedures. I was merely unconsciously lessening my own discomfort with mainstream psychotherapeutic culture of doing small talk 'to get to the presenting problem'. Not establishing an initial client-therapist bond in a more human-, holistic-, and authentically client-centred manner felt jarring.

But instead of questioning the prevailing intake procedures of psychotherapists, I experimented with the beliefs and practices that might resonate with therapy clients. The venture paid off because the young men and the women in the mixed gender and female only groups that I facilitated on campus, identified with the visual depictions of their multivocal self. They referenced it during group sessions and their individual therapists reported that they bring it up during individual therapy sessions. These mostly socio-economically marginalised youth who presented with complex layers of problems intuitively got that relational personhood framed the psychotherapy with their worldviews and cultural assumptions. They recognised that the reflections of their dynamic social 'transcendental self' separate from ego and mind, connected them to the goodness of the universe despite their shattered ubuntu socialisation.

Once psychotherapy is culturally founded and men are set free to mobilise their individual, clan, cultural and ancestral selves in their own healing process, some

combinations of masculinisation and emotionalisation seem to promote self-change in harmony with diverse masculinities.

The deliberate socio-emotional-spiritual nature of this model of group therapy heals, in other words, potentially increases the feelings of personal integration and sense of balance of both (male) clients and (female) psychotherapist. It may further help to close the credibility gap surrounding psychotherapy by bridging the 'emptiness' of contemporary modern Western psychology. It seems as if a therapeutic community (of male clients) share my enthusiasm for mental health care that is initiated with human bonding and is as warm and celebratory as our 'original human nature.'

The issue of a Global South psychotherapist's ambivalent identity and sense of belonging within a contemporary, western-centric psychological establishment was resolved by masculinised psychotherapy. In masculinised psychotherapy, I 'found' a place to call my own professionally. Because participating in masculinised psychotherapy gave me a sense of community, it's possible that I 'found' masculinised psychotherapy rather than the other way around. I can eventually be a psychologist, psychotherapist, supervisor of psychotherapy, and trainer on my own (social) terms. I am able to put this kind of psychotherapy into practice and train others into a psychotherapy that is 'social like me'. I unintentionally developed a therapeutic approach that is consistent with my sociospiritual understanding of myself in the world through persistent cultural and gender modifications to make therapeutic discourses more appealing to a masculine audience. Being reflected in the therapeutic modifications intended for my male clients has given me, a female psychotherapist, a sense of professional fit and belonging.

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CHAPTER 1

MASCULINISED PSYCHOTHERAPY: FROM PERSONAL RESOLUTION TO PROFESSIONAL CONTRIBUTION

'When we resolve
the question of who we are,
that is when development
has taken place.' (Klaasen, 2017)

Backstory to accidental group therapy with males

Soon after taking on the position as manager of a student counselling service midway through 2008, I initiated a process of change management and culture building to add group psychotherapy to the menu of psychotherapeutic services available to the student clients. This shift towards group psychotherapy was motivated partially by a wish that group therapy interventions would help the service cope with a demand for individual counselling that it was unable to meet. As reported in international literature at that time, university students tended to present at student counselling centres with increasingly severe psychological distress (Kitsrow, 2009).

Coupled with the chronic lack of student support resources of the university, the socio-economic status of most students who sought support from the counselling centre was poor or 'struggling to make ends meet' (Letseka & Breier, 2008). Their personal histories were littered with a litany of abuses and dysfunction (Kalenga & Samukelisiwe, 2015; Maharaj, 2018). Their identity development was already marred by the failures of severely weakened family systems (Budlender & Lund, 2011), significant experiences of parental absence, failure and neglect (Kalenga & Samukelisiwe, 2015), and the structural cultural violence of poverty, unemployment (Leibbrandt, Woolard, McEwen, & Koep, 2010), and inequality endemic to the South African context (Van Zyl, 2016).

Worsening the situation was the counselling centre's enduring capacity constraints. At the time, three psychotherapists offered therapeutic services such as individual therapy, crisis counselling and trauma debriefing to more than 17 000 students, with student numbers increasing year-on-year (Schreiber, 2008). It was against this backdrop that at the end of 2008 we initiated a 'pilot' group therapeutic intervention project while continuing to provide individual psychotherapy and responding to other clinical, managerial and administrative setting demands. Two theme-orientated groups (Drum & Knott, 2009), one

focusing on the transfer of skills to improve the management of anxiety, and the other to enhance students' response to examination stress, commenced.

Verbal feedback from staff and clients suggested that this first attempt at facilitating groups was a 'success'. The positive new experience of experimenting with group interventions ushered in confidence in the belief that perhaps group therapy could take its place as an appropriate intervention alongside individual therapy (Shechtman & Kiezel, 2016) in this student counselling centre. Nine months from the day of my appointment, in the first semester of 2009, I had recruited clients for one of the short-term psychotherapy groups that we were piloting. Male and female students had been referred to this group by their individual therapists, who were then staff members of the counselling centre. Some participants had self-referred in response to formal marketing messages about group interventions, or informally through word of mouth. Both genders were initiated into group therapy preparation activities to enhance anticipated participation in the upcoming group and as a dropout prevention strategy (Hauber, Albert, & Vermeiren, 2020).

To my surprise, only male participants arrived for this first session, and seven of them joined this spontaneous men's group of eight, 90-minute sessions. Although I had expected a mixed gender turnout, I responded by facilitating this homogenous group as if all-male group psychotherapy was a regular occurrence in this psychotherapeutic setting. Two of the participants had been in individual therapy with me, and the rest were referrals from colleagues. Attendance remained a problem, but generally there was a core group of regular participants. Despite hiccups, participants were engaged in the group process, supporting and challenging each other. I noticed that the behaviour of a participant who was part of a previous mixed gender group that I had facilitated changed from playful distraction to more serious engagement.

Pressed to reflect on why his behaviour in the men's group differed from what I observed in the mixed gender group, he responded with 'I did not have to perform for women'. In the context of this same-gender group therapy process, I further witnessed aspects of the personalities of the participants that did not emerge during their individual therapy process with myself. At termination, verbal and formal written reviews of the group therapy experience were mostly positive.

From accidental to purposeful all-male group psychotherapy

This chance encounter with an all-male psychotherapy group later evolved to purposeful targeting of male students seeking psychotherapy at the student counselling centre. Males requesting for, or actively engaging with, individual psychotherapy were approached to consider joining a men's group. An unintentional, unplanned gender homogenous psychotherapy group was, over time, systematically converted into a deliberate gender conscious therapeutic strategy with male emotions, later culminating into a doctoral thesis that examined the emotional experiences of participants of all-male psychotherapy groups (Jansen, 2015).

Since then, I facilitated a brief-term men's psychotherapy group per semester until my last month in the employment of the university in September 2016. Encouraged by the positive responses of the participants of men's groups on campus, I expanded the

masculinised intervention to private practice, which continues as my all-consuming 'side hustle'. June 2010 saw a men's group with middle-class men, average age 40, show up for weekly 90-minute sessions in a private-practice setting. This group was kept going for about ten years by replacing members who terminated with the group with new members, constantly balancing participant numbers to sustain small-group process work (Yalom & Leszcz, 2020). More recently, the format of these private-practice groups has reverted to the brief-term approach of the previous on-campus group therapy sessions.

Any mental health professional who had ever attempted to sustain a group therapy programme can attest to the boundless energy, sage-like wisdom and dogged determination that is called for (Yalom & Leszcz, 2020). But once bitten by the group therapy bug, not even the loneliness of being the only group therapy enthusiast among my psychotherapy peers, nor the oddity of a peerless female men's group facilitator (Sweet, 2012), could dampen my fervour for therapy groups in general, and men's groups especially.

My compelling interest in male-focused psychotherapy thus hints at more personal reasons behind an incessant energy for a marginalised therapeutic practice accompanied by considerable professional isolation. At the outset of a book centring men's emotional voice, I deviate to the personal experiential of the female gender gatekeeper of masculinised psychotherapy groups, in which the male participants are deliberately separated from women to maximise therapeutic efficacy (Cole, Moffitt-Carney, Patterson, & Willard, 2021; Van Wormer, 1989)

Going therapeutically native

An inability to focus, boredom and scattering of purpose oppressed my work life as a twenty-something student nurse. While practicing as a registered nurse, I studied psychology part-time, but the lack of career 'earthing' only intensified after qualifying as a clinical psychologist confronted with the option of practicing my newly acquired discipline. Right from the start of my career as a psychologist, I was overwhelmed by the white female presence in the profession (Skinner & Louw, 2009), accompanied by overly individualistic, insipid, 'empty' discourses (Christopher & Hickinbottom, 2008; Cushman, 1990). The word 'empty' is used by Cushman (1990) to refer to persons in modern Western industrialised societies alienated from tradition and cut off from a sense of community. He examines psychology's role in the construction of the empty self and concludes that the two professions most responsible for healing the empty self, psychotherapy and advertising, fail to effectively address its contextual causes (Cushman, 1990).

It was a real struggle 'fitting in' and belonging to this *larnie* (important) profession. I was this alienated, 'drifting' psychotherapist, 'wandering in a psychotherapy desert', yet regularly feeling creative, bright and energetic, but without means to ground my energies, which naturally hampered my professional development. This sense of invalidation was accompanied by feelings of resistance to the very idea of 'being a psychologist' (Jansen, 2018). For a long time, it appeared that I was doomed to career frustration, as nothing seemed to be able to invigorate my workplace creativity. In fact, I noticed that certain workplaces tended to aggravate my vocational dilemma (Jansen, 2018).

Like psychotherapists in the applied psychology professions, I routinely initiate relationships with psychotherapy clients. To bring relief from subjective distress and to facilitate personal growth, my therapeutic work draws on diverse and multi-disciplinary philosophies, theories, practices, learnings from clients and students, and supervision with colleagues (Ntomchukwu, 2013). My therapeutic tasks, like that of most of my colleagues, were grounded in Euro-American psychological theories such as interpersonal group psychotherapy (Yalom & Leszcz, 2020), process-psychodynamic therapy (Gabbard, 2017; Garland, 2010), attachment theory (Bowlby, 1979), dyadic developmental psychotherapy (Hughes, Golding, & Hudson, 2015) and emotion-focused therapy (Greenberg, 2019).

But instead of immersing myself in my new discipline, I took a job in health programme development, self-identifying as a researcher for several years. Thereafter, I ventured into a brief spell of private practice before a seven-year stint as the manager of an accredited psychology internship training site, where, besides other roles and responsibilities, I supervised and trained master's level psychology interns, in preparation for their professional registration with the Health Professions Council of South Africa (HPCSA). It was at the student counselling centre at the University of the Western Cape (UWC) in South Africa where I first felt the confidence and permission to go 'therapeutically native'. This means that I gradually adapted Euro-American psychological theories and practices to the worldviews and cultural orientations of the clients that I was serving (Nagel, 2008). The process of transforming the chance encounter with a psychotherapy group populated by males only into deliberate male gender conscious psychotherapy (Jansen, 2015), presented an opportunity to judiciously insert 'Big me' dimensions in the therapeutic encounter.

Little me and Big me is a Chinese model of self that distinguishes between the individual (personal or Little me) and the cultural (group and existential or Big me) dimensions of the person (Dien, 1983). By existential I refer to the socio-cultural meaning frames that shape people's sense of purpose, values and meaning (Wolfe, 2016). I was drawn to this Chinese framework of self because of the synergies between Eastern and African configurations of self (Bell & Metz, 2011). It seems that cultures from the Global South tend to approach the self as an extension of its context (Bell & Metz, 2011), a culture-inclusive approach to the self (Hwang, 2014).

As if to refute the overly individualistic socialisation of clients in established therapeutic settings, I tend to persistently 'accessorise' the 'individual person' of the client with their 'omitted socio-cultural fittings' (Cushman, 1990) through therapeutic appropriation of their existential resources (Wolfe, 2016) that resonate with the therapeutic encounter. Or to paraphrase Cushman (1990), the empty-self (a person that is cut off from the moorings of surrounding contexts) is (re)connected to traditions and community for enhanced therapeutic efficacy in an African (relational-ethical) setting (Mkhize, 2021).

It was the clients' positive responses to these reflections of their 'Big me' dimensions in the psychotherapy process that gave me the courage to eventually 'come out' of the psychotherapy closet. I began to outwardly express my yearning for a yet unnamed kind of psychotherapy, a meaningful therapeutic engagement beyond the narrow confines of symptomatology (Wolfe, 2016). I desired values such as integrity, honour, courage and responsibility to sometimes be the focus of therapeutic conversations (Nahon & Lander, 2008). I was searching for a vision of a 'good man' to counter the excessive negative attitudes towards local men (Mkhize, 2004).

In other words, my pragmatic positive African-centred psychotherapy (Mkhize, 2021) was the facilitation of self-transformation through the engagement of vulnerable male emotions (Greenberg, 2019). This psychotherapy experiment disclosed who I truly am, in all my Afrocentric splendour, bringing to a close decades of seeking for my 'soul in psychology' (Priester, Khalili, & Luvathingal, 2009) using an adapted model of masculinised psychotherapy for an African (relational-ethical) setting (Metz & Miller, 2016).

Culture-inclusive psychotherapy

In my experience, the group therapy modality lends itself well to the introduction of therapeutic techniques tailored to the cultural meaning frames of clients, although this may not be typical of group therapy practice in general (Chang-Caffaro & Caffaro, 2018). The early stages of the psychotherapy groups are arranged to promote social cohesion and build a group culture organised by purpose, contractual agreements and a values hierarchy (Jebreel, Doonan, & Cohen, 2018). The purpose of the men's group is defined as emotion work (Hochschild, 1979) to achieve self-change or reduce violent acting out, through going near and processing feelings usually avoided, like shame, fear and rejection (Greenberg, 2019; Scheff, 2003).

It was the experimentation with personhood techniques (Martin, 2021), forging an opening to the therapeutic process that was less mechanical and fragmented, allowing greater client involvement (Morris, Fitzpatrick, & Renaud, 2016), in addition to being more 'relevant' and meaningful to diverse psychotherapy contexts (Long, 2016; Van Dyk & Nefale, 2005) that shifted the reality and 'feel' of the psychotherapeutic process. At the start of therapy, I deliberately delayed a focus on presenting concerns. Instead of the usual exploration of problems following alliance building, I stepped outside of the customary clinical frame to initiate group therapy sessions, and later individual therapy as well, with the arousal of personhood (Martin, 2021).

As part of the formation of an effective group culture, a collective of pictures representing what I most recently renamed the Afro-Eastern multidimensional personhood (AEMP) technique were displayed during the beginning stages of therapy (Jansen, 2015). Participants viewed and heard descriptions of themselves reminiscent of the pan-African concept of ubuntu, which most South Africans are at least superficially familiar with (Kamwangamalu, 1999). Ubuntu, a Zulu word, is interpreted and therapeutically appropriated as a relational ethos of caring and sharing, with matching identity constructions founded on communal connections (Adjei, 2019).

The ubuntu-self is quite a departure from modern Western psychology's deeply subjective, separate, self-contained, and masterful self (Cushman, 1990). At the outset of their therapeutic journey, clients are visually evoked to reclaim the basis of self as socio-spiritual (Mkhize, 2021). Pictures symbolising their internal intersectionality affirms their status as 'radically attached' (Baumeister & Leary, 1995), integrated and complex multivocal beings (Mkhize, 2021).

Men, just like women, are approached as 'attachment seeking missiles', destined for relations with animate and inanimate others (Baumeister & Leary, 1995). When it comes to forging peer relations, male clients seldom disappoint. With surprising ease and speed,

participants of men's groups bond with each other (Jansen, 2020). The trust, loyalty and camaraderie that even some problematically violent men might be capable of, if provided with a safe space and the support to do so, was on display.

The developing therapeutic alliance between therapist and clients, in which they form agreements about therapeutic expectations, goals, tasks and the logistics of treatment, are framed with contextualised cultural ideas about personhood. The therapeutic process is initiated by reclaiming a situated, relational self, suspended in tradition, culture and community (Cushman, 1990). The term ubuntu is therapeutically appropriated to give emphasis to psychotherapy as a lived experience of embodied relationship, inclusion and belonging (Nobles & Mkhize, 2020). It was also to emphasise a psychotherapy of inclusive cultural empathy, marking relationships as signifying authentic humanity, as central to counselling and personal transformation (ibid).

These illustrated concept-of-self talking points function as evocative techniques that elicit lived experiences of personhood (Molefe, 2018), reaching beyond constricted discussions about presenting problems. This is a therapeutic tool that validates who you are, before engaging with what is 'wrong' with you (Nobles & Mkhize, 2020). The traditional intake procedure expands into the spiritual-cultural dynamics that accompany clients into the therapeutic encounter, as many clients identify with traditions, customs and spirituality (Mkhize, 2016). Consequently, professional therapeutic discourses interface with client meaning frames, integrating the beliefs, values and culture of the client with the therapeutic process (Mkhize, 2016). The therapist therefore responds to the client as a culturally intelligent being, with a socio-spirituality that is not neatly contained but tends to morph into all major life areas of the client (Mnyandu, 1997). From this carefully coordinated therapeutic engagement of broader culturally informed personhood, begin client disclosures of concerns and problems that motivate psychotherapeutic help-seeking.

Participants' positive responses to efforts of culturally infused psychotherapy emboldened the progressive embrace of 'relevant' therapeutic practices (Long, 2016). Regular exposure to these culturally resonant images of self tend to activate some, at the start of the session, to look for and arrange the images themselves. During in-session discussions, they may reference the therapeutic pictures. Those, in conjoint psychotherapy, in other words combined individual and group psychotherapy (Billow, 2009), but facilitated by different therapists, sometimes reference aspects of these discussions with their individual therapists.

The AEMP technique further enhanced transitioning to activity-based intimacy, less verbal, structured exchanges of 'doing things' together (Chu & Way, 2009), connecting with cultural meanings of manhood (Bederman, 2015) and expressions of visions of possibilities (Nwoye, 2017). These increasingly 'male friendly' therapeutic activities (Golden, 2009) were at times punctuated by outbursts of jokes and laughter, what I later recognised as spontaneous masculine performances of emotion regulation in response to traumatic and sad narratives (Malekoff, 2011).

The psychotherapy with the young men on campus encompassed all the elements of conventional psychotherapy. The purpose of the therapy was to achieve behavioural change and to obtain relief from distress (Yalom & Leszcz, 2020). Traditional therapeutic boundaries were applied (Pietkiewicz & Włodarczyk, 2015), with the group facilitator occupying that familiar tenuous position between control and submission (Ringer, 1998).

Even the occasional sitting in silence, typical of process-psychodynamic therapy, was observed when therapeutically called for (Gabbard, 2017).

But the tone of the therapeutic process transformed to positively subjective and action-orientated (Nobles & Mkhize, 2020). Clients got involved in 'doing' things (Morris, Fitzpatrick, & Renaud, 2016). Key aspects of themselves, like manhood, culture, laughter and fun were incorporated as part of therapy. Drawing on the personhood of clients (and therapist) tapped into common client and therapist values, worldviews and 'everyday' experiences. This resulted in a psychotherapy infused with the extended subjectivity of clients, which enhanced the meaningfulness of the therapeutic encounter (Wolfe, 2016).

From personal resolution to professional contribution

Proficiency in masculinised psychotherapy demanded many years of 'tinkering' and accumulation of evidence in practice (Gabbay & Le May, 2010). I had ventured into a gendered therapeutic assignment and continued with the therapeutic supplementation of 'vitamins' I perceive to have been stripped from mainstream psychotherapy (Heelas & Lock, 1981). I persisted in nurturing a therapeutic intervention I had initially stumbled over, perhaps because I was holding out for the possibility that I might eventually see myself mirrored in my own professional practice (Nobles & Mkhize, 2020). In the process of modifying therapeutic discourses for a masculine audience, I cultivated a therapeutic practice consistent with my understanding of myself in the world. I settled the issue of professional alienation through the medium of masculinised psychotherapy.

Harmonising the process of psychotherapy with meanings of manhood placated a hitherto elusive sense of professional fit and belonging. Reconciliation with my chosen discipline became my professional contribution. Of late, as a more seasoned masculinity therapist, I require less therapeutic authorisation from those who do not appreciate psychotherapy as a complicated exchange between the Little me and Big me (Dien, 1983) of both therapist and client. I discovered my missing Big me in a model of psychotherapy framed with the Big me of my male clients.

I conclude this section by affirming that I responded to the question why (on earth) masculinised psychotherapeutic practice is the professional preference of a female therapist. I reflect on some of the subjective concerns of personal identity, professional belonging and the unfolding creative re-appraisal of Euro-American psychology for boys and men in an African context.

I was seemingly heading for professional 'depression' until masculinised psychotherapy solved the problem of conflicted identity and belonging of a black-identified psychotherapist within a white modern Western-centred psychological establishment. I 'uncovered' a professional home in masculinised psychotherapy. Perhaps masculinised psychotherapy 'found' me, not the other way around because doing masculinised therapy 'gifted' me with feelings of professional belonging. Eventually I could be a psychologist, a psychotherapist or supervisor and trainer on my own terms. I can practice a kind of psychotherapy that looks like me without compromising the integrity of the therapeutic frame.

After exploring where the desire to write this book come from, I shift to the next section in which I describe what this book is about. Given that psychotherapy with men is a topic

that cuts across clinical, academic, political and socio-cultural domains, I am aware of the relevance of the nature of such a book to diverse lay and professional audiences alike. The book is about psychotherapy with an explicit masculine framework for enhanced personal growth and transformation of boys and men (Kiselica, Benton-Wright, & Englar-Carlson, 2016). In the book I acknowledge the vital link between masculinities and violence perpetration and the justified interest and concerns with male violence.

However, the book limits itself to the documentation of practice as evidence of group psychotherapy populated by exclusively male clients. I emphasise that the central concern of this book is with the therapeutic support of men who voluntarily swop male victory narratives with stories of personal pain and vulnerability as the pathway to personal transformation and freedom from psycho-social distress.

What this book is about

When I divert to concerns with myself as the practitioner of masculinised psychotherapy, I call it a deviation, as in the above 'rescue' narrative, where masculinised psychotherapy 'arrives on the scene' to 'liberate' me from my self-imposed 'exile from alien psychotherapy'. But it could be instructive not just to deviate, but to go off on a tangent on some of the unique challenges of the masculine affirming female therapist of men's groups. I recall my initial ambivalence towards my 'fringe therapeutic practice'. It confused me that without exception, men's group participants would complete the evaluation of their group experience by confirming their preference for a female facilitator of men's groups.

Even if more than half of those affirmations are symbolic of father-induced trauma neurosis (Herzog, 2009), that male clients are so welcoming of a female men's group facilitator is something that requires further interrogation. Given the bad press haunting South African males (Ratele, 2013), I expected at least some resistance to my embodied gender, yet I cannot recall experiencing any. But an even weightier question is why do I prefer to work with men? It used to make me uncomfortable, even embarrassed, and I judged myself for it. It did not help when during presentations at academic conferences some delegates displayed more interest in my gender than with the efficacy of male-specific psychotherapy. I was once asked if I behaved more like a man in men's groups.

There has also been concerns about my 'safety'. What was left silent in the latter remark is that I signal comfort and safety in the presence of black men. Dabbling in 'black excellence' in the form of male emotional competence (Jansen, 2020), bringing together psychotherapy, still largely regarded as a white female domain in the South African context (Cooper & Nicholas, 2012), with black men, may be construed as an exceptional practice.

Another anecdote that gets close to some of the reasons that may have motivated a book of this nature is a course of consultations with two male clients, both married and fathers to teenaged daughters, who impressed me with their 'uncharacteristic' commitment to the psychotherapeutic process. At the time I was still a relatively novice psychotherapist getting used to private practice. Like many other female therapists, I consulted mainly with middle-class female clients. I was conscious of a sense of intimidation and self-consciousness, as well as a lack of confidence when consulting with male clients.