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Can psychology bridge the gender empathy gap?

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Why are men so annoying?

I hate generalising, but when women are depressed they cry, talk about it with friends, maybe binge eat, maybe drink too much Pinot Gricio, maybe even talk to a counsellor.¹ Moreover, women seem to know when they are depressed, and when they realise it they seek help. When men are depressed we sleep less, become irritable, abuse drink and drugs, play video games, use sex or pornography more, become aggressive, fight (Brownhill et al, 2005). Moreover, men don't seem to realise when they are depressed, and often reject any help offered. People don't sympathise with men who are depressed because, frankly, often men act like idiots. So when we hear that men commit suicide at about three times the rate that women do, you might be forgiven for thinking 'so what - that's three times fewer idiots on the planet'.

A gender empathy gap? Ha!

Given that it's difficult to empathise with someone who keeps telling you to leave them alone, it's no wonder people don't feel as much empathy for men as they do for women. Indeed that might be why men are six times more likely to get a conviction for the same crime as committed by a woman (Bradford, 2015). But you might well think: so what – that's six times longer we don't have to see criminals on the street. Similarly, boys are more likely than girls to fail in school (Stoet & Geary, 2015) – but why can't boys try

¹ Phrases similar to "I hate generalising, but..." came up often enough in interviews about gender differences for this to become the title of the paper by Russ et al (2015).

harder? Fathers are still less likely to get custody of children (Cancian et al, 2014), but so what – all they do is spend all day at work and come home grumpy. In fact we could make a long list of similar issues. Here are a few:

- In the media, men are routinely portrayed as idiots (Telegraph, 2014) and gender issues are presented from a female-only perspective (Nathanson & Young, 2001). But so what? The media has been portraying women as sex objects for years.
- Roughly the same numbers of men die from prostate cancer as women die from breast cancer (Cancer Research UK, 2016a & 2016b), yet there is no national screening programme for men. So what? If you don't ask you don't get.
- Some men complain that circumcision is 'male genital mutilation' (Goldman, 1997) – what a bunch of babies! It's nothing compared to what happens to women in Africa.
- There are many cases where men are falsely accused of rape, and this is done without protecting their anonymity (Telegraph, 2016). So what? As Catherine Comins said, it might make the accused think more deeply about the meaning of rape (cited in Gibbs, 2001).
- Violence against men is as widespread as violence against women (Straus, 2010) but violence against men is all but ignored. So what? It's about time women fought back, and anyway a real man should be strong enough to take it.
- 97% of deaths at work are men (InsideMan, 2015). Whoops – maybe don't be so clumsy, guys!

If the examples above are of situations where we feel less empathy for men than we would for women in a similar situation, then we are staring into the murky darkness of the *gender empathy gap*.

Yeah whatever, but isn't masculinity toxic, and that's what makes men annoying?

Yes, obviously! Just look at all of those crazy men killing people in wars, and in prison for doing crazy destructive things. No wonder that earnest talk about saving men from masculinity (or 'toxic masculinity') has become fashionable. The film *The Mask You Live In* gives examples of violent prisoners and drunken students at frat-house parties to demonstrate how toxic masculinity supposedly is.

However let's pause for a moment and think more objectively: if someone takes an overdose of aspirin, should we have a moral panic about 'toxic aspirin'? Well I think the same answer applies to masculinity. The traditional male gender script is not inevitably toxic, and indeed probably arose as a motivator to being a man who is successful and stoical, and who protects his family (Seager, Sullivan & Barry, 2014a). Rather than reject masculinity as a lost cause, a more sensible message, based on *rational emotive therapy* (Ellis, 1962), is that adhering to the traditional ideal of masculinity (being a fighter and winner, provider and protector, and in control of one's own feelings) is fine, and only causes problems when this script is too rigidly adhered to, as an 'all or nothing' rule or 'rigid demand' (Seager, Sullivan & Barry, 2014a; Barry,

Seager & Farrell, in press). If a man thinks 'I *have* to be a winner', the pressure of the dilemma to either succeed or else be a failure causes mental strain. But if he thinks more flexibly that 'I would really *really* like to win, but the fact that I haven't achieved anything major doesn't mean I am 100% useless,' then the pressure to succeed, and mental strain, is much less.

But let's consider the precautionary principle: given that an overdose of masculinity can be toxic, maybe it's safest to get rid of it? That might seem to make sense, but let's pause again and think about it. It is likely that behaviours based on masculinity have been useful in the evolution of our species and been expressed in an adaptive way to the benefit of various cultures throughout history. 'Ok' you might say, 'but times have change and old-school masculinity is just not needed any more'. Well, let's consider that idea by reference to another adaptive mechanism, the fight or flight response (Cannon, 1915). The fight or flight response evolved to help us deal with danger in primordial life-threatening situations (e.g. being attacked by a wild animal) by giving us a surge of adrenaline that helps us fight or run away. However in the modern world where the fight or flight response can be triggered by finding oneself suddenly in an uncomfortably crowded lift, it might appear to make sense to get rid of this mechanism using beta blockers or other means. But sometimes (or classically), suppressing the problem just creates another problem: suppressing the fight or flight response reduces our capacity to deal with modern commonplace emergency situations, such as inadvertently crossing the road into the path of a speeding car. Although in daily life we might be safe 99.9% of the time, perhaps we shouldn't be too quick to get rid of the mechanism that has evolved to deal with the 0.1% of situations

that might kill us. By the same token, even though muscle power and masculinity might seem unnecessary in the modern office environment, perhaps we shouldn't be so quick to get rid of it. We might regret having thrown the male baby out with the bathwater when we suddenly find ourselves in an emergency situation that requires stoical men who are fighters and winners, providers and protectors.

In normal doses, masculinity is simply a social code which guides men to be useful members of society. In normal doses, the traditional male gender script means that men are encouraged to compete to earn a good salary, put the needs of their family first, be self-reliant and keep their problems to themselves. No doubt some people will find objections to this code, even in safe and useful doses. For example, some would rather that the provider role should go to the government rather than to men, and indeed some very disillusioned men think it is time to put themselves first before women or children (Daubney, 2015). Nonetheless it is easy to find cases of men who use their masculinity for the benefit of others (e.g. in the fire service, sports, explorers, innovators in the sciences etc.). If you define masculinity as something negative, you can easily find examples of men who have toxic views who create toxic lives, but if you take a more enlightened view e.g. as described in Kipling's *If*, then you will find men who strive to create positive things in their lives and the lives of others. Contrary to some ideas about masculinity (e.g. in *The Mask You Live In*), masculinity does not necessarily mean feeling superior to women, except perhaps in the sense that group identity seems to inevitably lead to some degree of ingroup favouritism and outgroup bias (Tajfel and Turner, 1979). But this is pretty much an inevitable social process, and I would suggest there is nothing to be gained by trying to 'cure' men and women of ideals they can be

proud of in order to further a supposedly balanced ideal of psychological androgyny (Bem, 1974). The male gender script might not be perfect, but perhaps it's more productive to harness it for the good than try to eradicate it.

Ok but if men are so tough and everything, why do they need our empathy?

Although males are typically seen as the stronger sex, the male is at greater risk than females of a range of medical conditions throughout the lifespan (Kraemer, 2000). Despite this we have a collective blind spot when it comes to men's suffering, what has been described as 'male gender blindness' (Seager et al, 2014b; Russ et al, 2015), that helps to keep the empathy gap wedged open. For example, if a man is attacked by a woman he receives nothing of the sympathy that a woman gets if attacked by a man (ManKind Initiative, 2014). And there is no public outcry that 97% of deaths in the workplace are male (InsideMan, 2015), or about the other issues listed above.

Hmmm. So what do we do about it?

As a profession that cares about the human condition and healing human suffering, we need to cure our male gender blindness, bridge the empathy gap, and actively engage in the neglected field of male psychology. There are many issues that remain to be fully addressed. One such issue is whether men would be more inclined to choose therapy over suicide (or other destructive behaviours) if therapy was more male-friendly.

Psychological interventions are often perceived as talking cures that focus on feelings;

this is fine except that men generally are less inclined than women to talk about their feelings as a coping strategy (Tamres, 2002). It is questionable whether popular depictions of talking therapies (e.g. in *The Sopranos*) encourage men's help-seeking behavior (Barry & Seager, 2014). However research suggests that traditional notions of masculinity might be harnessed in a positive way e.g. young men are more keen on developing 'mental fitness', 'strengths', 'self-mastery' and 'skills' than addressing their 'mental health' (Ellis et al, 2013). Beyond gender, some suggest that individual therapies are not for everyone, and that community-level preventative mental health strategies Harper (2016) or engaging in enjoyable everyday activities (Jacobsen et al, 2001) are valid alternative approaches. These various avenues might be particularly useful in relation to improving men's mental health.

Conclusion

Although psychologists are generally people who care about others, psychology as a discipline remains strangely unmoved by issues facing men and boys. I worry that future generations of psychologists will look back in wonder at how long it has taken us to wake up to what is happening. I hope that you, dear reader, will be one of the first of a new generation of psychologists to take these issues forward into the light, where they can be dealt with in the same way that we deal with other issues in psychology.

If you want to find out more about male psychology, please see our website

<http://www.malepsychology.org.uk/>

Male psychology FAQ <http://www.malepsychology.org.uk/sample-page/news/>

Come to the conference at UCL in June 2017 <http://www.malepsychology.org.uk/male-psychology-conference/future-conferences/>

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