Toxic masculinity

ANGELA CORCORAN uses transactional analysis and two decades of criminal justice experience to help her clients break free from the 'man box' of toxic masculinity

WITHIN THIS ARTICLE, I wish to explore the concept of toxic masculinity and my understanding of it, specifically focusing on my work with men who have committed serious acts of violence towards others. I have worked within the criminal justice system for over twenty years as a probation officer and more recently as a therapist within a multi-agency criminal justice / mental health partnership project. Within the project, we manage men on licence from prison all of whom have been diagnosed with or have suspected personality disorder. A large proportion of the men have committed serious acts of violence against others and I would argue that features of toxic masculinity have been apparent in a significant number if not all such cases.

In order to understand and attempt to address such behaviours I have found TA to be a useful model with which to both interpret and support them better, and to deconstruct and redefine their actions. This has led to improved connection to feelings and authenticity while also reducing their risk of harm to self and others. As part of this article, I have included a composite case study – the purpose of this is to aid understanding of the service, my role within it and to provide context with regard to the individuals with whom we work.

Toxic masculinity is described as 'the constellation of socially regressive male traits that serve to foster domination, the devaluation of women, homophobia, and wanton violence' (Kupers, 2005, p710 cited in Barry et al, p9, 2020). It focuses on traditional stereotypes which can potentially cause harm to society in general; these may include traits such as dominance, homophobia and misogyny and the promotion and acceptance of many forms of violence. Normalisation of aggression and bullying, coupled with the message that men need to be tough, self sufficient and not show emotion (apart from anger) can link to a variety of issues including mental health difficulties, anxiety, self harm and substance abuse. Within prison settings, the requirement to be strong and aggressive is exacerbated by the tough, male-only environment in which these individuals are incarcerated; it is within this context that I wish to focus my attention given the particular issues I have observed within this population.

When focusing on the men I work with in the project, it is noteworthy that the vast majority have been subjected to high numbers of adverse childhood experiences (ACEs) and they have not had positive male role models in their lives. Research suggests that the more ACEs someone is subjected to the higher the risk of detrimental outcomes in later life (EIF Report, 2020). Often having experienced abuse in various forms, the script (Berne, 1961) then evolves in a way that seeks to protect the individual from harm but can conversely harm them and others. Drivers (Kahler, 1975) such as Be Strong and injunctions (Gouldings, 1976) such as Don't Feel, Don't Exist and Don't Be You, all of which are linked to the notion of toxic masculinity, are formed and developed. Behaviours such as anger and aggression may have been stroked (even if this includes only negative stroking) and can continue to play out and develop in environments such as the Care System, within peer groups and the Youth Justice / Prison System. This then leads to further brutalisation of the individual and script reinforcement, all of which culminates in a perfect storm of anger and aggression as the observable behaviours. These behaviours are often directed not only towards others but also inwardly in the form of self harm including acts of violence towards the self and /or chronic drug or alcohol abuse. It is sadly apparent that a significant number of the men I have worked with other the years have had untimely deaths either due to suicide or following ill health associated with their lifestyle choices and reckless type behaviours. Attempting to break such cycles of toxic behaviours towards self and others, reinforced systemically can be a challenge requiring a good support network and individuals within it who can guide the men to explore and discover their true, authentic selves while challenging negative stereotypes and perceptions.

Within his Ted Talk 'A Call To Men', Tony Porter (2010), refers to 'The Man Box' (see fig 1). This box highlights some stereotypical qualities that men 'should' aspire to while noting that there are a number of behaviours and emotions not included within this box due to them being perceived as unacceptable. He refers to the collective socialisation of men when describing these behaviours in terms of identifying what is ok and what is not. In order to break free from 'The Man Box', men need to feel able to embrace all parts of themselves, as is the case in TA with the fully integrated Adult using the ego state model (Berne, 1964). Porter describes his own experiences of growing up in a tough part of New York (which is hard to hear in parts) and of the impact

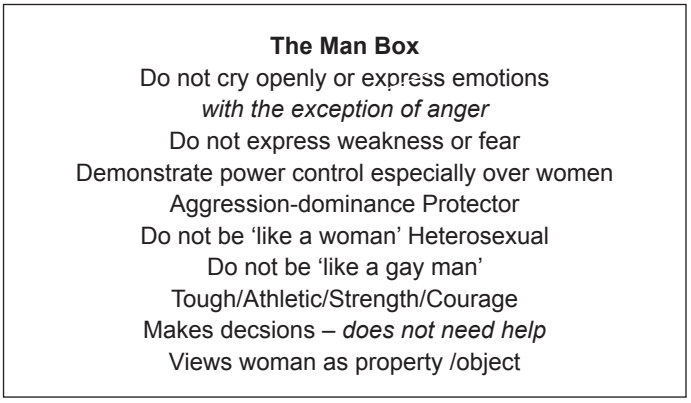

Figure 1: The Man Box, Porter 2010

of toxic masculinity on him as he was raised by his parents and when he brought up his own son and daughter. It is a TED Talk I would recommend if you are interested.

.On his website, www.acalltomen.org, Tony Porter further comments: *'Healthy, respectful manhood means valuing and respecting women, girls, LGBQ, Trans, and nonbinary people — and respecting and valuing oneself by striving to live authentically. The practice of healthy manhood is the path out of the Man Box, and it is essential to preventing violence and pursuing equity in our society. 'A Call To Men' coined the term the 'Man Box' to illustrate the collective socialization of men. In the Man Box, men are expected to be strong, successful, powerful, dominating, fearless, in control, and emotionless. In the Man Box, women are viewed as objects, as the property of men, and as having less value than men. The teachings of the Man Box allow violence against women, girls, and those at the margins of the margins to persist. The Man Box perpetuates a heterosexist norm that devalues all those who don't conform to a gender binary. By breaking out of the Man Box, male-identified people become healthier and help to build and sustain more equitable communities.'*(www.acalltomen.org)

Developing healthy behaviours which can include being vulnerable without being a victim and assertive without being aggressive or a perpetrator are examples of ways in which the men I work with can also be supported to break free from the Man Box. This also enables them to connect with emotions that had been deeply suppressed or displaced and then acted out in rageful acts towards self or others. This fits with the concept of moving from the Drama Triangle (Karpman, 1968) to the Winners Triangle (Choy 1990), enabling the individual to avoid being drawn into games – particularly given that these could involve third degree games where death or serious injury are possible. Progress can be slow and at times it can feel frustrating, however it is important to bear in mind just how ingrained such perceptions about self and others are, having been continuously reinforced. It can often be hard to maintain empathy and willingness to engage with such individuals – particularly when aggression and angry outbursts have been directed towards me and my colleagues who often find ourselves in the 'bad object' position. Concepts in TA have helped me to maintain my resilience and to hold a clear boundary about what is acceptable, while also offering care and therapeutic intervention at the same time. It is quite possible that these individuals may never have had such experiences modelled to them before resulting in them kicking back and presenting as rejecting, angry and dismissive. As such, striking the balance between care and control as defined in the boundary seesaw model (Hamilton, 2010) can often feel like walking a tightrope and requires good structures in place in terms of staff support and supervision.

The notion of toxic masculinity is a key theme that is played out in various ways within the project – it is observable in group-based settings for example when the men relate to and interact with each other and also in how they interact with both male and female staff. Bullying and aggression is appropriately challenged while pro-social and positive interactions are modelled continuously in order to provide them with an alternative way of relating to others and themselves. Examples of good behaviours are stroked and reinforced and space is available within which the men can hopefully feel safe to connect to all of their emotions including fear, sadness and vulnerability – not just their racket feelings (English, 1971) of anger and aggression. Over time and with patience small steps are made to support the men to develop their understanding of themselves through psychological interventions such as formulation and various other therapies, therefore enabling them to express their vulnerabilities in a contained way rather than drawing only on behaviours that fit within the notion of toxic masculinity. Knowing that it is ok to express all of their emotions can have a profound positive impact upon their emotional wellbeing and also provide them with the confidence to know that that they can better regulate themselves and lead safer, happier lives.

It is important to note that the concept of toxic masculinity as I understand it does not serve to criticise men or male attributes, moreover it highlights the damaging impact of having to adhere to a specific set of ideals and behaviours which can be destructive and self limiting. I think of this in a similar way to the life script (Berne, 1961) in the respect that it can be restrictive and lead us to feel that we are not achieving our full potential. The ethos of TA is that all individuals, regardless of gender, race, age, sexuality, ability or culture can strive towards a more authentic version of self by breaking free from negative script beliefs and learn to be more autonomous. As discussed by Drego, the concept of the Cultural Parent (1983), also lends itself to the idea that we are all bound by social constructs, traditions and etiquettes, however, it is important that we as Therapists and as a society in general are able to question, explore and, where necessary, challenge and change these cultural or societal 'norms' if they no longer serve us well.

Composite Case Study

I WORK WITHIN a joint Mental Health / Criminal Justice Service as a Sociotherapist. We are part of the Offender Personality Disorder (OPD) Pathway and we are commissioned to work with no more than 20 men in the community at any one time. As defined by NHS England: 'The OPD Pathway programme is a jointly commissioned initiative that aims to provide a pathway of psychologically informed services for a highly complex and challenging offender group who are likely to have severe personality disorder and who pose a high risk of harm to others, or a high risk of reoffending in a harmful way' (NHS England, Personality Disorder Pathway Strategy, 2015)

Participants engage in a range of individual and group work interventions and activities aimed at reducing the risk of offending, improving their mental health and wellbeing, developing their ability to form and maintain positive relationships, promoting social integration and enhancing education, employability and social skills. This is achieved through the adoption of the sociotherapy approach, which is psychologically informed therapeutic milieu. This approach enables participants to develop relationships with staff and other participants and learn essential skills in understanding and relating to others. It has been shown to be effective in the Netherlands, where it has been in existence for over 50 years, in the treatment of high risk individuals diagnosed with / suspected personality disorder. Our model was developed drawing upon specific research and evidence taken from the Van Der Hoeven Clinic in Holland (Binsbergen et al 2007).

All the men we work with have served prison sentences and are referred to us by their probation officers. We assess the men in prison and if assessed as suitable they are then released to attend our project for two years. They have two allocated keyworkers each: a mental health worker and a probation officer (both referred to as sociotherapists) who jointly manage them. My intention here is to give an illustration of a typical participant that we would work with in the project. This is not based on any specific individual but is a composite.

James, age 43 *(composite case study)*
Sentenced to Imprisonment for Public Protection (IPP) for an offence of Section 18 Wounding against his ex-partner; this followed a back drop of longstanding domestic abuse, including harassment and previous instances of violence. He was referred to our project by his probation officer some ten years after his conviction as he appeared to be stuck in the prison system. We assessed James in prison and he confirmed that he was motivated to engage with the interventions we offered in the community. James completed regular prison visits with ourselves over an 18-month period; during this time we began to build a therapeutic relationship with James although it was apparent that he had significant issues relating to trust and feeling highly suspicious of professionals. There was also evidence of very specific and rigid views linked to gender and masculinity that played out in terms of his previous offending, within our interactions and in how James presented and behaved within the prison environment. We took some time exploring this with him and gaining an understanding of how this linked to his early life experiences and script beliefs. It was apparent that James had a Be Strong driver and he would often become angry with little provocation. Work was completed with him in relation to his difficulties with emotion regulation and he was subsequently deemed suitable for release by the parole board. James then attended our project as a condition of his licence four days a week where he engaged in a range of interventions delivered on a one-to-one and group work basis.

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James commenced psychological work and initially did well, however, it became apparent after a few months that he was struggling with the transition from prison to the community. There was evidence of illicit drug use and some difficult dynamics with other participants in the project and the probation hostel where he was residing, during which he was observed as being aggressive and confrontational. Previous script beliefs and behaviours were evident and his behaviour continued to deteriorate to the point that he was deemed no longer manageable in the community. As a result of this, James was recalled to custody and subsequently referred to a Psychologically Informed Planned Environment (PIPE Unit) in prison as it was identified that he had outstanding treatment needs that had served to hinder his progress in the community. He undertook various interventions; including trauma focused therapy looking more closely at his early life experiences (he had been subjected to extreme violence perpetrated by his father and neglect by his mother) and exploring the impact of his behaviours on others including the victim of his index offence.

Initially James felt angry that he had been recalled to prison however, we were able to identify together where things had gone wrong and what work he needed to do. James had built a therapeutic relationship with his key workers that was strong enough to sustain the rupture of him returning to prison. On reflection he acknowledged that this had been the right course of action as he recognised that he was spiralling out of control. He also accepted that he had not

‘James had. . . the opportunity to connect to his feelings and show his vulnerabilities in a safe way.’

been prepared for how hard it would be to adjust to life in the community and he was willing to complete further work in prison. James found this work hard but he did engage and significant progress was duly noted. We continued to support James by visiting him in prison regularly and he was deemed suitable for release again two years later. James resumed his attendance at our project and it was noted that he was much better able to engage with the interventions we offered. He had built better trust with his key workers and he had been provided with the opportunity to connect to his feelings and show his vulnerabilities in a safe way. James completed a three-month placement in a probation hostel and has now secured supported housing in the Liverpool area. He has begun to volunteer at a local foodbank in addition to attending our project several times a week. James continues to make progress and is able to share his struggles and difficulties with his key work team. His presentation, while sometimes still challenging, is more manageable and he is better able to express himself. James will remain involved with our project until he completes the core programme. If he completes successfully, there is the possibility of him providing peer support to other participants as part of our service user involvement initiative.

References

Berne, E. (1961).Transactional Analysis in Psychotherapy. New York: Grove Press

Berne, E. (1964). Games People Play. New York: Grove Press

Binsbergen, M. H., Keune, L. H., Gerrits, J. & Wiertsema, H. L. (2007). Organising Forensic Psychiatry, Clinical Practice at the Van der Hoeven Kliniek. Utrecht: Forum Educatief.

Choy, A. (1990). ‘The Winners Triangle.’ Transactional Analysis Journal, 20:1

Drego, P. (1983). ‘The Cultural Parent.’ Transactional Analysis Journal, 13:4, pp224 - 227

Early Intervention Foundation Report, Feb 2020 www.eif.org.uk

English, F. (1971). ‘The Substitution Factor: Rackets and Real Feelings.’ Transactional Analysis Journal, 1:4

Goulding, R. & M. (1976).‘Injunctions, decisions and redecisions.’ Transactional Analysis Journal, 6, pp41-48

Hamilton, L. (2010). ‘The Boundary Seesaw: Good Fences Make For Good Neighbours: Relational Boundary Management and The Creation of a Safe and Therapeutic Space’, in Using Time, Not Doing Time: Practitioner Perspectives on Personality Disorder and Risk. New Jersey: John Wiley, pp181 – 194

Kahler, T. (1979). Process Therapy in Brief. Human Development Publication

Karpman, S. (1968). ‘Fairy tales and script drama analysis.’ Transactional Analysis Bulletin 26 (7) pp39-43

Kupers, T.A. (2005). Toxic masculinity as a barrier to mental health treatment in prison. Journal of Clinical Psychology, 61(6), 713–724

NHS England: The Offender Disorder Pathway Strategy 2015

Psychreg Journal of Psychology (2020). 4:2 J. Barry, R. Walker, L. Liddon, & M. Seager

www.acalltomen.org

www.ted.com : Tony Porter, ‘A Call To Men’ Dec 2010

www.wikipedia.org

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