



*“He was someone’s little boy once”*

## **THE MALE GENDER EMPATHY GAP: TIME FOR PSYCHOLOGY TO TAKE ACTION**

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## MALES: WHY CAN'T WE SYMPATHISE?

Gender is not just an equality issue, but a diversity issue. Although differences are celebrated in every other field, in the social sciences, gender differences are denied or played down. We aren't supposed to generalize about gender, because – in general – men and women are the same, supposedly. However as human beings, most people intuitively recognise that although men and women share many similarities, we are different in important ways. For example, as described by Barry (2016), when women are depressed they might well cry, comfort eat, talk about their feelings with friends, or with a counsellor. Moreover, women seem to know when they are depressed, and when they realise it they might seek help. When men are depressed they might sleep less, become irritable, abuse drink and drugs, play video games, use sex or pornography more, become aggressive or fight (Brownhill et al, 2005). Moreover, men don't seem so easily to realise when they are depressed, and might even refuse any help offered.

Whether we like it or not, there are different patterns and expectations relating to the expression of distress in males and females. This means that male distress is often overlooked, or seen simply as bad behavior so that male distress is, in effect, invisible. To shed light on male depression, Farrell (in Farrell & Gray (book in preparation)), outlines a 60-item *male depression/suicide inventory*. The following 10 questions (Table 1) are taken from this inventory to illustrate the gender-specific ways in which male despair is shaped, suppressed and enacted in ways that create a greater suicide risk.

**TABLE 1.** Sample items from male depression / suicide inventory (Farrell, in Farrell & Gray)

<input type="checkbox"/> Do you feel that if you discuss your real fears you may lose the respect of that person?
<input type="checkbox"/> Do you "live" to compete in a sport likely to create damage to your body (e.g., football, motorcycling; cliff, rock, or ice-climbing; hang gliding, ice hockey, x-games; highly competitive surfing, skate-boarding, or snowboarding; car racing, or rodeo)?
<input type="checkbox"/> Do you have less contact with your children than you would like?
<input type="checkbox"/> Do you feel quite hopeless about having a good relationship with your children while they are still young enough to benefit from you?
<input type="checkbox"/> Are you unemployed for more than a year with family to support?
<input type="checkbox"/> Do you feel that when you ask out pretty much any woman to whom you are really attracted that you'll more than likely be rejected?
<input type="checkbox"/> Do you drink or use drugs more than you feel is healthy for you?
<input type="checkbox"/> Do you root for a team with such devotion that when they lose the big one, you feel depressed and sometimes angry?
<input type="checkbox"/> Do you wish you had a better relationship with your dad?
<input type="checkbox"/> Do your parents have high expectations of you and you often feel you are disappointing them?

The items in this inventory show considerable overlap with the three main elements of the archetypal “male gender script” that has been described by Seager, Sullivan & Barry (2014a) as an evolutionary and universal pressure on men defining how they must live to be a successful male. This script consists of three main rules:

1. Be a fighter and a winner
2. Be a provider and a protector
3. Retain mastery and control over one’s feelings

This means that people also don’t instinctively sympathise with men who are depressed because men are expected from time immemorial to give protection, not receive it. Farrell and Gray (book in preparation) talk about this in terms of “social bribes”. According to this proposition, social groups across the human species have survived more effectively because males have evolved collectively to protect them. The success of all societies historically has therefore been built upon the blood, sweat and tears of men, sacrificing their lives in wars to preserve the freedom of all and risking their lives to build the infrastructure of civilization. Working class men in particular have been expected by virtue of their gender to die in tunnels, on tall buildings, down mines and on the high seas, supplying the buildings, transport, food supplies and security that create the comfort of a civilized life for all. Across the ages, men have been “socially bribed” into behaving this way by the honour and social approval of their tribe or society. In this way men (and some women) have been afforded the status of heroes because of their strength or courage. At the same time, men (but not usually women) have equally been “shamed” to the extent that they do not conform to this pattern. There is no greater illustration of this than the white feathers that were handed out as a symbol of cowardice to men in the UK who would not fight for their country<sup>1</sup>. In our modern society, it may now be that the shame factor is growing greater for men as the opportunity to achieve heroic status is being reduced. It is for this reason that Farrell and Gray talk about the urgent need to help our boys in the future switch from ‘heroic intelligence’ to ‘health intelligence’ (see below). Equally, there is a need for all of us in society to tune in more to male emotional

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<sup>1</sup> Ironically white feathers at the time of the First World war were handed out by Emeline Pankhurst and others in the Women’s Suffragette movement, reinforcing the notion that women have also instinctively expected men, even those without the vote, to protect them.

language. Rather than simply expecting men to talk differently we need to be listening differently to them.

Men reflexively — perhaps instinctively — hide vulnerability even under changing social, economic and political circumstances that are arguably generating more distress. To reveal vulnerability or failure of any kind can be deeply shaming for a man. Because of such pressures we do not register male vulnerability and we all become less comfortable with the notion of males in need. This means that distressed men end up looking less like honourable victims and more like losers, criminals or even idiots. The only legitimate place for male suffering is in our art, drama, comedy, music and literature. So even when we do acknowledge publicly that men across the globe commit suicide at a much higher rate than women (nearly 4 times more in the UK), this still does not elicit our compassion. If anything, we switch off. In the same way we don't really acknowledge or care that men account for a massive 97% of deaths at work in the UK InsideMan (2015) and 86% of people sleeping rough in England (Department for Communities and Local Government, 2016). When it comes to gender equality we only really think of women as beings legitimate victims and as having any cause for complaint. In the UK we still have a minister for 'women and inequalities' as if the two issues were intrinsically linked. Ironically, therefore, what looks like a serious attempt to challenge gender prejudice towards women has the unintended consequence of reinforcing gender prejudice towards men.

### **THE EMPATHY GAP AND MALE GENDER BLINDNESS**

So there are deep rooted reasons why people don't feel as much empathy for men as they do for women. Men have evolved to be disposable, being there to put their bodies on the line, to offer protection, not receive it. So a man in trouble evokes less sympathy than a woman or a child. This might help explain why men, when they are looking for sympathy from the judicial system, are six times more likely than a woman to get a conviction for an identical crime (Bradford, 2015). And rather than sympathise with men over a possible inequality, our immediate social perception is that men must be six times more troublesome or else six times less in need of protection from the prison system. Similarly, boys are more likely than girls to fail in school (Stoet & Geary, 2015), but rather than address this as a gender inequality, we are unsympathetic, often perceiving boys as

disruptive and lazy. When couples who have children break up, fathers are still much less likely to get custody of children (Cancian et al, 2014), but rather than rush to address this as another possible inequality we assume that fathers don't miss their children like mothers do, and that children need their mothers more than their fathers. The absent father is something that we have all been programmed to expect and tolerate. In fact we are tolerant of male suffering, or blind to it, in many other areas too, for example, violence by women against men is as widespread as violence by men against women (Straus, 2010) but violence against men attracts less attention.

### **TOXIC MASCULINITY AS BAD SCIENCE**

For all these reasons it has not yet become common practice to investigate the troubles and obstacles facing men, but instead the male gender itself has come to be regarded as toxic or pathological. Images of "antisocial" behaviour amongst the most distressed and damaged males somehow take precedence over the kindness and protection afforded every single day by healthier and happier men of all ages, cultures and creeds across the world, reinforcing the notion that masculinity itself is somehow inherently damaging, toxic and antisocial. For example, the film *The Mask You Live In* gives examples of violent prisoners, or drunken frat-house parties to demonstrate how bad America's idea of masculinity supposedly is. In the UK when a young woman, India Chipchase, was tragically raped and murdered in January 2016 by a damaged man, her father made a moving and poignant impact statement that included the phrase "I will never walk India down the aisle" (MailOnline, 2016). When this story was covered in the media there were calls for boys at school to be given more education about rape and respecting girls. In other words, the rapist was being used as the model for the typical male, not the father. Given the relative rarity of rape and murder, this says more about our social attitudes to men than about men themselves.

The evidence is much clearer therefore that it is not masculinity that is the problem as much as our attitudes to it. It cannot be good science to pathologise half of the human race. The fact that we can even seriously entertain the hypothesis that half of our gender spectrum in the human species is faulty shows evidence as to where the real problem lies. Extreme or rigid masculinity, macho behaviour and damaged masculinity can clearly be

toxic but this is being confused with the archetypal, the typical and the masculine norm. Anything can become harmful or toxic if taken to extremes or excess, even something as apparently medicinal as aspirin. Many psychologists will recognize that adhering rigidly to ideals can lead to psychological problems, which is a central tenet of *rational emotive therapy* (Ellis, 1962). The male gender script can become toxic, but only when defined by rigid dichotomous thinking. For example, if a man thinks ‘I *have* to be a winner’, the pressure might lead to suicidality, but if he thinks more flexibly that ‘I would really like to be a winner, but the fact that I am not winning 100% doesn’t make me a total loser,’ then the pressure to succeed is significantly less. Thus the traditional gender scripts are not inevitably toxic, and indeed the male gender script evolved not to harm but to protect the social group. Of course, it could never work to try to change the male gender itself in terms of its evolutionary foundations. However, it does make much better sense to try to encourage more flexible use of the male gender script and even to rework it for the benefit of all in a modern social context. One clear example of this is to say to boys and men “If you seek help you are *taking* control not losing it” and “If you seek help you are facing your problems and showing strength, not weakness”. In other words, by going with the grain of the ancient rules of masculinity, boys and men can actually be helped to experience seeking help as a manly thing to do. This is far more likely to succeed as an approach than simply telling men and boys to “open up” and “be vulnerable” because this message, though well-intentioned, in effect goes *against* the grain of the masculinity script. It can even be heard as gender shaming in that it urges boys and men to be more like girls and women.

In exactly the same way, Farrell and Gray (book in preparation) advocate *reframing* the façade or mask of strength that men and boys are under to pressure to maintain as itself being true “weakness” so that facing and showing feelings of weakness is reframed as true “manning up”. In this way Farrell and Gary are arguing for a position that maintains the gender integrity of boys and men but allows manliness to be redefined in a healthier way.

## **SEX & GENDER DIFFERENCES: THE DANGER OF DENIAL**

In a *British Medical Journal* article called ‘The fragile male’, the many ways in which men are biologically more vulnerable than women are highlighted (Kraemer, 2000). The male foetus is at greater risk than the female of virtually all medical complications (e.g. cerebral palsy) and developmental disorders (e.g. autism). Perhaps it is the height of irony then for males unthinkingly to be expected to be the more resilient sex, showing that sex and gender differences operate from the moment of conception and in some unexpected ways the differences favour the female. Indeed research has found all sorts of sex and gender differences, but many people still feel it’s somehow wrong to highlight them, and will only own up even to having noticed gender differences with a caveat like “I hate generalising, but...” (Russ et al 2015, p.74). Understanding all human differences is important, not simply for the sake of scientific knowledge (and common sense) but because some differences (e.g. having ovaries that produce oestrogen versus testes that produce testosterone) have massive implications. There is plenty of evidence that some gender differences are influenced by prenatal sex hormones (e.g. Nordenstrom et al, 2002) and emerge in early life. For example, before the age of one year old, in general girls play more with dolls than boys do (Todd et al, 2016) and have less aptitude for mental rotation tasks than boys do (Quinn & Liben, 2008; Moore & Johnson, 2008). These differences may have implications for life choices e.g. helping to explain why girls on average might make choices in life that are more people-orientated and less object-orientated. Of course, no differences are absolute but if we deny or turn a blind eye to genuine *average* sex and gender differences, this can only be harmful for all of us in understanding the human condition and effectively supporting the needs of men and women.

## **THE NEED FOR MALE PSYCHOLOGY**

There are many issues facing men and boys – several are listed above - that would benefit from the attention of psychologists. As a profession that cares about human suffering, why are we not more alert to the signs all around us of the problems facing males, such as suicide? It seems quite likely that like the rest of society we are suffering from a type of blindness – male gender blindness (Seager et al, 2014b; Russ et al, 2015) – which makes it difficult for us to recognize the importance of this great elephant in the room of psychology. Similarly, we appear to be susceptible to the same collective ‘empathy gap’ as

the rest of society when it comes to men's issues. Simple psychological experiments can show hard evidence of significant differences in our attitudes to the male and female genders. For example, there are many vivid demonstrations in field experiments showing that members of the public immediately rush to help female victims of violence from a man, but turn a blind eye or even laugh when a man is the victim of the same level of force (e.g. ManKind Initiative, 2014 – see video link below). In social psychology, just about the only group identity that does not elicit in-group-favoritism is male identity (Rudman & Goodwin, 2004). As psychologists, it should be extremely interesting that we have such different responses to the two complementary halves of the human race. It is hard to imagine a more central concern for psychological science and investigation.

### **THE MALE PSYCHOLOGY NETWORK: SHOWING WHAT PSYCHOLOGISTS CAN DO**

What the *Male Psychology Research Team* (MPRT)<sup>2</sup> and other researchers are doing is addressing these 'elephants in the room', for example, by investigating whether men would be more likely to engage in therapy if it were more tailored to men's needs. It turns out that the language we use in therapy might be important; Ellis et al (2013) found that young men are more likely to use an app that promotes 'mental fitness' rather than 'mental health', and their app encourages developing 'strengths' and 'self-mastery' and 'skills', so traditional notions of masculinity might be engaged in a positive way. Others are looking at ways that mental health might be helped beyond the therapist's couch e.g. Harper (2016) explores using community-level preventative mental health strategies rather than one-to-one therapy, and Jacobsen et al (2001) propose *behavioural activation therapy* which uses everyday activities to improve mental health.

It should be noted that studying male psychology doesn't mean ignoring female psychology - about a third of the *Male Psychology Network* are women, and most of our research involves male and female participants; in finding solutions to problems that predominantly face men and boys, we are likely to be also helping those women and girls who are facing the same problems. Because as human beings gender is an integral aspect of all our lives, findings about the preferences and needs of men are relevant to women

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<sup>2</sup> MPRT - <http://www.malepsychology.org.uk/>



and vice-versa. However, the specific urgency regarding male psychology stems from the fact that some serious and life-threatening issues facing men and boys are being largely neglected by mainstream research and healthcare provision. The British Psychological Society (BPS) has had a Psychology of Women Section (POWS) since 1988; we hope that within the next 12 months we will have established a Male Psychology Section of the BPS. This will be the platform from which we can co-ordinate our efforts to improve the well-being of men and boys, through better research, teaching and clinical practice and we look forward to working together as men and women to achieve this goal.

## CONCLUSION

The world is forever turning, and future generations of psychologists will look back in wonder at how concern for the wellbeing of men and boys has remained in the doldrums for so long. Our challenge to you as readers is to be among the first of a new generation of psychologists to take action, and to make men's issues – as part of the human condition - visible. Outside of psychology, there has been some increase in public support for men's issues in the UK, for example, a discussion of male suicide and *International Men's Day* in parliament in November 2015 and the inclusion of a man on the Women and Equalities Committee in parliament in December 2016. However psychology, as perhaps the most relevant discipline of all, should be leading the way, and yet to date remains strangely unmoved by issues facing men and boys. We hope that this article has helped to change that picture just a little more. The Male Psychology Conference this year (26<sup>th</sup> & 27<sup>th</sup> June, 2016) covered a range of topics but had two overarching themes: improving delivery of mental health interventions for men, and recognising the problems facing boys. Sometimes we need reminding that these two issues are linked e.g. when you pass a homeless man in the street, or see a man behaving badly, it's easy to forget that he was once somebody's little boy.

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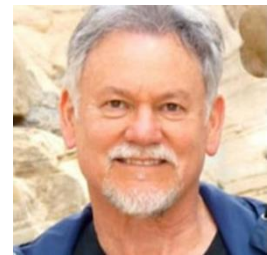
**Martin Seager** — is a consultant clinical psychologist and adult psychotherapist. He worked in the NHS for over 30 years and was head of psychological services in two NHS Trusts. He is also an author and lecturer on mental health, compassion and male gender issues.

He has worked in the voluntary sector with St Mungo's, a London-based Charity for homeless people and also advised the Big Issue on mental health. He has been a branch consultant to the Central London Samaritans since 2006 and has recently been advising the National Samaritans. He has done regular mental health broadcasting with BBC Essex (2003-2007) and BBC Radio Five Live (from 2007-9) and made appearances on many other programmes including BBC Radio 4's "All in the Mind".

He currently works part-time for CGL, a drugs and alcohol charity. He is a mental health campaigner who works constantly to change attitudes to mental health and to bring psychological literacy to organisations and society as a whole. To this end in 2006 he formed a national advisory group on behalf of Patricia Hewitt when she was the Health Secretary. He is in various ways trying to raise awareness of the psychology of the male gender, particularly in relation to suicide and mental health generally. He is an adviser on mental health to the College of Medicine and has a particular interest in public mental health with an emphasis on attachment and empathy in organisations, local communities and across society as a whole.

He has recently become an advisor to the Self-Esteem team headed by Natasha Devon, until recently the government's mental health champion for young people. He is passionate about the mental well-being of our professional care workers in the NHS and has written and taught on the issue of how we can create psychologically-minded work environments that help staff give of their best and avoid burn-out, stress and sickness. He is a co-founder the Male Psychology Research Team, organizer of the male psychology conference, and was the original campaigner for a male psychology section of the British Psychological Society.

**Dr Warren Farrell** — has been training psychologists and helping professionals throughout the world on parenting, gender and couples' communication issues since the early 1970's. He has taught the psychology of gender roles and parenting at the California School of Professional Psychology, and at the School of Medicine at the University of California, San Diego. The American Psychological Association's official publication on gender, *Bridging Separate Gender Worlds*, published in 1999, recommends all three of Dr. Farrell's books that were published prior to 1999. He is the only scholar for whom they recommended three books.



He has been a resident lecturer at Yale, spoken at Harvard and Stanford, and taught in five different disciplines at Rutgers, Brooklyn College and Georgetown University. He was chosen by President Johnson as one of five young educators to be invited to the White House Conference on Education.

Dr. Farrell began his research on gender issues in the '60s. His first book, *The Liberated Man*, was published in 1974. It was from the women's perspective and the feminist perspective. By the '80s, he began noticing that men were feeling misrepresented, and his award-winning national best-seller, *Why Men Are The Way They Are*, was written to answer women's questions about men in a way that rings true for men. *The New York Post* calls it "the most important book ever written about love, sex, and intimacy." *The Financial Times* selected him as one of the world's top 100 Thought Leaders.

He has also taught in the Department of Women's Studies at San Diego State University, and was the only man to speak at California Governor Wilson's conferences on women and also his conference on fathers.

Warren's expertise benefits from engaging with the public via popular media. He has repeatedly appeared on Oprah, the Today Show, and made over 1000 TV and radio appearances worldwide, including BBC 2. He has been interviewed by Larry King, Charlie Rose, Peter Jennings and Barbara Walters, and featured repeatedly in *The New York Times*, *Forbes*, *The Wall Street Journal*, *Time*, and hundreds of papers worldwide.



**John Barry** — after completing his psychology PhD in 2011 at City University London, he joined University College London's Institute for Women's Health at the UCL Medical School, based at the Royal Free London Hospital, London, England.

Since 2010, John has published around 50 papers in various peer-reviewed journals, including in international-standard journals in gynaecology, cardiology and ophthalmology. Prompted by the considerable suicide rates among men and the establishment's inertia in dealing with men's mental health problems, in 2011 John helped initiate a research programme investigating the mental health needs of men and boys; the present paper is part of this programme. John specialises in research methods (especially surveys and questionnaire development) and statistical analysis (e.g. meta-analysis, meta-regression).

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