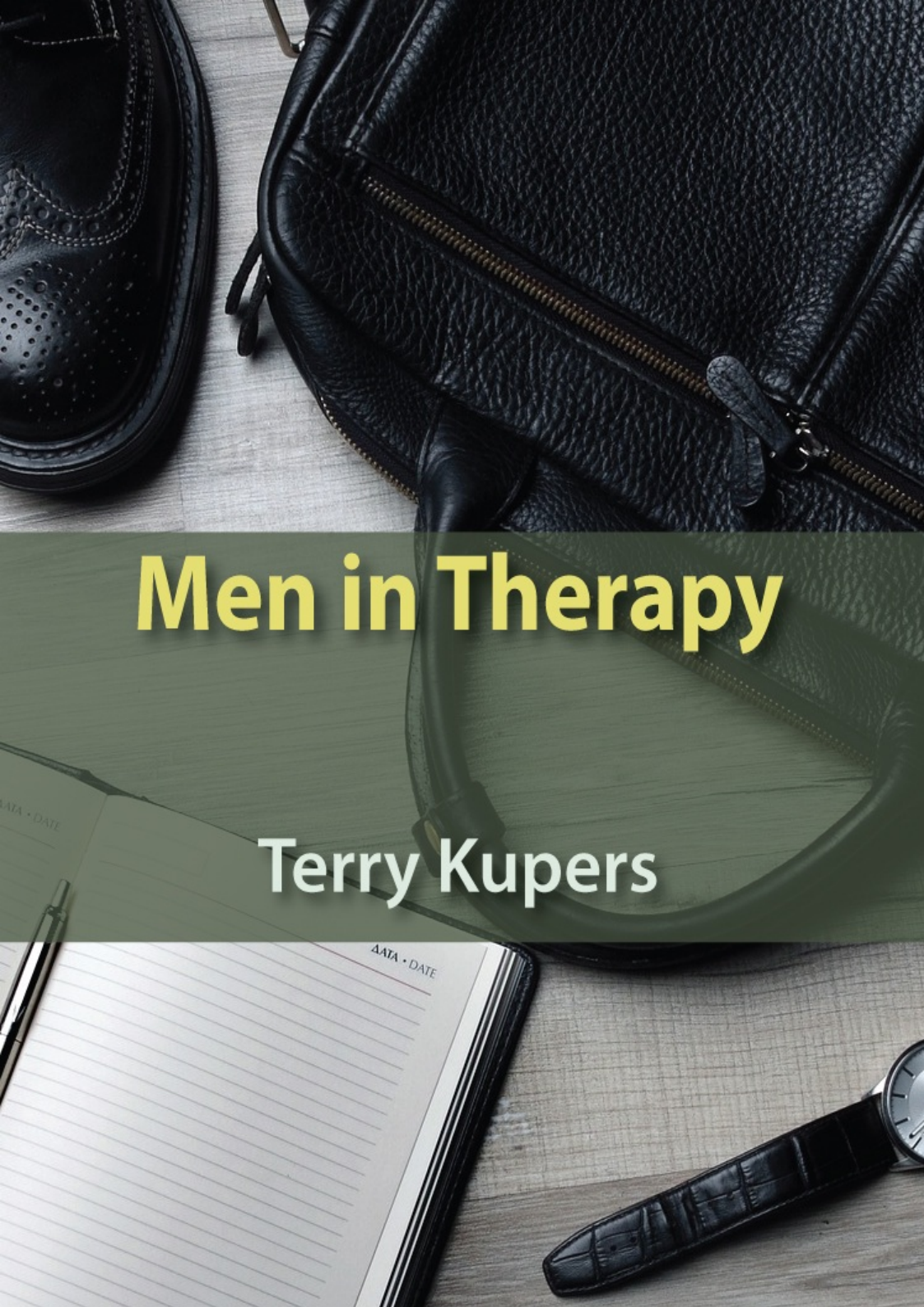
Men in Therapy
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Men in Therapy

Psychotherapy occurs in a place apart. Freud invented the modem consulting room, a place where the rules of everyday life are suspended. It is not merely a matter of confidentiality, though that is important. There is also free association and a suspension of everyday politeness. The modem therapist modifies Freud's basic rule in asking the client to say whatever comes to mind. Men are encouraged to say what they cannot say anywhere else. In the world of men and work they cannot admit that they feel scared, confused, weak, or needy. They cannot say to their sexual partners that they fantasize sex with someone else or resort to pornography. In therapy they can try out new behaviors, for instance being vulnerable or getting angry at the therapist, and discover that the relationship will survive and even deepen in the process, unlike relationships they have had with a father, a partner, a colleague, or a friend.

A man can explore previously secret parts of his psyche, and enjoy being recognized as a larger human being by a therapist who has no interest in judging, prescribing, or converting him into someone other than who he is intent on becoming—or at least this is the ideal. Actually, psychotherapists vary in values and competence, and have their own hidden and unexamined agendas. But ideally, the consulting room is a place where a man can turn himself inside out and, when the pieces fall back into place, be a fuller person.

Then the therapist and the client need to think about the man's reentry into a real world where the lessons of therapy must be applied.

More men are appearing in therapists' offices than ever before. After all, if a man has been successful enough to be able to afford psychotherapy, and he is feeling sufficient pain to override his disinclination to be dependent on another person, the rules of conduct in today's male culture permit him to consult a therapist when stresses overwhelm his capacity to cope, and usually there is no one else he feels free to talk to. And since the client pays the therapist to listen, the role of client is not entirely submissive; the therapist is on the client's payroll. Assured that no secrets will get out, and that he is not totally subservient, the male client can take an hour off from work, relax, and talk about the things he would never discuss with those who share his fast-paced, competitive life.

Some men immediately enter into power struggles with the therapist, some have a difficult time figuring out what to say and how to behave. I will discuss these two all too typical developments, describe a men's therapy group, and argue that friendship is an important issue to explore in therapy, particularly during the termination phase.

The Struggle for Power in the Consulting Room

Some men want to get right down to business and be done with therapy

as soon as possible:

"I'm a very busy man. The only reason I've come is because I'm feeling so much anxiety lately that I've been unable to concentrate on my work. I'd like this to be a very short therapy—I can't really afford the time."

The therapy tends to be problem-oriented, and the man wants to end the therapy as soon as the crisis abates.

The power struggle might begin even prior to the first therapy session. Bill phones to set up an appointment to see me. His wife's psychotherapist recommended me. We try to find a time to meet. He wants me to make an evening time available. I tell him I do not have any evening times, and offer two or three times I do have open. He takes one. An hour before the appointed time his secretary phones to tell me he is too busy to get to the appointment, or even to the phone, and asks if I have an opening later in the day. I explain that my schedule is rather full, and offer a time later in the week. When that time arrives, he comes late and then is upset because I will not extend his session. Clearly the issue is not time, it is status. From his first call to make the appointment there were signs of a battle: Whose time is more important? Who is the more important man? Who is going to win this round and be able to set the time of our appointment?

Men size each other up. They learn to do it speedily. In the world of

business, one risks being at a disadvantage if the other is not sized-up swiftly and accurately enough. Whether the other is a business rival, a potential friend or a therapist, there is always the fear of being defeated, dominated, or humiliated by him. The model is dominance and submission, the prevalent model for male relationships in our culture. If a man does not have a way to get the better of another man early in the relationship there is the danger of losing later.

Some men never get beyond this kind of sizing-up, not at work, not in their intimate relationships, and, sadly, not in therapy. They do undergo a certain amount of therapy, but only during crises, and they terminate as soon as they feel somewhat more in control of things. In other words, they are only willing to put themselves in a dependent position because their symptoms seem overwhelming, but as soon as their symptoms are partially alleviated their dread of dependency looms larger again and they leave. They may enter therapy after a particularly painful breakup of an important relationship, after a serious failure at work, because they are upset about the way a child is behaving, because they feel depressed and do not know the reason, or because they are experiencing a bout of impotence. Or their depression may follow a back injury or heart attack that forces them to slow their pace dramatically. Sometimes a man seeks a “quick fix” for his addiction to alcohol, drugs, gambling, or womanizing. And sometimes it is the occurrence of cancer or AIDS that brings a man to see a therapist. Most men hate feeling vulnerable

and hate the idea of having to go see someone for help.

In therapy, men's traditional self-protective mechanisms get in their way. Afraid of dependency, they do not admit they are glad to have someone to talk to. Because they are afraid the therapist will think they are unmanly, they do not show their feelings or talk about their sexual difficulties. And because they learned very early never to trust another man, they keep the therapist at arm's length or entrap him in seemingly endless tangents.

Freud (1937) made this comment about such men:

> At no other point in one's analytic work does one suffer more from an oppressive feeling that all one's repeated efforts have been in vain, and from a suspicion that one has been "preaching to the winds," then when one is trying to persuade a woman to abandon her wish for a penis on the ground of its being unrealizable or when one is seeking to convince a man that a passive attitude to men does not always signify castration and that it is indispensable in many relationships in life. The rebellious overcompensation of the male produces one of the strongest transference-resistances. He refuses to subject himself to a father-substitute or to feel indebted to him for anything, and consequently he refuses to accept his recovery from the doctor (p. 252).

Object relations theory attributes this characteristic power struggle to the expression of a narcissistic trait, a trait shared by a large number of men. Kemberg (1975) insists the therapist must confront and interpret the anger that lies behind the client's need to seize power in the consulting room, whereas Kohut (1971) encourages the therapist to empathize with the pain

and hurt that underlie the anger. On the one hand, the man devalues the male therapist in order to feel superior (meanwhile despairing of ever finding a father substitute powerful enough to help him); on the other hand, he wishes the therapist will prove to be quite powerful but worries lest his envy of such a powerful man get out of control. The therapist must avoid choosing either horn of the man's dilemma, and must find or create an opportunity to talk to the client about this pattern in his relationships. Perhaps during a course of therapy the psychological roots of the man's need to both devalue and idealize other men can be uncovered, and the client can overcome the ambivalence that prevents him from feeling close to others.

The therapist must figure out a way to connect with the man, to gain his trust. The dominance/submission issue figures prominently. I felt I must not act too submissively with Bill, for instance giving in and creating an evening hour for him, lest he judge me a pushover and decide that no man as weak as I seem to be could ever help him with his problems. (Of course, if I happen to have an evening hour open, why be inflexible?—his conflicts about power will show up again in another context.) But I knew if I did not accommodate his bid for power, he would feel too small and intimidated in my presence to trust me and open up.

Another client, Arnold, had to get past that hurdle before he could derive any benefit from psychotherapy. At first he was uncomfortable in my

office. He coped with his anxiety by being very intellectual. He cited scholarly references in the middle of making a point. He would pick apart the comments and interpretations I offered. I became defensive. Feeling battered, I began to stand up to him a little more. At one point I even insisted that an interpretation was correct, and that he was denying it. He arrived for the next session stewing. He said he was very disappointed in me, losing my cool and attacking him as I had done in the previous session.

I was taken aback. I had not felt that the last session had ended badly. We had eventually arrived at a revised interpretation that we both agreed fit his situation, explored some of the reasons he needed to deny the validity of my interpretations, and the session had ended on a warm note. Now he was clearly angry at me. He felt he had reason to be:

"It was your insensitivity. I was very hurt by your accusation that I purposely deny the validity of your interpretations. It's hard for me to be talking to a therapist. I'm being as open as I can with you, I'm trying as hard as I can to share my feelings. Maybe I have to put up an intellectual smokescreen occasionally, but you're a therapist and you should know that's just to cover up my nervousness."

During the first phase of this man's therapy I repeatedly found myself fluctuating between a feeling I had to stand up to him or be seen as too weak

to help, and the feeling that I had to be more gentle, more empathic, and more responsive to his pain and vulnerability.

The negotiation around scheduling offers an opportunity to talk about conflicts men have about engaging each other on an intimate level, and the problems the client has coming to another man for help. It is the accuracy and relevance of the therapist's comments and interpretations that convince the man that this therapist has sufficient power to help him with his problems, but it is the therapist's empathy, warmth, and his willingness to respect the client's defenses and slow the pace of interpretations that permit the client to trust the therapist enough to open up a little more about his conflicts and fears.

Rudy arrived for his first appointment fifteen minutes late. He had been laid off from a very prestigious and lucrative job, and he was depressed. The layoff shattered his image of himself as a star: a star athlete and student body president as a youth, a star businessman as an adult. He became depressed and impotent. He was unable to face his friends, much less talk to them about his feelings. He was not even able to ask them to serve as references on job applications. And he was so depressed he could not imagine interviewing for a new job—he feared his depression would be obvious and he would be rejected. We began a course of psychotherapy. No time was designated. I shared my understanding of our agreement as of the end of our first session:

"We will get started, we'll see what we uncover and what improvements result, and then we'll talk again about how long we should go on meeting."

His depression lifted after four or five weeks. He failed to appear for our sixth session. I phoned. He told me that he was feeling better and would not need to come to see me anymore. In fact, he had found a job a few days prior to the missed session, and merely forgot to call and cancel. I said I was happy about his good fortune, adding that I would have felt better if he had called and cancelled. In fact, I told him, I thought it would be a good idea for him to come in for one more session where we might have the opportunity to talk about ending this therapeutic relationship; I would feel better about parting, and my guess is he would too. He agreed. Rudy began the session with an apology for having "hung me up." I asked:

"What was that all about?"

"I guess I just got so excited about getting the job, and I had to get busy getting ready to work, I guess I just forgot about the appointment."

"That explains your not cancelling. But I wonder if there isn't more to discuss about the incident. For instance, could it also be that you're not real happy about having to be in therapy, and you're anxious to get it over with? And isn't it pretty tough to say goodbye in person?"

He agreed on both counts. I suggested that he might gain something from spending a little time talking about why it is so hard for him to say goodbye in person. He admitted the pattern is familiar, for instance he repeatedly finds himself ending a relationship with a lover by just never seeing or calling her any more. He wonders out loud whether it might be better to call a woman up and talk about ending the relationship. He thanks me for making that connection between the ending of this therapy and the ending of his romantic relationships. In fact, he continues, he really appreciates all the insights I've shared with him.

"You should know this short therapy has done me a lot of good. I think you must be pretty good at what you do."

He confesses his sadness about our parting. I tell him I am sad about our parting too, and leave the door open for him to return to see me as needed.

Sometimes, when it is clear the new client alternates between idealizing and devaluing the therapist, it helps to tell him that he might feel like leaving after a few sessions when he feels a little better. Then, when the client does begin to feel better and thinks of terminating therapy precipitously, he will remember that the therapist predicted this might happen. The prediction serves two purposes: The client might be impressed with the accuracy of the prediction and begin to value the therapist's interventions more; and the

prediction creates a bind for the client who is intent on proving the therapist wrong—if he does terminate precipitously the therapist was correct in his prediction. This might cause him to reconsider terminating, at least long enough to discuss the issue with the therapist. Arnold Goldberg (1973) outlines a useful strategy for therapists working briefly with men who suffer from what he terms "narcissistic injuries," the first step being to empathize with the man and support his faltering self-esteem. Only after a modicum of self-esteem is restored will he be able to listen to interpretations.

Problems Filling Emotional Space

There is another kind of male therapy consumer. Instead of swaggering and trying to take over like the men I have described, these men tend to be shy and uncomfortable in a therapist's office. They admit they do not quite know why they have come and ask for a lot of directions from the therapist about how they should act.

One man explains: "It's better if you ask the questions, I've never done this kind of thing before, I wouldn't know what to talk about."

Another tells me: "You're the expert. I want to figure out how to tell you what you need to know to get me patched up. If I just ramble we'll never get to what you need to know."

They also cannot say with much conviction how they are feeling, and complain they do not really know their true desires. For many of these men it is a matter of taking care of others' feelings so much that they are out of touch with their own. These men do not operate on the premise that when one man sets foot in another's office a battle for power must ensue. They are more interested in pleasing the therapist than they are in battling for power.

Are they merely laying down on their backs and saying they give up, that the therapist is boss? Are they surrendering to the Oedipal father? Or are they too mature, too well-grounded to engage in battles with me? Are they assuming they should follow my lead if they want my help? Or do they have little or nothing to say? Maybe they are so out of touch with their feelings and so unpracticed in talking about what is on their minds that they simply cannot speak extemporaneously to a therapist. In any case, the contrast between these men and the ones I first described makes one wonder if the second group is not just bending over backward to be certain they do not appear as narcissistic as the first group.

There is a flatness among these men. They have great difficulty filling emotional space in the consulting room, just as they do in their everyday lives. They do not initiate conversations or express feelings. They do not speak of inner events in the time we have together. Most importantly, they lack vitality and spontaneity, and seem unaware they have some

responsibility for keeping our encounter alive. These men are not simply depressed. One can talk about depression in a dead way or with a certain amount of aliveness; one can slump in the chair and speak in monosyllables or one can gesture with one's arms and sob. Of course, depression plays a part in each man's story. But there is something here about gender, too. Men tend to have difficulty filling emotional space.

There are a number of explanations of a man's inability to fill space in an interpersonal encounter. Eva Seligman (1982) calls these men the "half-alive ones," and suggests that their lack of vitality is a result of their childhood experience in a family with an emotionally absent parent, usually the father. Sean Cathie (1987) believes the man's passivity and lifelessness arise from an over identification with his mother and a lack of sensitive male role models. Richard Meth argues that men are devoid of feelings because they are encouraged to express only what is permissible according to the rules of traditional masculinity and to avoid behaving in feminine ways, and this means they are conditioned not to express feelings.

Heinz Kohut (1971) feels these men suffer from a "disorder of the self," expressed as "insufficient narcissistic libido." Essentially, Kohut believes that a certain amount of attention—for instance, parents clapping or beaming when a child takes a first step or says his first word—is required for an individual to develop the sense that he or she has something to offer that

deserves attention or applause. If parents were too narcissistic themselves to provide enough empathy and attention at certain critical moments, then the child grows up with a disordered sense of self and an inability to express himself with any animation and force.

Alice Miller (1981) describes people who, from infancy, learn that their parents cannot consistently care for them, and that, in order to feel connected to such narcissistic parents, they must in effect take care of their parents. As adults, such people tend to be better at taking care of others than they are at expressing their own feelings, desires, and needs. Men who fit this pattern tend to take care of their partners very well, but rarely demand attention to their own needs, and on account of this tendency become depressed.

There are many explanations for men's difficulties in filling personal space and space in the consulting room. As I explained in

Chapter One, I believe that many of these men are trying so hard not to be brutish that they have difficulty doing or expressing anything very forcefully. Of course, all of these explanations of men's lack of vitality are additive. When a child lacks a sensitive role model, is the recipient of little or no applause for his early achievements, grows up thinking his job is to take care of others, and wants to avoid being a brute and putting himself forward too forcefully, he is predisposed to develop into a man who is incapable of

filling emotional space.

What about male clients with women therapists? Helen Meyers (1986) believes that the gender of the the therapist does affect the treatment, "but only in terms of the sequence, intensity, and inescapability of certain transference paradigms in therapy" (p. 263). Michele Bograd (1990) describes some of her experiences treating men, including her feeling intimidated by men's anger and feeling she should be the one to fill the void between the two participants. She relates these themes to the reality of domination and gender inequity in our society. Teresa Bemardez (1982) explains how women can utilize traditional female capacities to aide their therapies with men. For instance, the woman can begin with tenderness and openness as the man begins to share his feelings, she can give him permission to openly grieve, and she can tolerate the love he feels in the transference as well as the rage he displays when he feels rebuked. I find I learn quite a bit about men in therapy by reading the reports of women therapists, but there are also differences when men treat men.

One strategy I find useful with men who are unable to fill emotional space is to look for moments of real aliveness in the therapeutic encounter and then ask why there are not more moments like that. For instance, when one male client begins to talk about his parents and his early childhood, I am quickly bored by the deadpan presentation of facts. He mentions a fishing trip

he went on with his father, his face seems to light up, and there is more intonation in his voice. Then he returns to the chronology of childhood events and his voice becomes flat again. I comment about the momentary sign of liveliness and he tells me the fishing trip was a wonderful event. I ask why he said so little about it, in spite of the fact it seemed to be the part of the story he was most excited about, and he says:

"I thought I was supposed to tell you all about my past. If I say more about the fishing trip we'll never get done with the whole story by the end of the session."

In other words, this man thinks that completing the story is more important than selecting a part that is compelling for some reason. Since I never asked him to talk about anything in particular, I ask where he got the idea he should complete his chronology.

He responds: "I thought that's what you're supposed to do in therapy."

Next we talk about the difference between talking about what one is "supposed to" talk about, and choosing one's own agenda with a therapist or with anyone else.

He says: "I guess I'm not very good at knowing what I want to talk about."

I ask if this might explain the flatness in his voice. He gets the point and decides to continue talking about going fishing with his father. Meanwhile, his voice and gestures seem more animated.

Another male client admits that he tones himself down in various situations, especially in the company of men, because he fears that a display of his enthusiasm and wit might threaten other men, or make them envious, and then they might attack him. If therapy is successful, the male client learns to stay in touch with feelings and desires, and no longer needs to grimace uncomfortably and hunt frantically for words when asked how he is or what he would like to do or talk about.

A Therapeutic Men's Group

A few years ago, as I sat in my consulting room listening to one man after another flatly and matter-of-factly relate his story, I decided to try to bring these men together in a group. Many of the issues these men brought to therapy were related to conflicts around being a man. I thought it would be worthwhile to talk about them in a group. I had been in a leaderless men's group for several years and learned first hand about the ambivalencies surrounding modem manhood. I felt I could share some of what I had learned, and perhaps help a group of men connect and relate in new and meaningful ways (Gordon & Pasick, 1990; Solomon &. Levy, 1982; Stembach, 1990).

I invited most of the fifteen men I was then seeing in therapy to join the group. Less than half opted to do so and one could assume that those that did tended to be more willing to admit their dependency feelings. Two gay clients declined, saying they did not want to be put in the role of instructing straight men on how to be intimate with other men.

During the early group sessions the group had difficulty filling emotional space. It seemed to have trouble getting started, both at the beginning of sessions and whenever a member's issue had been discussed for awhile and it became obvious it was time to move on. I could tell from the glances directed my way that the men were being less than spontaneous out of concern about my approval, a dependency issue that must be addressed periodically in any therapy group. We discussed concerns about any one of them "hogging the floor," and fears that without me to lead and control the discussion, petty squabbles would erupt. I thought more about why the feeling of emptiness prevailed and I eventually asked:

"Why is it so hard for anyone to think of something to say next?" The response sounded straightforward:

"It just isn't easy."

After some discussion, everyone agreed it was something about being men and the group discovered a shared pattern among several who are

married or in long-term committed relationships: Each man relies on his partner to a great extent to supply the "juice" between them. Without the partner present, these men lack knowledge, drive, or passion to produce the juice. How can a bunch of men who are all dependent on women to make them feel fully alive hope to generate any emotional life in a group therapy setting with a relatively silent therapist?

I notice that each time a group member raises a personal dilemma, the group talks about the man's problem for awhile and then begins to repeat itself as if no one knows how to attain closure on one topic and move on to the next. I step in a couple of times, ask the man who presented his dilemma if he has gotten what he wants from the discussion, and when he says he has I ask who else wants to share a dilemma. The third time this pattern is repeated I elect to remain silent, and the group perseverates on one member's dilemma. I ask what is going on. The men eventually arrive at the conclusion they are all hesitant to interrupt a discussion of one man's issue in order to raise their own. They are aware of an urge to interrupt, but they repeatedly decide that would be rude, and they do not want to act too aggressively in the group. I ask why not and we proceed to a discussion of their fear of violence erupting in the group.

"So," I introject sharply, "the group's fear of rivalry and violence causes a certain deadness in the room!"

They agree, and one says that in mixed groups he usually leaves it to the women to shift the topic of conversation:

"They seem to be able to do that without anyone getting too upset about being cut off."

What I see in the consulting room raises questions regarding men's ways of relating. Can men construct with each other a relatedness which is compelling, safe, and allows them to draw energy away from their lives with women? This is an important question for many reasons, one being that couples are finding that the quality of their primary intimacies is better when both have close friends. And if the woman has close friends while the man does not, the inequity can create serious tensions in the primary relationship. In Chapters Seven and Ten I will discuss the importance of same-sex intimacies in the struggle to change gender roles and gender relations.

In a therapy group, where the task is to understand oneself and one's interactions with others, and the leader does not structure the process to any great extent, there are awkward silences. Unless the men change, the group seems doomed to stiffness and boredom. These men do talk to other men—usually at work, or about a particular topic, or while sharing an activity such as watching or participating in sports events. They usually have no trouble filling space with task-related talk in those contexts. And this is very

important. Too often men are criticized for relating only while doing a project or watching a football game. But this kind of shared activity can be the basis for a deeper connectedness between men. Many men report that the man they go to for support when they are in dire need, and the man with whom they feel free to cry, is the man with whom they once survived a frightening ordeal or teamed up with to win an important athletic contest. The problem arises when men fail to move on to deeper levels of intimacy and the mindless doing and watching together becomes the totality of male relatedness.

In the therapy group, the discussion immediately takes off if I give each man a task. When I suggest that each group member spend a few minutes talking about his relationship with his father the anxiety level in the room diminishes. Each man suddenly knows what is expected of him and the members take turns, each giving an orderly if somewhat cursory description of his relationship with his father. It inevitably becomes an emotional event. Someone breaks down and cries, giving others license, or someone discovers a similarity between his experience and that of another member, and feels reassured by the similarity.

During one session a group member shared with the others a very embarrassing problem he was having. At the very last minute of the group session, for a number of weeks, Joe said he had something important to talk about, something that was keeping him from asking a woman out on a date.

For several weeks following the first announcement the group forgot to return to this man's important issue, and he was too timid to mention it again until the final minute. Finally, at the beginning of one group session, one of the members expressed a desire to hear about the important issue.

Joe's face turned crimson, but he was able to blurt out a description of a sexual problem. The men, by this time feeling very close and trusting with one another, were sensitive both to this group member's dilemma and to his embarassment talking about it. A few of the others admitted that they too had experienced sexual difficulties. Someone then suggested that Joe might find it helpful to talk about his problem with a woman, that is, when he meets a woman with whom he feels close enough to be sexual. Joe resolved, in front of the group, to implement the suggestion as soon as he met a woman he liked.

A week later Joe risked asking a woman out on a date for the first time since the sexual problem arose six months earlier. At its next session the group discussed the fact that he had exposed himself to potential humiliation, and was dependent on the group for a sympathetic response if he was to sustain his fragile sense of manliness. But he did take the risk, and permitted himself to be vulnerable for a moment. And other group members said they felt very good about the fact he was able to trust them. Discussion turned to the way men feel they always have to be in control, and how hard it is to permit oneself to be vulnerable or dependent. In the weeks that followed the

upbeat conclusion to this episode, several men commented that they found themselves thinking about this group experience, and wishing they could have had discussions like that with their fathers. As the discussion proceeded past the moment when tears became evident in the eyes of several members, I noticed that the group seemed more consistently vital, the problem filling space having disappeared for the moment. Several members of the group reported that, in their lives outside the group, they were taking more risks of the kind Joe had taken, and were finding that they felt closer to the people with whom they were taking the risks.

Friendship and the Termination of Therapy

After the original crisis that propelled a man toward therapy is close to being resolved, he often discovers other reasons for seeking help. Perhaps he also very much wanted to discover how to feel more alive, how to play and have fun, or how to bring vitality into his intimate relationships. It is more difficult for men to admit that they would like to be able to have friends again, close buddies like the ones they had in high school or college. Typically, after the acute symptoms subside, men are faced with a choice about continuing therapy. The man can continue in therapy and probe deeper, hoping to change more longstanding patterns. Or he can terminate this therapy and return at a later date if he feels the need. Or he might want to enter a men's group, with or without a therapist as group leader.

John remained in therapy nearly three years. He attended semi-regularly. He cancelled an average of one out of three or four weekly sessions. Each time he entered the consulting room he apologized for having to be here again, seemed a little perplexed about why he continued to see me, and proceeded to explain a problem that was troubling him in his marriage, with his children, or at work. Typically we put our heads together and solved the problem, or at least found a next step to solving it, and explored some of the psychological conflicts that made the problem seem so familiar. Sometimes we talked about his wish that his father would have spent this kind of time problem-solving with him. His father had always been too busy. John would stop just short of saying he appreciated my efforts.

In the middle of a scheduled three-week break in our sessions John called to say he would not be able to come to our next appointment. The message contained no return phone number and he said he would call when he was ready to reschedule. That seemed an instruction not to call, so I heeded it. Two weeks later I received a lovely note from John in which he thanked me for being so helpful and told me he felt the therapy had accomplished quite a bit. He felt changed in some ways, which he briefly described. And he said his ambivalence about dependency remained, and he was choosing to sever our therapeutic relationship for now and this was the only way he felt comfortable doing so. I honored his request and did not phone or write.

Other terminations proceed in more orderly fashion. I have written extensively about the termination phase of therapy (Kupers, 1988.) Here I will address one issue that comes up during the termination phase, a crucial one for men: friendship. Friendship is problematic for the average man. He has many "buddies," guys with whom he works, plays sports or "hangs out." But he has few if any male friends with whom he can share his emotional life. The average middle class white male is more likely to share his personal experience with women: a wife or long-term partner or women friends whom he finds more trustworthy and more "there" than any of his male buddies. This was a theme in the therapy group. Men usually discover that they like talking with a therapist about their inner lives. Whereas the men in the group can practice new ways of relating with each other during sessions, men in individual therapy have to find men in their everyday lives if they are to put into practice what they learn in therapy about feeling more connected and alive in their relationships.

Many men enter therapy during a crisis in a primary relationship. If a man's female partner is his main or only confidante, and she becomes furious with him during a stormy period in their relationship, he is left with no one to talk to about his situation. So he goes to see a therapist. The therapist becomes his sole confidante. If, during the course of therapy—as one hopes—the relational crisis is resolved, the couple is once more on speaking terms. Then, with his partner in his comer again, the man chooses to terminate

psychotherapy. What, I usually ask him, will happen the next time he and his partner get into a fight?

Men admit they have few real friends. And they do not understand why. There are the oft-cited theoretical causes—homophobia and societally induced competition and distrust of other men—but on a personal level, men have a hard time explaining why they have never succeeded at maintaining close male friendships. I have explored two patterns in therapies where both participants are men: a continual battle for dominance, and a problem filling emotional space. These two patterns also crop up in men's same-sex relationships outside of therapy. Perhaps the lessons of therapy can be usefully applied to friendship. By controlling power struggles and exploring their roots and then building on the moments of real vitality that do occur in the consulting room, perhaps men can leam to deepen their same-sex intimacies.

If a man wants to explore this in psychotherapy, the therapist can be a great help, especially as termination nears. The therapist asks the obvious question: Who will replace me as the sole confidante outside your primary relationship? Of course, there are important differences between a therapeutic relationship and a friendship, but to the extent the therapist's presence in a man's life satisfies certain here-and-now needs for intimacy, the client must work on finding others to fill those needs. In other words, an

examination of the client's network of intimacies might usefully be part of the agenda for therapy during its termination phase. The therapist can help the client get started building the network of intimacies that will make the therapist's absence from that network tolerable for the client. I am convinced that until that task is accomplished, the client is not fully prepared to terminate. Since friendship is such an important issue for men, I will devote the next chapter to its exploration.

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