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The American psychological Association's practice guidelines for men and boys: Are they hurting rather than helping male mental wellness?

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ABSTRACT

Introduced in 2018, the American Psychological Association's (APA) Practice Guidelines for Men and Boys was intended to provide helpful direction for practitioners when seeing male patients. This followed in the tradition of other practice and clinical guidelines for clinical work with specific identity populations. However, the practice guidelines for men and boys quickly became controversial given concerns that the guidelines were disparaging of men and boys, particularly those with traditional values and sought to impose progressive or feminist gender norms and ideologies rather than remaining focused on clinical wellness and empathy. This review finds that, though the guidelines were offered in good faith, many of the critiques are likely valid. Specifically, the guidelines failed to acknowledge significant evidence for biological influences on gender (e.g., hormonal, and hypothalamic influences on gender identity and gendered behavior), were unintentionally disparaging of traditional men and families, and were too closely wedded to specific sociocultural narratives and incurious of data not supporting those narratives. It is concluded that there are reasonable concerns that the current guidelines may do more harm than good by dissuading traditional men and families from seeking counseling.

Public Significance Statement: The APA recently released guidelines for therapeutic treatment for men and boys. However, significant concern has arisen that these guidelines may have inadvertently disparaged traditional men and boys, discouraged men from seeking therapy and done more harm than good.[1]

In August 2018, the American Psychological Association (APA; American Psychological Association, 2018a) released their practice guidelines concerning treatment for men and boys. These practice guidelines followed other practice and clinical guidelines for specific identity groups, such as for girls and women, transgender and gender nonconforming individuals, older adults, etc. Despite the ostensible value of such guidelines, they became controversial following an APA Monitor article and subsequent tweet for the guidelines in January of the following year which stated, "They draw on more than 40 years of research showing that traditional masculinity is psychologically harmful and that socializing boys to suppress their emotions causes damage" (Pappas, 2019). This caused significant controversy, both in the conservative community and among many psychologists, that the APA was disparaging men with traditional values linking such values to gender-role strain, limited psychological development, poor mental health and reduced physical health,[2] and endorsing a progressive political worldview rather than objective science and empathic clinical guidelines. This article considers the controversy, the data to support (or challenge) the APA's practice guidelines and how the APA specifically and psychologists more generally can learn from this episode.

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[1] It is noted upfront the fraught nature of using the term "feminism" in a way to imply a uniformity of thought. Feminism, in fact, consists of multiple, sometimes opposing threads. For instance, liberal feminism which focuses mainly on practical outcomes and working within the current system, would likely agree with many of the criticisms of the guideline for men and boys. Thus the term "feminism" here will be used to reflect mainly worldviews that fall under what has historically been called "radical" feminism, including more recent variants (which, it is acknowledged sometimes conflict with radical feminism on some issues such as transgender issues) such as intersectional feminism.

[2] The guidelines typically put this in clear and deterministic causal language, despite often being based on correlational studies with weak effect sizes. For example (citations removed) "For instance, socialization for conforming to traditional masculinity ideology has been shown to limit males' psychological development, constrain their behavior, result in gender role strain and gender role conflict, and negatively influence mental health and physical health."

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1. A brief history of the APA's practice guidelines on men and boys

The APA Board of Directors began the process for developing the guidelines in 2005, providing funding in September of that year. The guidelines were developed largely by the Boys and Men Guidelines Group of Division 51 (Society for the Psychological Study of Men and Masculinities). Although personnel understandably changed over time for a project spanning 13 years, prominent involvements have been credited to Fred Rabinowitz, Matt Englar-Carlson, Mark Kiselica, and Ronald Levant as well as Nathan Booth, Zachary Jones, Ryon McDermott, Matthew Kridel, and Christopher Liang (American Psychological Association, 2018b). Development of the guidelines continued through 2016 when a draft was submitted for 60-day open review as per APA policy. Following this, the proposed guidelines were reviewed by multiple internal APA boards and committees and finally voted on and approved by the APA Council of Representatives in 2018,[3] despite some objections raised as to its scientific integrity. It is not clear either how transparent or effective any of these "review" procedures were, particularly in light of latter controversies. Specifically, there is no documentation of efforts by the APA to reach out to men's groups or conservative groups outside the APA. The comments from boards does not mention comments from the Board of Scientific Affairs.[4] Comments from the open review or evidence that the open review period was effectively publicized are also not available. In personal communication (January 2021), Dr. Englar-Carlson described the APA central as being largely "hands off" for most of the project, aside from the very beginning and end with himself and several others being the primary drivers of the guidelines (he and Dr. Rabinowitz were on it from beginning to end, though he described it as a team effort).

Controversy began roughly six months after approval by the Council of Representatives when the APA Monitor published an article on the guidelines (Pappas, 2019). The APA also tweeted a link to that article which appears to have gotten the most notice. The APA Monitor article appeared to very specifically target traditional masculinity as harmful which predictably raised the ire of conservatives. What followed was perhaps a predictable culture war battle, with both sides ratcheting up accusations and defenses. For instance, conservative media (e.g., Dreher, 2019) claimed the APA had made traditional masculinity a mental health disorder which it had not done (and had not the power to do, mental diagnoses being the purview of the American Psychiatric Association). However, liberal media seemed to get largely the same message, if less disapprovingly. "Traditional masculinity can hurt boys, says new APA Guidelines" was one New York Times headline (Fortin, 2019) whereas the search tag for an Atlantic article was "Traditional masculinity can be harmful, psychologists find" (Mull, 2019). Though the APA can't control media coverage, the tone of the message began at least with the APA Monitor article. However, if one goal of the guidelines had been to encourage more men to seek out the benefits of therapy, there are reasonable concerns it may have accomplished the opposite.

Many psychologists both criticized and defended the APA guidelines. The critiques (e.g., Whitley, 2019; Wright et al., 2019) focused on several areas. First, that the empirical basis of the guidelines was shaky, particularly as related to conceptualizations of gender, male behavior, and traditional masculinity. Second, that the guidelines were wedded to specific ideologies that were poorly suited for concerns over men's health and which resulted in incuriosity about data conflicting with the guidelines. And third, that the language deploring traditional masculinity or, as the guidelines refer to "masculine ideology" or "dominant masculinity" or "masculine identity", would discourage many men and their families from seeking treatment, doing more harm than good. By contrast, other psychologists approved of the guidelines and defended them (e.g., Speaking of Psychology, 2019).[5] At present, the guidelines remain official, set to expire in 2028.

2. Critiques of the practice guidelines

As noted earlier, the practice guidelines were criticized on both factual grounds as well as ideological grounds (e.g., that the guidelines were too closely wedded to feminist and intersectional theories at the expense of other approaches to understanding men's issues). This article does not spend time on some outright misrepresentations of the guidelines (e.g., that they declared traditional masculinity a mental illness), but rather examine substantive critiques, particularly from within the psychological community.

2.1. The guidelines overstated the harm of traditional masculinity

It may be fair to think of traditional masculinity (or, for that matter progressive masculinity, traditional femininity, feminism, etc.) as a collective description of related traits, some of which are positive, some of which may be negative. This can relate to two issues. First, *negativity bias*, particularly when psychologists themselves hold traits (e.g., progressive masculinity, feminism) that are divergent from traditional masculinity, they may focus exclusively on the negative rather than positive qualities. Second, given wider problems in psychology with the replication crisis and a tendency to overestimate the value of trivial, perhaps noise effects (Ferguson & Heene, 2021), the case for negative effects may be overstated. With that in mind, our profession should be cautious not to reduce traditional masculinity to only it's negative components, and also reestablish higher standards of evidence in regard to asserting the presence of negative impacts.

To be fair to the guideline authors, part of the problem came in messaging, particularly the APA Monitor article which stated, "The main thrust of the subsequent research is that traditional masculinity—marked by stoicism, competitiveness, dominance and aggression—is, on the whole, harmful" (Pappas, 2019). Yet the same article, quoting practice guidelines coauthor Ryon McDermott states "The clinician's role, McDermott says, can be to encourage men to discard the harmful ideologies of traditional masculinity (violence, sexism) and find flexibility in the potentially positive aspects (courage, leadership)."

The guidelines themselves use multiple terms somewhat interchangeably including "traditional masculine ideology", "dominant" or "hegemonic" masculinity. Some of these terms, such as hegemonic masculinity are controversial, even within the men and masculinities or feminist frameworks from which they are derived (e.g., Demetriou, 2007; Moller, 2007; Thompson & Bennett, 2015). The document defines "masculine ideology" as involving "anti-femininity, achievement, eschewal of the appearance of weakness, and adventure, risk, and violence" early on (page 3), but later includes "emotional stoicism, homophobia, not showing vulnerability, self-reliance, and competitiveness" (page 11). The guidelines generally associate traditional masculinity with negative outcomes. For instance, on page 3, the document states (citations removed from the quote) that "socialization for conforming to traditional masculinity ideology has been shown to limit males' psychological development, constrain their behavior, result in gender role strain, and gender role conflict, and negatively influence mental health and physical health. Indeed, boys and men are overrepresented in a variety of psychological and social problems." Thus, it is

[3] Full transparency: this author served on the APA Council at this time.

[4] It is, of course, possibly they were somehow missed, or they weren't included in the copy this author had.

[5] Interestingly, this podcast episode by the APA features two women, host Audrey Hamilton and expert Dr. Wizdom Powell speaking about mental health and the dangers of masculinity. It seems likely had two men discussed the dangers of femininity, this would have been received more negatively.

likely fair to read the practice guidelines as at least fairly negative in their view of traditional masculine values (what the document refers to as ideology). Further, though the observation that men are over-represented among some (but not other) negative health outcomes is true, it is an open question the degree to which this can be ascribed to "traditional masculine ideology", which appears to imply a tabula rasa perspective, as opposed to significant evolutionary and biological influences on male and female behavior.[6]

The first concern is that the term "traditional masculine ideology" appears to conflate numerous constructs, some of which are undeniably negative (e.g., violent behavior, homophobia) with others that are arguably portrayed as negative, but which may be positive (stoicism, achievement orientation), etc. It is also not clear the degree to which individuals who identify as "traditional" men would agree that the negative qualities define their worldview. For instance, are "traditional" men universally homophobic, encouraging of violence including toward women, always taking risks, etc.? Though good intent is not questioned, this perspective of traditional masculinity may itself promote negative stereotypes and prejudices held by liberal and progressive psychologists. Given that liberal bias has been well-known in psychology for decades (e.g., Redding, 2001), the failure of the guidelines task force to connect with traditional voices, groups and stakeholders or include working groups with conservative men to better understand the psychological issues important to them seems like a major misstep. Generally, most clinicians work under some understanding of *do no harm*. Thus, it could be argued that the APA had a particular duty to consult with conservative or traditional stakeholders before publishing a document that could foreseeably be read as propagating stereotypes of traditional men (and, by extension, their families). Other practice guidelines have included community representatives (though the degree to which they are listened to has been criticized, see Courtois & Brown, 2019), and to argue that men and families with traditional values are not stakeholders in these APA policies, or would not have important insights that could help the APA develop them, would seem ideological limited and marginalizing.

But how strong is the evidence linking traditional masculinity to negative outcomes? The practice guidelines do cite a large number of articles (albeit more often reviews than original studies) in support of their conclusions. However, this raises several important questions. First, what were the effect sizes of these studies (particularly controlling for other variables)? Second, what was the internal and external validity of these studies? Third, is their evidence for publication bias or researcher expectancy effects?

In this regard, the current article focused initially on several meta-analyses which appeared relevant, although they were few in number. One early meta-analysis (Whitley, 1985) suggested somewhat complex relationships, with masculine traits overall associated with positive mental health outcomes for both men and women. One more recent meta-analysis, cited in the guidelines (Wong et al., 2017) found only weak associations between traditional masculinity and either negative or positive mental health outcomes, with most bivariate effect sizes well below the $r = .20$ threshold sometimes advocated for interpreting a finding as practically or clinically significant (Ferguson, 2009). Bivariate effect sizes generally overestimate the strength of evidence as they lack theoretically relevant controls. A request for the raw data for this meta-analysis was, unfortunately, not returned. As such, it was not possible to verify the results of this meta-analysis, nor conclusively examine for publication bias.

Another meta-analysis examining masculinity and PTSD (Kaiser et al., 2020) conceded that, for some outcomes, relationships became non-significant when controlling for confounders. They didn't report effect sizes for multivariate relationships, so it was difficult to ascertain whether other effect sizes had been reduced to triviality even if remaining "statistically significant".[7] The authors also seemed to suggest that studies applying theoretical controls were quite uncommon. The current article reanalyzed the data from this meta-analysis using the basic effect size data in their Table 1.[8] Using Comprehensive Meta-analysis, results indicated some publication bias, reducing the observed effect of (random effects) $r = 0.215$ to about 0.195. Reanalyzing the results with p-checker in ShinyApps with the PET/PEESE procedure, suggested publication bias adjusted the effect size down to .158. It must be recalled that these are *bivariate* effects, and it appears from the author's narrative that including theoretical controls reduces this effect size further. As such, these effects are not strong evidence for the hypothesis traditional masculinity impacts PTSD rates.

There are reasons to think that such weak effect sizes, particularly based on bivariate correlations, likely are an upwardly biased source of evidence. First, as noted, the inclusion of theoretically relevant controls appears to reduce these effect sizes. Second, demand characteristics are likely evident in many of the studies. It is likely obvious from questions being asked what the hypothesis of the study is in many cases. Such demand characteristics coupled with single responder bias (Baumrind et al., 2002) can inflate effect size estimates. Third, the researchers' own expectancy biases can inflate effect size estimates. Psychology has been roiling in a replication crisis for over a decade, wherein mass replication projects are suggesting that as many as 50–66% of studies prove difficult to replicate under rigorous conditions (Klein et al., 2018; Open Science Collaboration, 2015). Most of this research area on traditional masculinity has not been conducted under conditions of preregistration or other open science principles. Note, bad faith is not implied, but for any research field with potential ideological and moral biases (see below), the potential for false positive results is very high. Indeed, in other areas of research, it has been shown that best practice studies which avoid these pitfalls tend to produce weaker effects than those that do not (Ferguson et al., 2020; Kvarven et al., 2020). Preregistration is increasingly advocated across all types of psychological studies to reduce the problem of spurious, inflated effect sizes that can come from researcher expectancy effects (Strømland, 2019). This field has not always invested in these concerns. However, this field should be offered some praise as well for scale construction which has been rigorous and avoided some pitfalls of scale invalidity (Hussey & Hughes, 2020; though also see Wetzel & Roberts, 2020, for a critique of that analysis). I provide some examples of individual studies and their limitations, though to save space, I make them available in supplementary online material at: https://osf.io/rcw6g/

As to specific issues such as whether "suppression of emotions" (as in the APA tweet) or stoicism is linked to mental health outcomes, there does not appear to be much clarity on this. "Suppression of emotions" is vague wording and can mean many things. The roots of Cognitive Behavioral Therapy can, in part, be traced back to stoicism (Murguia & Díaz, 2015). Nor does stoicism appear to be clearly related to help-seeking behaviors (Rughani et al., 2011) or mental distress (Murray et al., 2008). Naturally, the APA may mean something other than stoicism when discussing "suppression of emotions" though the burden is on the APA to be very clear in defining its terms when speaking to the public. However, stoicism was specifically mentioned in both the guidelines and the APA's subsequent communications, despite little clear evidence to link this trait to harm.

[6] Note, I'll generally refer to male and female as a dichotomy while understanding this dichotomy may not describe all individuals. It can be assumed that the current use of these terms here refers to individuals for whom biological sex and gender identity, itself largely biological, is synchronous. No disrespect is intended toward those for whom this may not be true.

[7] Owing to their massive power, most effect sizes in meta-analyses are "statistically significant" and using this as a benchmark for hypothesis support is likely to result in upwardly biased confidence in hypotheses.

[8] Gratitude is offered to Dr. Julia Kaiser for providing the raw data files from her meta-analysis upon request.

2.2. The guidelines ignore evidence for biological inputs into gender identity and masculinity

Guideline 1 of the guidelines states that "Psychologists strive to recognize that masculinities are constructed based on social, cultural, and contextual norms." However, it is not clear that this guideline is based in careful, nuanced, and objective analysis of the complex data on gender identity and masculinity, as opposed to an ideological statement of sociopolitics. This section of the narrative presents masculinity as entirely socially constructed, particularly as part of systems of oppression.

The issue of gender identity is a very complex one, but also a politicized one. It is not uncommon to hear refrains such as "gender is a social construct" which reflects a sociopolitical worldview rather than a scientifically well-established fact. Although it is beyond the scope of this paper to review this evidence in detail, considerable evidence points to neurological processes underpinning gender identity, particularly as related to the hypothalamus (e.g., Berglund et al., 2008; Garcia et al., 2011; Savic et al., 2017). Exposure to sex hormones in utero appears to play a key role in the development of gender identity (Roselli, 2018) as well as traditionally masculine behavior (Auyeung et al., 2009). I note here the distinction between sex, which I refer to as a propensity to produce gametes (sperm or ova) whereas gender identity is one's own sense of being male and female. Although many make a distinction of one (sex) as biological the other (gender identity) as social, the data appear to indicate that, in fact, both have significant biological inputs that must be understood in any discussion of gender.

Likewise, for issues of traditional masculinity (whether in boys or girls), evidence suggests significant hereditary components (e.g., Knafo et al., 2005; Verweij et al., 2016) as well as for stereotypical gender-role expectations (e.g., Cai at al., 2016). To be clear, the point is not that sociocultural factors play *no* role in the development of traditional masculinity. Rather that the development of traditional masculinity involves complex interactions between biological and environmental factors and the guidelines clearly missed an opportunity to discuss these fully. That the guidelines chose to ignore these data altogether, presenting masculinity as defined entirely (if by omission) by sociocultural factors, is a significant exclusion. Withholding this information does not help clinicians understand masculinity in a broader biosocial context. By presenting masculinity as the consequence of oppressive gender norms imposed by society, the guidelines also encourage therapists to challenge and undo traditional masculinity in patients who express it. This opens up a tricky line of thought insofar as it may implicitly give permission to therapists to enforce their own sociopolitical worldviews as they relate to the politics of gender onto patients when this may not be advantageous to the patient's therapy.

2.3. Deemphasis on male agency

Much of the narrative of the guidelines portrays men as buffeted and shaped by social forces outside their control, inherently lacking agency and victimized by these forces. The quote on page 7 "By the time he reaches adulthood, a man will tend to demonstrate behaviors as prescribed by his ethnicity, culture, and different constructions of masculinity" is an exemplar of this phenomenon, though such language is common throughout the document. Such language arguably infantilizes men and encourages the therapist to see their goal as *fixing* masculinity or changing men in ways that are desired by the authors of the guidelines but may not be consistent with the treatment goals of men themselves as they seek therapy.

This approach also causes the guidelines to make basic errors of fact and to otherwise engage in speculation without solid data. For instance, the authors claim (page 15) that media and violent media specifically reinforce linkages between traditional masculinity and aggression. However, recent research, particularly from preregistered open science studies, has called into question any link between media violence and aggression (e.g., Drummond et al., 2020; Savage & Yancey, 2008). Nor does there appear to be a solid basis to suggest masculinity is shaped by media in any non-trivial way (the sources cited by the guidelines are two non-empirical books). This statement would greatly benefit from support from preregistered, open science studies with non-trivial effect sizes, which appears to be entirely lacking. At one point (page 7) the guidelines claim "African American boys and men who feel they cannot abide by hegemonic masculinity standards construct standards of their own, which can take the form of gang behavior, cool pose, and unique dress codes" a highly speculative and potentially racist claim that Black American boys so aspire to and envy White masculinity that they turn to gangs or ethnic dress to compensate.

In most cases of therapy, helping clients achieve a sense of agency, including direction over therapeutic treatment goals themselves, is a key element. It is not implied that the authors of the guidelines had any intent to work against this. However, the language throughout the guidelines appears to suggest male clients may be unaware of social forces influencing them, replacing these social forces with ideologically driven goals that may neither be desired by the male client, nor even in their best interest. For instance, on page 7, the authors invite clinicians to administer self-report surveys such as the Male Role Norms Inventory, the Male Role Attitudes Scale, or the Conformity of Masculine Norms Inventory in order to "… discover the benefits and costs of their gendered social learning …" However, though often used in research, the clinical utility and validity of these scales is unclear for use in practice. The guidelines appear to place exploration of the meaning of masculinity at the center of therapy, though it is unclear under what circumstances therapists should do so. Given how central this argument is to the guidelines (in fact central to Guideline 1), it is unclear whether this guideline is truly in the best interest of the male client or the undoubtedly good-faith social engineering project of the authors themselves.

In some cases, of course, male clients may *want* to explore the meaning of masculinity. But no data is provided to suggest this is a common concern among male clients. Nor is there any consideration of when such goals may cause harm (particularly if the therapist adopts a rigidly non-traditionalist conception of masculinity) or may simply distract from treatment goals the client is actually concerned about. As such, the argument is that a.) therapists should allow clients to take the lead on expressing whether they want to consider masculinity as a construct as part of their therapy and b.) therapists should be aware of any biases they may hold regarding traditional masculinity.

2.4. Stereotyped and prejudicial language

Guideline 1 begins by stating, "Clinician awareness of one's stereotypes and biases against boys and men is a critical dimension of multicultural competence." This is, of course, entirely true. However, the guidelines themselves arguably are filled with stereotyped and hostile depictions of traditional masculinity that contradict this worthwhile statement. It is this issue that may actually *dissuade* many men and boys (and their families) from seeking treatment even if they might otherwise have benefited from it.

Arguably, much of the language in the guidelines describes traditional masculinity as something almost monstrous. For example, page 10, "Additionally, traditional masculinity ideology encourages men to adopt an approach to sexuality that emphasizes promiscuity and other aspects of risky sexual behavior … Indeed, heterosexual men's adherence to traditional, sexist aspects of masculinity has been connected to sexual assault perpetration." The guidelines sometimes add the word *sexist* in as a qualifier, although this is likely to appear as a descriptor of "traditional" rather than a unique category distinct from traditional masculinity. Arguably, most traditional men would be surprised to learn that they are more likely to endorse sexual assault, transmitting STDs, unplanned pregnancies, the perpetration of hate crimes, and causing depression in their life partners. Nor is the evidence presented by the

guidelines in regard to these claims persuasive, built mainly as it is on self-report surveys, sometimes of college students, with few controls for unreliable responding, weak effect sizes and absence of preregistration or other open science practices, though the guidelines also generally cite non-empirical reviews more than is perhaps desirable. Another concern is that some of the studies cited by the guidelines confuse traditional masculine values with gender role *conflict* which is specifically negative (e.g., Breiding et al., 2008). We might reasonably expect dissatisfaction with one's performance in one's gender role to correlate with negative outcomes, but this is distinct from the suggestion that traditional male values are associated with negative outcomes. The failure of the guidelines to make this distinction appears critical.

Not including the references, "violence" is mentioned 37 times in the 20-page guidelines ("violent", a further 14 times). Naturally, violence is an important issue to consider given that men are overrepresented both as perpetrators and victims of violence. However, the topic of violence is not dealt with in a specific section but returns throughout the guidelines. Though likely unintentional, this reinforces the stereotype of men and traditional men specifically as inherently violent, even as the guidelines do try to clarify that not all men are violent. The guidelines, when talking about domestic violence, largely portray this issue as male perpetrators and female victims, once again ignoring considerable data that, in this specific realm, evidence suggests gender parity in incidence and motivation of perpetration (Desmarais et al., 2012). Even if the authors don't accept the evidence for gender parity at face value, it is certainly true that men are sometimes abused by female partners. By ignoring this, the guidelines enforce, rather than detract from, gender stereotypes in ways likely to harm male clients, particularly those whose abuse victimization may be waved off as inconsequential due to this stereotyping.

One defense of this approach is that the guidelines are not discussing men as individuals but rather operationally defined constructs such as "traditional masculine ideology." Yet, this argument is a selective abstraction that would likely be unsatisfying were such constructs applied to other identities involving race, gender, sexual orientation, etc. Further, if a construct such as traditional masculine ideology is problematic, individuals identified as high in this construct have the potential to be stigmatized and stereotyped with significant potential to cause harm. And individuals in the general public are unlikely to be alert to the selective abstraction, differentiating between individuals and constructs.

2.5. Narrow theoretical/ideological focus

One of the concerns that emerged from the controversy in January 2019 was that the theoretical focus of the guidelines too narrowly derived from feminist and intersectional theory. This perception did not appear to be strongly disputed by either the APA or the guidelines authors. This raises several questions, specifically the degree to which practice guidelines should hew to a specific sociopolitical worldview, the degree to which a single theoretical perspective should be prioritized over others, and whether feminist-informed therapy is the best modality for clinical work with men and boys.

Perceptions that the guidelines were constructed under feminist theory could be inaccurate. To gain clarity on this issue, four of the five main authors of the guideline draft were contacted. Their responses varied somewhat but, overall, appeared to confirm that feminist and intersectional theory provided the main theoretical structures for the guidelines. In sensitivity of saving space, I have made the personal communications available at: https://osf.io/g946y/

This returns us to the question of whether it is wise for practice guidelines to hew to a single theoretical worldview. The answer is that if there is a solid bank of research (particularly preregistered, open science research with non-trivial effect sizes) to support a particular theory or therapeutic modality over others, then this may be justified. However, the guidelines provide no evidence to suggest that viewing therapy for men and boys through a feminist/intersectional lens is superior to other worldviews, therapeutic modalities or even a theory-neutral approach.

The opposing concern is whether viewing therapy with men and boys mainly through a feminist/intersectional lens may cause harm to men and boys. This may occur in two ways: first, by misinforming therapists such that they focus on treatment goals and modalities that are not consistent with the needs of their male clients (as opposed to larger sociopolitical views) and second, that adherence to a single worldview may discourage many male clients from seeking therapy in the first place. The guidelines may unintentionally promote stereotypes of men and traditional men in particular. The guidelines may also generally come across as an ideological rather than as a therapeutic or scientific document. For instance, the guidelines, at least 4 times, refer to either society or masculine role norms as "patriarchal". The word privilege appears 13 times (not including references) in the guidelines. Some version of "intersectional" appears approximate 8 times (not including references) in the guidelines. Arguably, this puts a lot of pressure on clinicians to see men and boys through these lenses. However, it is unclear that, say, the out-of-work coal miner, struggling to provide for his family and feeling suicidal is going to benefit from a discussion of his privilege, or an examination of how patriarchy has shaped his perceived role in the world. This is not to say there is a clear linear relationship between biological maleness and traditional masculinity, far from it. But there is little evidence that the approaches advocated in the guidelines would be useful for the very real concerns of men, whether traditional or not. At very least, for practice guidelines to have such a narrow theoretical focus, clear empirical work should be provided that would support this focus. Unfortunately, that is not yet forthcoming. Once again, this raises the question of who the guidelines are for … men and boy clients or those who earnestly wish to reshape society around a feminist/intersectional perspective.

The other issue is whether the wording of the guidelines is likely to *dissuade* men and boys (and also many women and girls) from seeking therapy because the guidelines will suggest therapists find allegiance with a worldview at odds with patients' own. One potential irony of the guidelines is that they appear to highlight traditional men as particularly needing therapy, yet do little to either attempt to understand, speak to, or express an attempt to understand the traditional worldview (and by doing so, arguably violate their own first guideline).

It was foreseeable that the wording of the guidelines would be received poorly by many individuals, particularly more traditional individuals, perhaps sabotaging the very intent of the guidelines to provide better services for men and boys.[9] The controversy that erupted in January 2019 was quite predictable as is the perception that this controversy likely has resulted in *less* trust among men, particularly traditional men, and *less* help-seeking behavior by the same. Again, to be clear, it is not meant to entertain the notion that the authors had anything but good faith, a desire to present their worldview honest and earnestly, with the hopes of helping as many men and boys as possible. However, it's also time to acknowledge that the guidelines have likely done more harm than good and should be immediately reassessed.

3. Moving forward

It is worth noting that these critiques of the guidelines should not be taken as personal slights toward the scholars who worked on them for years. It is also worth noting that the practice guidelines do good work in advancing knowledge of and caring for men with non-traditional attitudes toward masculinity, a very worthwhile effort.

The current guidelines are set to expire in 2028. However, it is argued that the level of potential (unintended) harms, both to men and boys (and their families) as well as to the reputation of the APA are

[9] In fact, this was noted on the day guidelines were voted on in the Council of Representatives meeting. Those arguments did not win the day.

significant enough that revisiting them should not be put off for a further six years. What follows are suggestions for how the guidelines can be reassessed and revisited, hopefully sooner rather than later.

Reach Out to "Traditional" Stakeholders. As noted earlier, psychology has a general issue with liberal bias (Redding, 2001) and, this has arguably gotten far worse in the past 20 years. There are serious concerns this can result in echo chambers, group think, and moral grandstanding that no amount of peer review, limited to this same community, can pierce. This runs the risk of turning APA guidelines such as that on men and boys into little more than entries in the seemingly endless culture wars pounding society at present.

Note, it is not the case that the APA need reach out to conservative communities with every practice guideline. But regarding men and boys, particularly for guidelines that made the choice to focus to such an extent on traditional masculinity, this clearly raised conservative communities as a stakeholder in the guideline process. It is likely that the APA would find it appalling to even consider producing practice guidelines for women, ethnic minorities, or other marginalized groups without reaching out to members of those communities or including scholars who identify with those communities among the authors. However, regarding the issue of men and boys, the APA failed to reach out to conservative stakeholders and men whose worldviews could reasonably be expected to differ from those of liberal/progressive psychologists.

In the future, including the input of conservatives (as well as non-traditional, gay, trans men, etc.) as an integral and ongoing part of the process of developing guidelines could help identify potentially stigmatizing, stereotyping or offensive language, help clarify priorities and roadblocks for men seeking therapy, and provide important challenges to the hegemonic progressive worldview within psychology. The end result may be guidelines that are more nuanced and balanced and less ideological.

In this sense it is incumbent upon Division 51 to reach out to stakeholders beyond their own academic communities (meaning division members or APA staff). Fostering difficult conversations with critics of the guidelines would go a long way both to restoring trust and increasing understanding between divergent views.

As noted above, the practice guidelines provide support for non-traditional men and masculinities is a strength. However, there need not be competition between more and less traditional men. This is not a zero-sum end game. Enforcing, implicitly or explicitly, rigid gender role norms is unhelpful whether those norms come from conservative or progressive social views.

Guidelines Should be Theory/Ideology Neutral. A significant criticism of the guidelines is that they were written from a particularly feminist/intersectional lens. The guidelines authors largely confirmed this, and it is reasonable to suggest that, at very least, the guidelines give this impression. This article does not offer a general critique of feminist/intersectional theory here as such viewpoints are capable both of providing important insights while not being beyond debate. However, the concern is that promoting a particular worldview, particularly one that is reasonably involved in various cultural debates will, by necessity, attract those individuals who agree with that worldview while repelling those who do not. If the intent is to encourage as many individuals to seek therapy as could be helped by therapy, adhering strictly to a particular theoretical worldview would appear to be self-defeating. Indeed, this is, perhaps, one of the primary concerns with the guidelines: they may have specifically *discouraged* many men and boys from seeking therapy specifically because they will be more inclined to believe therapists will come from a different worldview and judge them negatively.

Indeed, given the language of the guidelines, this would not be an unreasonable fear. Too often, the guidelines themselves appear to encourage therapists to see men and boys through the lens of the guidelines authors without considering whether this worldview is the appropriate one through which many or even a majority of men would find help. This can have the unintentional impact of bringing therapists *out* of alignment with their clients, *decreasing* empathy for men and boys with traditional worldviews and result in therapists setting their own goals for therapy rather than letting clients set that agenda. Once again, it would probably be unconscionable for APA guidelines to consider such an approach for any other group.

Of course, this issue applies not only to the current guidelines but may reflect issues with others as well. For instance, other guidelines such as those for video games, have been critiqued as ideological rather than scientific, indeed distorting the scientific evidence to support an ideological goal (Ferguson et al., 2020). Multicultural guidelines may focus on terms such as "equity" though such terms are potentially polarizing, signaling allegiance to left politics (as with the Men and Boys guidelines) rather than a nuanced, neutral position. Ethical guidelines are often based in values, albeit more clearly linked to actual harms and legal cases, though the affair of the Hoffman Report and the APA's involvement in harsh interrogations bears noting. Once again, the concern is not the absence of good faith, but rather that the lack of political diversity within the APA may result in pressure groups creating quasi-clinical or quasi-scientific documents that reflect an official stance of the APA, but which mirror political ideology rather than good science or the welfare of patients.

Other practice guidelines have come under similar criticism. For example, the APA's guidelines for practice on PTSD highlighted CBT, as opposed to other therapeutic modalities, as the treatment of choice for PTSD (American Psychological Association, 2017). However, at about the same time several meta-analyses were published indicating CBT actually had few benefits over other treatments and may have had worse dropout rates in treating PTSD (Carpenter et al., 2018; Steinert et al., 2017). Despite, this evidence, the practice guidelines have made no adjustments or clarifications. The practice guidelines may have specifically excluded other efficacious treatment options such as psychoanalysis (Dauphin, 2020). One article by the chair (and one member) of the committee that helped developed the PTSD guidelines described a process that was inflexible, highly orthodox and which appeared to ignore conflicting evidence from the desired outcome (Courtois & Brown, 2019). As such, there is potentially a pattern of APA practice guidelines providing only partial or misleading information to practitioners.

It is suggested that future guidelines should specifically avoid dominant sociopolitical perspectives and hew much more closely to empiricism and acknowledge the weaknesses of the same. Humans are humans and, of course, the idea of any perspective piece including guidelines being free of any implicit or explicit ideology may be naïve. But it may be helpful for guideline authors to reflect on their own biases and, by seeking input from groups with differing ideologies, this may help prevent the groupthink and conformity which may result from an ideological homogeneous group tacking any particular issue.

The Guidelines Should be Humbler and More Honest. A major criticism is that the guidelines focused solely on "social construction" narratives of masculinity and failed to note considerable evidence for major biological inputs into both gender identity and masculinity. Further, the guidelines over advertise the strength and consistency of the evidence linking traditional masculinity to negative outcomes. From a look at the empirical evidence, effect sizes are generally small to trivial, and potentially inflated by systemic methodological problems, including reliance on self-report, obvious demand characteristics, meta-analyses reliant on bivariate correlations, and conflation of traditionally masculine role norms in some studies with *conflict* over masculine role norms.

The overselling of methodologically poor or inconsistent research is hardly unique to the guidelines for men and boys. For decades, the APA has taken a defensive stance in claiming video games are linked to aggression, despite their task force's own meta-analysis on the topic being reanalyzed as being unable to support such a claim (Ferguson et al., 2020). Similarly, their recent policy statement on spanking has been criticized for misinforming about the conflicted and

methodological weak quality of this evidence base (Gunnoe & Larzelere, 2020, January). These are only two examples, and this is a problem that goes back some time (e.g., O'Donohue & Dyslin, 1996). As noted earlier in the paper, the APA's practice guidelines for PTSD also have come under considerable controversy and may not reflect the current data. Could the concerns expressed in this paper apply to still other guidelines or policy statements? Indeed, they could. Should the takeaway be perceived as expressing a concern with the entire process and outcomes by which the APA produces statements on both practice and science, this would not be incorrect. Indeed, it is advised that the APA could and should thoroughly reexamine their internal processes and whether the regular production of controversial public statements is doing a public good. It is possible the process might be revised to discourage what appears to be problems with echo chambers and ideological capture, or even reconsider whether the regular production of public statements is healthy for science and practice at all. This is not to say the APA should *never* produce public statements, although the bar for scientific certainty should be higher than it currently is, or the APA should become more comfortable than they are with accurately reflecting scientific uncertainty and debate.

This problem is persistent for APA policy statements despite the ostensible multiple layers of review such policy statements are put through. Based on now numerous highly contested outcomes, this review process is arguably not very robust and, at times, actively hostile to any significant criticisms of the policy statements. Others may disagree but the proof, as they say, is in the pudding and the APA is now anchored by multiple statements that are scientifically incorrect and, in some cases, perceived as outright offensive and biasing. Clearly, something needs to be done to have a more rigorous review process at the APA. Indeed, many of the APA's policy statements and practice guidelines may not be worth writing at all. Or, put another way, the bar for detailing "the truth" to the public should be very high and appears to be seldom met by the policy statements currently in existence. When it comes to policy statements and practice guidelines, less may be more.

4. Conclusion

Having practice guidelines for therapy with men and boys is a worthwhile effort. This may be particularly true as the therapy workforce becomes increasingly female (American Psychological Association, 2015) and gender differences, perceptions, and even biases may have an impact on therapeutic relationships. However, such guidelines must be undertaken with care. As for any identity group, guidelines must take care not to increase stigma, stereotypes, and bias, while also fairly reporting on conflicted and methodologically weak evidence. The current APA practice guidelines for men and boys ostensibly fail either as a fair representation of the science, or as a clinically useful tool either for working with men in therapy or improving therapists' understanding of and empathy toward men of diverse backgrounds. It is advisable that the APA to reassess these guidelines out of concern they will do more unintended harm than good.

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Appendix A. Supplementary data

Supplementary data to this article can be found online at https://doi.org/10.1016/j.newideapsych.2022.100984.

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