1   Introduction

A book such as this would not have been written twenty years ago. An awareness of men as gendered is fairly new in health and social welfare. It took some years after the early development of social scientific interest in the social construction of masculinity for academics and practitioners to show an interest in practical engagement with men as gendered – that is, in engaging with men in such a way as to recognise how their identities and conduct are shaped by the way they are raised as men. A very early example of academic literature on the topic was Bowl's *The Changing Nature of Masculinity* in 1985. Around this time, small numbers of workers were trying out innovative work with particular groups of men – mostly offenders of various kinds for whom masculine socialisation had most starkly contributed to the problems they caused for others and themselves (see, for example, Senior and Woodhead, 1992). There were also around this time small groups of men working on masculinity through activist roots in various breeds of men's group that had arisen in the wake of feminism, either in support of or opposition to it. By the mid-to-late 1990s there was more dedicated interest and a small raft of books from mainstream publishers on working with men in probation, social work, counselling and community education (Pringle, 1995; Cavanagh and Cree, 1996; Newburn and Mair, 1996; McLean et al., 1996; Wild, 1999; Christie, 2001; Pease and Camilleri, 2001). By the time this book is being written the number of publications on men's health has mushroomed. In some areas of practice – e.g., family support, some aspects of health promotion, some work with abusers – it is now fairly mainstream to encounter explicit interest in work with men. However, in other fields of practice, for example social care for adults, the profile of explicit engagement with 'men's issues' is very rare.

Who is the book for?

We are aiming for breadth of appeal, beyond those who will most immediately identify with the tag 'health and social care'. The book should be relevant to social workers, youth and community workers and also to nurses and other

health care professionals. We would also see it as relevant to work with offenders and to counselling. Our own professional backgrounds are as practitioners in child and family social work, probation and family therapy and also in training practitioners in these fields and in conducting related research.

Fundamentally, the book is about interventions in social contexts. These are likely to be 'psycho-social' interventions. It is often individual patients, clients or service users that workers encounter, and there is inevitably a psychological and therapeutic dimension to this work in addition to help with social functioning and social networks. The term 'social interventions' is used, in places, to clarify the scope of the discussion. We also refer in places and where appropriate to 'therapy' and 'psycho-social' interventions.

The book is inevitably about problematic aspects of masculinity. Social workers, nurses, counsellors and probation officers do not spend much of their time with men who are problem-free. They are there to arrange care for or to intervene in some way with men who are in some kind of need or whose behaviour is causing problems for others. Despite the macro-level global picture of continuing male privilege (Oakley, 2003), we are not dealing in this book with men who *enjoy* privilege but with men who are troubled and troublesome.

The scope of the book

One of the main messages of this book is that there are choices to be made in work with men; choices of a theoretical nature with important implications for practice. We should not assume that by declaring an interest in masculinity practitioners in health and social welfare will necessarily agree with each other. Even if they do apparently agree on a key idea, agreement in one area may well mask profound differences about other aspects of the work. These are the key issues that repeatedly surface in the book and that concern theoretical choices with implications for practice:

- How do we understand the nature of masculinity? Is our understanding more biological, sociological, political or psychological?
- How do we understand processes of change? On which theories of therapeutic and social intervention is our work based?
- What are our gender politics? For example, do we focus more on men's pain, or on attacking privilege, or on the differences between men?
- Are we more idealistic or pragmatic in our interventions? Do we seek transformation of men or more humble goals? Do we reinforce aspects of mainstream masculinity in order to engage with men, or should that be avoided?

We cannot, as authors, of course stand outside these debates. We have particular slants on the chapters we write and inevitably there are slight differences between the three of us. Our main pitch is for theoretical breadth rather than narrowness. We do not think it is helpful to close our thinking and our practices to traditions we know little about or do not like the look of. We do not think it is helpful to attempt ideological purity in this kind of work. The world is too complex a place for theoretical rigidity or political correctness in how we intervene with people's lives.

Our general stance is that men are not all the same but neither are they all different. There is considerable diversity of men in the client base of social workers, nurses, probation officers, counsellors and so on. But while there is diversity, psychological, sociological and political generalisations can inform our work. Men can cause problems for others and they themselves can also experience problems. We should not therefore approach work with men on the assumption that we are dealing with men either as a risk or a resource, a perpetrator or a victim. Either/or should be replaced with both/and (Goldner, 1991). This might – to some readers – seem like fence-sitting. We would argue that our stance is a principled position. Furthermore, at this point we should say a few words about how we understand the relationship between theory and practice.

This relationship is a contested one. It is beyond the remit of this chapter to do justice to the debates that are ongoing. Suffice to say that, as Fook (2002) notes, the idea of a linear relationship between acquiring knowledge in the academy and applying it in practice is problematic at a range of levels. The critique of 'grand theories' associated with the post-modern turn in the social sciences has had an impact here, although developments in relation to valuing and validating 'practice wisdom' precede this turn. Moreover, varying strands in the social sciences often subsumed within the umbrella term 'discourse analysis' (this term covers a very diverse and internally differentiated set of approaches), have contributed to a growth that has proved highly influential with those seeking to develop 'theories' *of* practice (rather than theories *for* practice) (see, for example, Taylor and White, 2000). A central issue is that practices with people in a variety of settings in health and social welfare involve people talking to each other about what troubles them, what might help and so on. There is, therefore, an increasing interest in understanding the function of talk in terms of establishing moral worth and discursive constructions.

We have sought to outline a variety of approaches because this offers the opportunity to consider differing ways of understanding men's lives and practices and to consider the value or otherwise of differing theoretical tools. As Chapter 3 addresses more fully, we think that there are important

political choices and consequences involved in adopting particular theoretical perspectives. However, our approach is wide-ranging. Tackling the misery and injustice of our world, particularly in relation to the changes needed in and by men, requires as many tools as possible. We simply cannot afford the comfort zone which a comfortable theoretical purity would leave us in.

The final point to be made about the scope of the book is that we attempt some kind of international coverage, but have to admit our limitations in this regard. We are UK-based (Wales and England) and this location does to an extent limit the book's reflection of global diversity in terms of culture and policy development. We have intentionally not attempted to discuss the organisational context in which practice with men takes place, for fear this would limit the international focus of the book as well as the professional disciplines. Where we use practice examples, organisational culture does come through, however. Most of our practice examples are from the UK but we have also tried to incorporate some internationalism in this regard.

The structure of the book

The book is divided into three parts. The two crucial variables in approaches to working with men determine the organisation of the first two parts of the book: that is, gender politics (Part I – Chapters 2 and 3) and practice theories (Part II – Chapters 4 and 5). Part I sets the context for practice with men in gender theory, social policy and the occupational culture of relevant organisations. Part II provides a summary of practice models. Part III (Chapters 6–11) is organised according to specific groups of service users and includes chapters on fathers, abusive men, physical and mental health, boys and older men. Chapters 6–11 foreground broader issues for each theme and also offer some specific practice examples. Each of these chapters also includes suggestions of key reading. Unavoidably, there is some overlap of content, so the practice examples and discussions of particular practice issues could potentially have featured in more than one chapter. We have had to make some pragmatic decisions about organisation.

We begin the book with, in the next chapter, an overview of some key sociological and psychoanalytical theories of masculinity.