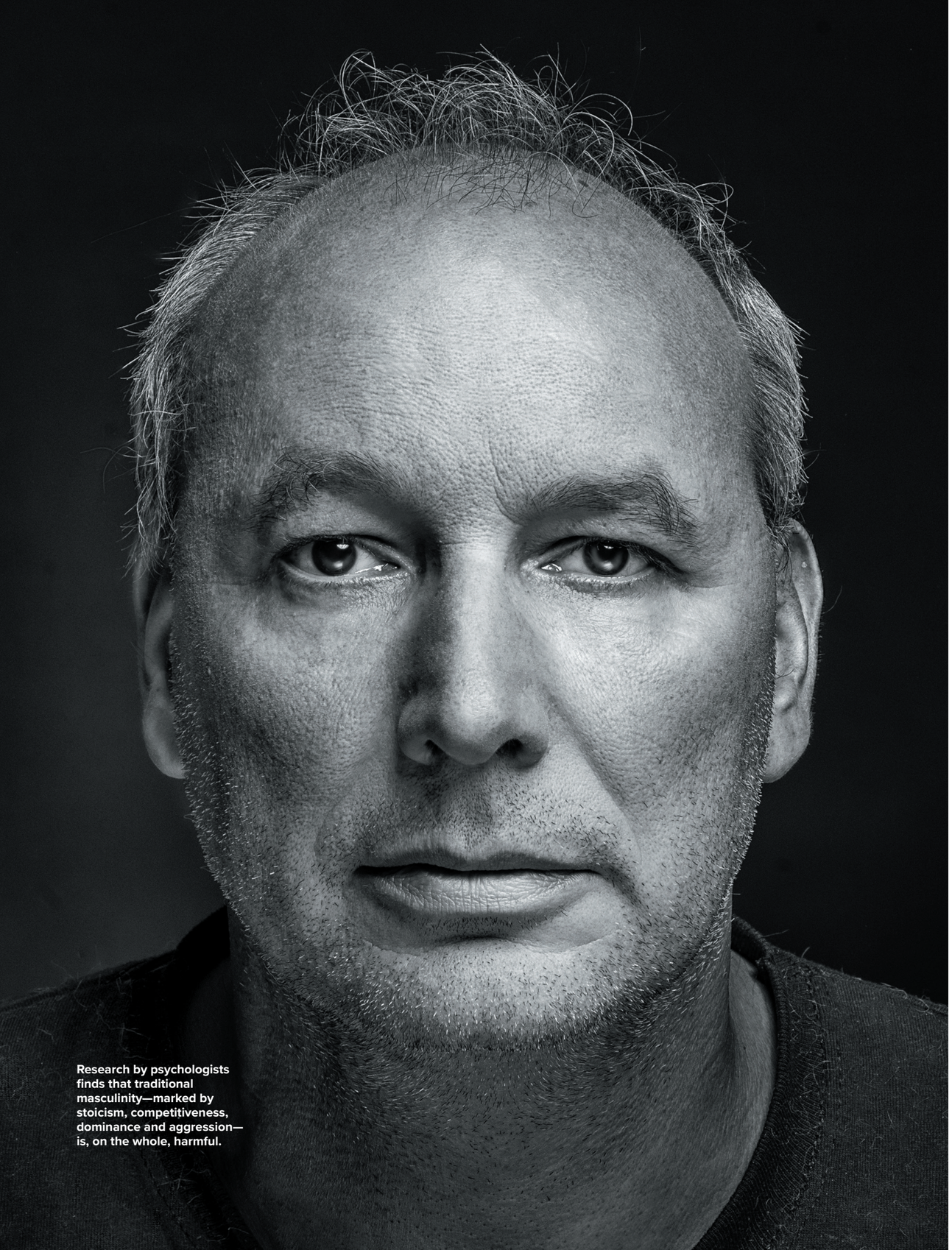


Research by psychologists finds that traditional masculinity—marked by stoicism, competitiveness, dominance and aggression—is, on the whole, harmful.

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APA ISSUES FIRST-EVER GUIDELINES FOR PRACTICE WITH MEN AND BOYS

BY STEPHANIE PAPPAS

For the first time ever, APA is releasing guidelines to help psychologists work with men and boys. At first blush, this may seem unnecessary. For decades, psychology focused on men (particularly white men), to the exclusion of all others. And men still dominate professionally and politically: As of 2018, 95.2 percent of chief operating officers at Fortune 500 companies were men. According to a 2017 analysis by *Fortune,* in 16 of the top companies, 80 percent of all high-ranking executives were male. Meanwhile, the 115th Congress, which began in 2017, was 81 percent male.

But something is amiss for men as well. Men commit 90 percent of homicides in the United States and represent 77 percent of homicide victims. They're the demographic group most at risk of being victimized by violent crime. They are 3.5 times more likely than women to die by suicide, and their life expectancy is 4.9 years shorter than women's. Boys are far more likely to be diagnosed with attention-deficit hyperactivity disorder than girls, and they face harsher punishments in school—especially boys of color.

APA's new *Guidelines for Psychological Practice With Boys and Men* strive to recognize and address these problems in boys and men while remaining sensitive to the field's androcentric past. Thirteen years in the making, 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 that echoes both inwardly and outwardly.

APA's *Guidelines for Psychological Practice With Girls and Women* were issued in 2007 and, like the guidelines for men and boys, aim to help practitioners assist their patients despite social forces that can harm mental health. Many researchers who study femininity also work on masculinity: Several contributors to the guidelines for girls and women have also contributed to the new guidelines for boys and men.

"Though men benefit from patriarchy, they are also impinged upon by patriarchy," says Ronald F. Levant, EdD, a professor emeritus of psychology at the University of Akron and co-editor of the APA volume "The Psychology of Men and Masculinities." Levant was APA president in 2005 when the guideline-drafting process began and was instrumental in securing funding and support to get the process started.

THE NEEDS OF MEN

Prior to the second-wave feminist movement in the 1960s, all psychology was the psychology of men. Most major studies were done only on white men and boys, who stood in as proxies for humans as a whole. Researchers assumed that masculinity and femininity were opposite ends of a spectrum, and "healthy" psychology entailed identifying strongly with the gender roles conferred by a person's biological sex.

But just as this old psychology left out women and people of color and conformed to gender-role stereotypes, it also failed to take men's gendered experiences into account. Once psychologists began studying the experiences of women through a gender lens, it became increasingly clear that the study of men needed the same gender-aware approach, says Levant.

The main thrust of the subsequent research is that traditional masculinity—marked by stoicism, competitiveness, dominance and aggression—is, on the whole, harmful. Men socialized in this way are less likely to engage in healthy behaviors. For example, a 2011 study led by

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Learning objectives: After reading this article, CE candidates will be able to:
1. Discuss the research that suggests traditional masculinity is psychologically harmful.
2. Describe the role of clinicians in working to address the needs of men and boys.
3. Discuss the importance of encouraging pro-social aspects of masculinity.
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Kristen Springer, PhD, of Rutgers University, found that men with the strongest beliefs about masculinity were only half as likely as men with more moderate masculine beliefs to get preventive health care (*Journal of Health and Social Behavior*, Vol. 52, No. 2). And in 2007, researchers led by James Mahalik, PhD, of Boston College, found that the more men conformed to masculine norms, the more likely they were to consider as normal risky health behaviors such as heavy drinking, using tobacco and avoiding vegetables, and to engage in these risky behaviors themselves (*Social Science and Medicine*, Vol. 64, No. 11).

This masculine reluctance toward self-care extends to psychological help. Research led by Omar Yousaf, PhD, found that men who bought into traditional notions of masculinity were more negative about seeking mental health services than those with more flexible gender attitudes (*Psychology of Men & Masculinity*, Vol. 16, No. 2, 2015).

For this reason, mental health professionals need to be aware that men are often reluctant to admit vulnerability, says Fredric Rabinowitz, PhD, a psychologist at the University of Redlands in California who has stewarded the new guidelines since 2005, when he was president of APA Div. 51 (Society for the Psychological Study of Men and Masculinities).

"Because of the way many men have been brought up—to be self-sufficient and able to take care of themselves—any sense that things aren't OK needs to be kept secret," Rabinowitz says. "Part of what happens is men who keep things to themselves look outward and see that no one else is sharing any of the conflicts that they feel inside. That makes them feel isolated. They think they're alone. They think they're weak. They think they're not OK. They don't realize that other men are also harboring private thoughts and private emotions and private conflicts."

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MULTIPLE MASCULINITIES

These private conflicts can have tragic ramifications. Though men report less depression than women, they complete suicide at far higher rates than women, and the numbers are moving in the wrong direction. The suicide rate for non-Hispanic American Indian and Alaska Native men jumped 38 percent between 1999 and 2014, according to data from the Centers for Disease Control and Prevention; for white men, suicide rates increased 28 percent in that time span (National Center for Health Statistics, 2016). Suicide rates for women have been on the rise as well, but because men complete suicide more often than women, men's suicide death rates remain the highest.

These statistics indicate that questionnaires on depression and other mental health problems are missing something when they garner answers suggesting men don't struggle with these issues as much as women, Rabinowitz says.

This vision of masculinity may summon up an image of a closemouthed cowboy, à la John Wayne. But there's more to masculinity than macho swagger. When the rules of manliness bump up against issues of race, class and sexuality, they can further complicate men's lives.

For example, the masculine requirement to remain stoic and provide for loved ones can interact with systemic racism and lead to so-called John Henryism for African-American men, a high-effort method of coping that involves striving hard in the face of prolonged stress and discrimination. John Henryism has been linked with hypertension and depression (*Journal of Black Psychology*, Vol. 42, No. 3, 2016). Race, ethnicity and discrimination can also intersect with immigration status: As of fiscal year 2017, 68 percent of unaccompanied minors who crossed the border were male (U.S. Department of Health & Human Services, 2018). Most of these children arrive from Central America and Mexico, fleeing gang violence (*Journal on Migration and Human Security*, Vol. 3, No. 2, 2015), an additional psychological stressor.

Other people's perceptions of masculinity matter, too—and many of these perceptions are rooted in racial stereotyping. Y. Joel Wong, PhD, and colleagues have reported that at least among white college students, Asian-American men are viewed as less manly than white or black American men (*Psychology of Men & Masculinity*, Vol. 14, No. 4, 2013). Men and boys of color may also be viewed with suspicion by schools, law enforcement and others, leading to harsher punishments compared with white men and boys, says Christopher Liang, PhD, a psychologist at Lehigh University in Pennsylvania who helped draft the guidelines.

"Boys and men of color [are] dealing with all their hurts and



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Psychologists emphasize it's important to encourage pro-social aspects of masculinity.

their struggles in ways that are consistent with masculinity," Liang says. "So, 'be tough,' and 'don't show your hurts.' And they have to do this in a system where their behaviors are looked upon more negatively than boys and men from different groups."

These dynamics play out in the prison system as well. As of 2014, black men made up 37 percent of the male state and federal prison population and were more than 10 times as likely to be incarcerated in state or federal prison as white men. Hispanic men were also overrepresented, making up 22 percent of the prison population despite making up only about 8 percent of the general U.S. population (U.S. Department of Justice, 2015).

Gender and sexual minorities, too, must grapple with societal views of masculinity. This is an ever-shifting territory. When Levant and Rabinowitz launched the guideline-drafting process in 2005, only Massachusetts recognized same-sex marriage. Today, transgender issues are at the forefront of the cultural conversation, and there is increased awareness of the diversity of gender identity.

"What is gender in the 2010s?" asks Ryon McDermott, PhD, a psychologist at the University of South Alabama who also helped draft the men's guidelines. "It's no longer just this male-female binary."

Though there is now more flexibility in gender norms than 30 years ago, according to Liang and McDermott, boys and men who identify as gay, bisexual or transgender still face higher-than-average levels of hostility and pressure to conform to masculine norms. The 2015 National School Climate Survey found that 85 percent of LGBTQ students reported verbal harassment at school over their sexual orientation or gender expression (GLSEN, 2015). Gender-nonconforming students reported worse treatment than did LGBTQ kids who conformed with traditional gender norms. These kinds of results indicate that gender policing still occurs, Liang says.

Sexual minorities or gender-nonconforming boys and men may face strained family bonds or even familial rejection. And family support can make all the difference in mental health. A 2016 study of a community sample of transgender children led by Kristina Olson, PhD, of the University of Washington in Seattle, found that those with supportive families were no more likely than nontransgender children to have depression, and were only slightly more likely to experience anxiety (*Pediatrics*, Vol. 137, No. 3, 2016).

Sexual and gender identity also intersect with other key life arenas, including military service (the guidelines suggest that therapists cultivate an awareness of military norms and common mental health concerns for veterans, such as post-traumatic stress disorder) and retirement.

"When retirement comes, a lot of guys get thrown into an abyss," Rabinowitz says. Particularly for those who identified as workers and achievers, retirement can force a reckoning, he says. And failing to cope with the transition can leave older men vulnerable to depression (*Health Services Research*, Vol. 43. No. 2, 2008)—an example of how the pressure of masculinity ideology can act across the life span.

"There is a lot of diversity in the experience of men and masculinity, between groups,

within groups and even within an individual," Liang says. "What's important is to understand that despite all of this diversity, boys and men may experience incredible pressure to live up to these rules around masculinity that they may have learned within their own cultural context."

CHANGING THE CULTURE

Many of these problems seem intractable—how do you help someone who would never dream of seeking mental health treatment?—but psychologists have a key role to play, as the new guidelines lay out.

First, clinicians must be aware of dominant masculine ideals, and cognizant of their own potential biases. Second, they must recognize the integrated nature of masculinity, and how factors ranging from spirituality to ability status to age and ethnicity interact. Mental health professionals must also understand how power, privilege and sexism work both by conferring benefits to men and by trapping them in narrow roles. They should consider how stoicism and a reluctance to admit vulnerability hamstring men in personal relationships, and they should combat these forces, in part, by encouraging fathers to engage more fully with their children.

Clinicians should also understand broader institutional issues and support educational systems responsive to the needs of men. Boys who drop out of school are more likely to be unemployed than those who get to high school or college graduation, so addressing school-related challenges early can head off lifelong problems, according to the guidelines. Mental health professionals should strive to reduce aggression and violence and to understand the precursors to substance use and suicide. They should encourage men to protect their own health. And they should offer services sensitive to the socialization that men have undergone, while fighting against homophobia, transphobia, racial bias and other types of discrimination in institutions such as the criminal justice system.



The new guidelines seek to underscore that men are adaptable and emotional.

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Some of this involves outreach. Efforts like the National Institute of Mental Health's "Real Men. Real Depression" campaign can normalize help-seeking by showing tough guys struggling. When men do seek help, clinicians need to be aware that aggression and other externalizing symptoms can mask internalizing problems, Levant says. From early childhood on, boys are encouraged to push down any emotion other than anger, he says, which interrupts boys' emotional development.

"I tell clients that oftentimes anger is a powerful emotion to cover for a more vulnerable emotion we might feel," such as sadness or shame, Levant says.

SUPPORTING THE POSITIVE

It's also important to encourage pro-social aspects of masculinity, says McDermott. In certain circumstances, traits like stoicism and self-sacrifice can be absolutely crucial, he says. But the same tough demeanor that might save a soldier's life in a war zone can destroy it at home with a romantic partner or child.

"There are times when you need to be able to power through," McDermott says. "But if you only do that, and you believe that if you don't do that then you're somehow less worthy as a person, that's where you have a problem."

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). He and his team are working on a positive-masculinities scale to capture peoples' adherence to the pro-social traits expected from men, something that has yet to be measured systematically.

One important finding that McDermott and his team point to is that there's less daylight between what's expected of men and what's expected of women than a glimpse at media and culture might reveal. About a third of the traits that people consider to be positive aspects of masculinity, such as sacrificing for others and having strong morals, are actually expected *more* from women than men when researchers ask both men and women about the trait in isolation from wider gender cues, McDermott says. Other traits, such as community leadership, charm and humor, are expected more of men than women, but not by much. The study focused solely on positive traits, so it's not clear whether people's expectations for bad behavior are similarly overlapping (*Psychology of Men & Masculinity*, online first publication, 2018).

Indeed, when researchers strip away stereotypes and expectations, there isn't much difference in the basic behaviors of men and women. Time diary studies, for example, find that men enjoy caring for their children as much as women do. And differences in emotional displays between boys and girls are small, according to a 2013 meta-analysis (*Psychological Bulletin*, Vol. 139, No. 4), and not always in the stereotypical direction. Adolescent boys, for example, actually displayed fewer externalizing emotions such as anger than did adolescent girls.

Getting that message out to men—that they're adaptable, emotional and capable of engaging fully outside of rigid norms—is what the new guidelines are designed to do. And if psychologists can focus on supporting men in breaking free of masculinity rules that don't help them, the effects could spread beyond just mental health for men, McDermott says. "If we can change men," he says, "we can change the world." ■

FURTHER READING

Guidelines for Psychological Practice With Boys and Men
www.apa.org/about/policy/boys-men-practice-guidelines.pdf.

The Psychology of Men and Masculinities
Levant, R.F., & Wong, Y.J. (Eds.)
APA, 2017

Developing a Taxonomy of Helpful and Harmful Practices for Clinical Work With Boys and Men
Mahalik, J.R., et al.
Journal of Counseling Psychology, 2012

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