

Psychologists Seek a Broader, Healthier Definition of ‘Masculinity’

The American Psychological Association released new guidelines for men and boys last month. Critics went mad — and they missed the point entirely.

by Roni Jacobson

Situated in the heart of the San Juan Mountains, Durango, Colorado is home to some of the most beautiful scenery in the United States. Its sunny canyons and rushing rivers provided part of the backdrop for iconic Western movies including “Butch Cassidy and the Sundance Kid,” and continue to draw tourists and outdoor sports enthusiasts, along with new residents who contribute to a steadily increasing population. But all is not well in Durango. The city is part of the so-called “suicide belt,” spanning roughly the length of the Rocky Mountains, where the suicide rate is almost twice the rate of the national average. “When there is a situation that requires sensitivity, empathy, and communication, men should be able to shift gears.”

Jarrold Hindman was determined to tackle the problem in 2006, when he was tasked with overseeing violence and suicide prevention as part of his position with the Colorado Department of Public Health. Having grown up in Colorado, Hindman’s interest was personal. In high school, he lost a friend and teammate to suicide. Still, when Hindman looked at the statewide data, he was surprised to find that the vast majority of suicide victims in Colorado, almost 80 percent, were adult men. At that time, almost all suicide intervention and outreach efforts were focused on adolescents, and they emphasized talking about feelings and not being afraid to ask for help. That approach, said Hindman, could be an active turn off for the population most at risk.

“We still really embrace that rugged individualism, cowboy mentality,” in the western U.S., said Hindman. If you are a man struggling with something, particularly an emotional issue, “the response is: ‘Pull yourself up by your bootstraps. Problem-solve on your own.’”

While Durango is noteworthy for its high suicide rate, the pattern reflects a broader national trend in which adult men are 3.5 times more likely than women to die by suicide, according to the American Psychological Association (APA). And suicide is just one of several negative health outcomes that disproportionately affect men. For example, despite having greater socioeconomic advantages, men’s life expectancy is almost five years shorter than women’s. The difference isn’t all biological, said Wisdom Powell, an associate professor of psychiatry at the University of Connecticut and chair of the APA working group on Health Disparities in Boys and Men. “If it were, then we then would see similar rates of premature death and mortality among men and boys of all racial and ethnic groups, and that is not the case.”

Scientists and non-scientists alike have known about men’s increased mortality for decades, and it’s often taken for granted that women tend to live longer. But the issue did not receive much attention until last month when the APA released the first set of guidelines aimed specifically at treating men and boys, having already published guidelines on treating women, LGBTQ, transgender and non-binary clients, and people of various cultural backgrounds. The guidelines draw on three decades of research into “gender-role conflict” and “gender-role stress,” the psychological state and accompanying emotional distress that exist when restrictive definitions of gender limit a person’s well-being.

The new guidelines sparked immediate backlash on social media and in newspaper op-eds. Conservatives like Laura Ingraham accused the APA of “pathologizing” masculinity and stripping men of their essential manliness. In the academic realm, Steven Pinker, a professor of psychology at Harvard, criticized the guidelines for ignoring the biological factors — such as testosterone levels — that contribute to gender differences, and for downplaying the benefits of self-control and self-reliance.

And yet, the gulf that separates the various camps might not be as wide as the recent debate suggests.

Fred Rabinowitz, who led the effort to develop the guidelines, said that the document seeks to support men who are “brave and strong and tough in difficult situations.” But, he adds, “when there is a situation that requires sensitivity, empathy, and communication, men should be able to shift gears and be able to do that as well.”

“Boys learn at a young age that there is one way of being a man, and when they deviate from that, they get punished,” said Matt Englar-Carlson, a professor of counseling at California State University, Fullerton. They are often told to “man up” and not to cry. If they don’t conform, said Englar-Carlson, boys risk being taunted with insults like “bitch,” “pussy,” and “little girl” — all of which associate emotion with weakness and femininity. As a result, adult men tend to bury their emotions. In fact, research suggests that when men are socialized to be rigidly self-reliant and strong, they are less likely to seek mental health treatment or medical care.

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To better reach this group, the APA guidelines stress that doctors and health care workers should take a hard look at their own personal assumptions and biases about masculinity. “Health care providers may be primed not to talk about certain subjects with men,” said Powell. Studies have shown that some doctors, whether because of personal assumptions or time constraints, are far less likely to ask men about their mental health and family life. Powell, therefore, recommends “appointment maximization strategies.” That means packing as much as possible into each visit, including screening for depression every time a man or boy turns up at a primary care appointment. This doesn’t have to be intrusive or time consuming. It can take place via a 10-minute pen and paper questionnaire in the waiting room.

Psychologists, too, may need to rethink their approach. “Often men and boys don’t have the language to discuss their emotional, interior life,” said Rabinowitz, who frequently works with men with anger issues in group and individual counseling. “I try to use their language,” Rabinowitz said. He gives the example of a house painter he was seeing who was dealing with a breakup. “Instead of saying ‘That must have really hurt,’ I said something like ‘It must have felt like you fell from the second floor of a house.’ And all of a sudden he was like ‘Yeah, it fuckin’ does hurt like that.’”

Of course, men are not a unified block. Like women, they have other identities that intersect with gender to create their unique human experience. The APA guidelines, therefore, refer to “masculinities,” to account for the way that gender identity is shaped by factors such as race, class, and sexual orientation. African American men, for example, may be especially wary of the medical establishment due to a well-documented legacy of racism within American medicine. “It’s real and it’s also rational. Because those things did happen. And they are still happening today,” Powell said. Though the evidence is somewhat mixed, studies have shown that doctors have a preference for white patients and that these racial biases impact the treatment decisions and recommendations that they make, with people of color generally receiving lower quality care.

But these attitudes are not set in stone. For the past decade Powell has conducted several studies surveying African American men in barbershops and academic institutions around the U.S. about their experiences with the health care system and attitudes about masculinity. Her research showed that the more someone endorsed masculine norms and distrusted the medical establishment, the less likely they were to seek help from a medical professional. When the participants had positive experiences with the health care system, however, they tended to modify their opinion — “like any adaptive human,” Powell said. What seems to have the most impact, “is what’s happening in the here and now.”

Powell notes that, in some cases, masculinity norms can be leveraged to beneficial effect. For example, men who strive to be self-reliant might be more inclined to see a doctor if they view this as an act that enables them to care for their family.