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A CALL TO ACTION TO EXPAND THE PSYCHOLOGY OF MEN

All truth passes through three stages. First, it is ridiculed. Second, it is violently opposed. Third, it is accepted as being self-evident.
—Arthur Schopenhauer

In February 1972, Edmund Muskie, front-runner for the Democratic presidential nomination, appeared to shed tears as he responded to attacks on his wife in the press—an incident still remembered as contributing to the subsequent collapse of Muskie's campaign because many perceived his reaction as that of a weak and less than rational man who was unfit to lead the nation. Forty years later, Barack Obama expressed tears of gratitude to his staff for helping him win the 2012 election. This and subsequent occasions when Obama openly wept were televised repeatedly on national television, and no one, including the media, accused him of being weak or out of control. Indeed, some saw his emotionality as a sign of strength. "Before you take issue with the president's tears," wrote Monica Potts (2012) in *The American Prospect*, shortly after his anguished response to the massacre of schoolchildren and their teachers in Newtown, Connecticut, "remember that Obama's empathy is always what made him seem most presidential."

A paradigm shift is occurring in America with regard to our definition of masculinity, the most visible sign of which is the men who are active, engaging fathers with their sons and daughters (Pleck, 2010). As the incidents recounted above vividly demonstrate, something significant is also happening with how U.S. society perceives male emotions. More than ever before, men are being allowed to be vulnerable, emotional human beings. This transition is hopeful and important, but painfully slow. This book represents a call to action for practitioners, researchers, professors, and all human services providers to accelerate this process and help men overcome *gender role conflict* (GRC), a psychological state in which socialized gender roles have negative consequences for oneself or others. GRC occurs when rigid, sexist, or restrictive gender roles lead to personal restrictions, devaluation, or violation of others or oneself (O'Neil, 2008b). The ultimate outcome of this kind of conflict is the loss of the human potential of the person experiencing the conflict or someone else.

The greatest obstacle to overcoming GRC is a failure to see men as full human beings. In psychology, men have been studied not as gendered human beings but as generic persons based on stereotypes (Kimmel, 2011; Smiler, 2006). The study of men as gendered human beings is a relatively new phenomenon in psychology. A major goal of this book is to explain how men have been affected by restrictive gender roles and how GRC is a serious mental health problem that deserves the full attention of psychologists and other human services professionals.

So common is the problem of discounting men's full humanity that it has, to a large extent, gone unidentified. In any first encounter, men are usually perceived in terms of stereotypes of masculinity based on a preconceived ideal body type and other criteria of biological maleness. The second impression of a man is usually based on how well he conforms to masculine stereotypes, norms, and standards. If one moves past the first two impressions, the man can be experienced as a full human person, with all the positive (and negative) qualities and vulnerable possibilities of any human being living in a complex world. This experience does happen, but it occurs mainly in selective situations, such as funerals, births, religious experiences, and other events in which life is the primary focus and stereotypes do not matter.

Unfortunately, stereotyping and then objectifying men are what people do. The sexist stereotypes by which men have been narrowly defined have slowly but consistently deadened the male spirit. Indeed, the human qualities of both sexes have been diminished by patriarchal stereotypes as the capitalist U.S. society has striven to make profits, shape public opinion, and control people's behavior, resulting in a dehumanization that lies at the root of the widespread violence and despair that plagues many technologically advanced

societies (Fox, 1988). This book reveals its cost by presenting restrictive gender roles as a psychological problem for both men and women.

Why write an entire book on men's GRC? The simple answer is that a considerable amount of empirical evidence indicates that GRC is significantly related to serious psychological problems for both men and women. In this book, I present this evidence and discuss its implications for psychologists and other human services providers. I also make the case that GRC and its related concepts provide a critical context in which to understand men and empower them to live and love more humanly.

This book is needed because men's lives are not understood by either sex. Confusion about gender roles has prevailed for a very long time. Sigmund Freud's famous question "What do women want?" suggests he was perplexed about how masculinity and femininity were played out in men's and women's lives. Freud's full statement was in fact, "The great question that has never been answered and which I have not yet been able to answer despite my thirty years of research into the feminine soul, is 'what does a woman want?'" (see http://www.notable-quotes.com/f/freud-sigmund.html). Was Freud experiencing GRC when he posed this question? Nobody knows for sure, but some of his ideas certainly located women in a negative and subordinate position. What is ironic is that Freud never asked, "What do men want?" Perhaps he was concerned about raising other questions about masculine vulnerabilities or opening the floodgates of inquiry about the psychology of men, something he strongly resisted (see Connell, 1994). Freud was not alone in his resistance; it characterized the formative years of psychoanalytic thought. Connell provided an excellent analysis of the gender role dynamics between Freud and his early followers (Connell, 1994, 2005), with whom he had numerous conflicts over conceptions of masculinity and femininity (Connell, 1994). Masculinity drove both the discussion and the dissent among Freud and Carl Jung, Alfred Adler, and the early pioneers in psychological thought.

The best example of early resistance to discussing men's issues was the reaction to a series of lectures given by Adler before the Psychoanalytic Society in Vienna in 1911 on the patriarchal values that cause problems for men and women. He presented his theory of masculine protest, one of the first about masculinity as a psychological construct. E. Jones (1958, cited by Connell, 2005) documented the tension and anger that arose between Freud and Adler about such conceptualizations of masculinity, which contributed to a permanent split between the two analysts, and Colby (1951) provided a complete analysis of the unpleasant exchanges on the subject between the two.

Sixteen years later, Adler published his book *Understanding Human Nature* (1927), which made a strong case for feminism and the importance of

masculine protest to understanding neurosis and ordinary people's problems in living. A careful reading of this book shows how masculinity issues threatened the psychoanalytic status quo. Unfortunately, Adler's critical theory of masculine protest was subordinated over time to the concept of striving for superiority (Connell, 1994) and thus was never fully developed. One wonders whether Adler was worn down by the patriarchal forces that rejected his brilliant feminist analysis. Ideas about men's gender roles were mostly abandoned and given only cursory attention by theorists until five decades later, in the 1980s (Connell, 1995). The philosopher Arthur Schopenhauer captured the past and present difficulties by acknowledging how patriarchal structures produce GRC when he said, as quoted at the outset of this chapter, "All truth passes through three stages. First, it is ridiculed. Second, it is violently opposed. Third, it is accepted as being self-evident." Unfortunately, as most feminists know, and as Alder may have anticipated, it has been very hard to move into the third phase of truth, to acknowledge how restrictive gender roles are harmful to both men and women.

Over 100 years ago, the psychology of men threatened the status quo, and that threat continues to be felt today because the psychology of men is complex and controversial and stimulates personal and political issues for both men and women. The neglect of men's lives as a topic in the psychological sciences has been costly in terms of human suffering. As I discuss in this book, GRC has been correlated with serious problems with men's emotional health, conflicts with women, violence, and dysfunctional interpersonal relationships. Indeed, a more relevant question than Freud's "What do women want?" is, "How do restrictive gender roles and fears about femininity drive men to prove their masculinity and develop rigid gender role attitudes and behaviors that are psychologically dysfunctional?"

Proving your masculinity (Kimmel, 2011; Vandello & Bosson, 2013; Vandello, Bosson, Cohen, Burnaford, & Weaver, 2008) has been a consistent theme in the literature, but how to define masculinity in human terms that are positive and healthy has a very short history. My goal in this book is to explain how restrictive gender roles are dangerous to one's psychological and physical health using the GRC construct by presenting, unlike Alder, research that documents this fact.

I want to make clear that my GRC analysis in this book is not about blaming men or contributing to the internalized oppression that many men feel because of sexism. My goal is the opposite: to expose GRC so that men can become responsible for their problems and consequently liberate themselves from restrictive gender roles. Furthermore, this book has nothing to do with the men's rights propaganda that has blamed women and feminists for men's problems. If anything, I seek to correct such distortions and promote a pro-feminist, gay-affirmative, and positive masculinity perspective.

THE PERSONAL AND POLITICAL DIMENSIONS OF DECONSTRUCTING MASCULINE GENDER ROLES

Convincing professionals in the field of mainstream psychology to study men has been difficult because, until the 1980s, patriarchal values dominated psychological theory and research. White males were the normative referent group for research and psychological knowledge during the first eight decades of American psychology. Consequently, the psychology of men is frequently associated with biased studies, sexism, male dominance, the devaluation of women, and research and theories narrowly defined by sex differences rather than men's real-life experiences. As I show in this book, the new psychology of men is not about these sexist aspects of scientific study.

One explanation of why the psychology of men has been slow to develop is that the issues are both controversial and intensely personal and political. The primary way to understand sexism and GRC is by deconstructing traditional gender roles, a process that has been championed by women feminists in psychology and other disciplines (Enns, 2004; Enns & Williams, 2013). Deconstructing gender roles means telling the truth about sexist assumptions and stereotypes that distort what it means to be fully human, confronting the lies about the rewards of highly sex-typed attitudes and behaviors, and identifying and correcting the myths that men and women are more different than alike (O'Neil & Renzulli, 2013a). It involves the critical analysis of destructive gender role stereotypes and the evaluation of unverified sex differences that underlie sexism for both men and women as well as examining research evidence about sex differences while resisting the temptation to settle for simple answers to complex human problems—for instance, the superficial "Mars and Venus" explanations of men's and women's relationships (e.g., Gray, 1993).

Furthermore, the deconstruction of traditional gender roles can reveal the personal, social, and political realities of personal oppression, discrimination, and social injustice. Reaching this deeper level requires that one analyze how race, class, ethnicity, religion, and sexual orientation affect psychological functioning and that one make an effort to acknowledge the effects on people's lives of personal and institutional forms of sexism, racism, classism, heterosexism, ethnocentrism, or any other kind of discrimination. The deconstruction process raises significant questions about how gender roles relate to sex discrimination, emasculation, homophobia, homonegativity, poverty, sexual assault, harassment, emotional abuse, and societal violence. In the course of this deconstruction process, one must recognize and confront the status quo's investment in sexism by coming to understand how the dominant cultures oppress vulnerable groups, including women, people of color, sexual minorities, immigrants, and even White men. Also

to be acknowledged are the economics of oppression, which are understood by explaining that profits are made when agents of destructive capitalism use stereotypes to foster injustices and discrimination.

On a personal level, the deconstruction of gender roles can challenge ethnic, familial, religious, or cultural mores related to masculinity and femininity, which can threaten personal identities, violate family values, and even invalidate established worldviews. In this context, the personal becomes political very quickly, and polarization and strong emotions can arise. On a societal level, the oppressiveness of the status quo becomes very visible and obvious when these issues are illuminated. In short, the assessment of patriarchal structures is unsettling and can destroy the illusion that everything is okay in men's and women's lives. It compels us to admit that men are troubled and that the entire social system is vulnerable and unstable. Activists who expose these realities threaten dominant power brokers who profit from the inequities. They also threaten regular people whose lives are based on traditional gender roles.

Given the complexity and volatility of the issues, many people find the deconstruction of gender roles overwhelming and thus retreat from the realities and inevitable problems it exposes. Over the past several decades, even activists have tired with the struggle as opposition to and support for feminism have ebbed and flowed. In this book, I try not to sidestep these critical issues but to connect them to GRC and to men's and women's gender role journeys (O'Neil & Egan, 1992a, 1992b; O'Neil, Helms, Gable, David, & Wrightsman, 1986).

Although vulnerabilities and insecurities do arise from the deconstruction of gender roles, eventually a single truth emerges: Outdated, stereotypical, and restrictive gender roles do not provide the foundation for equality between the sexes; instead, they provide the basis for sexism and other forms of oppression that cause violence and social injustices. As all mental health professionals know, social injustice causes poverty and serious psychological problems for men, women, and children and is therefore a critical issue for psychologists and other caring professionals to address.

WHERE THE PSYCHOLOGY OF MEN HAS BEEN AND HOW IT EVOLVED

A paradigm shift in the psychology of men is unlikely to occur unless mental health professionals attain some clarity about where we have been as a discipline and our current status. The following brief history of the psychology of men provides a context in which to understand how the recognition and study of GRC have developed over the decades.

The feminist movement of the 1970s was the primary stimulus for the men's liberation movement that ultimately evolved into men's studies and the psychology of men. Feminist psychologists exposed the myths of stereotypical gender roles and criticized biased research on sex differences. As women feminists challenged sexist beliefs and attitudes and traditional gender roles, male feminists began to ask questions about the "hazards of being male" (Goldberg, 1977, p. XXX). Before 1974, only a few scholarly articles on men's gender roles had been published; most of the literature was in the form of popular paperbacks written by the leaders of the men's liberation movement. From 1974 to 1977, however, six seminal books were published that gave men's liberation national prominence (for more details, see O'Neil, 2012b). These books were special because they challenged patriarchal values, something that had not occurred since Adler's feminist manifesto of the 1920s.

Scholarly models to explain the psychological issues concerning masculinity were slower in coming; in the late 1970s and early 1980s, there were none. The one notable exception was Joseph Pleck's (1981) book *The Myth of Masculinity*, in which he critically evaluated the biased sex role identity model and proposed a new *gender role strain model*, which hypothesized that restrictive gender roles could be psychologically dysfunctional for both men and women. The book was a major contribution to the field, but it left a great many questions about men unanswered, for example, why were men so unhappy and seeking liberation in the men's movements? Why did men have so many problems with women in intimate and work relationships? Why did men communicate differently than women and not express many feelings? Why did men work so much and die earlier than women? Why did men avoid domestic work and fathering roles? Why were men violent? Why did men molest children, fear homosexuals, and become addicted or sexually dysfunctional? Why did men harass, rape, and batter women? How could we get men to change? Clearly, much would be at stake in any effort to answer these questions about restrictive gender roles in men's lives.

The next significant event to promote the psychology of men and the GRC construct came nearly a decade after the publication of *The Myth of Masculinity*, with a gathering of 50 psychologists at the 1990 convention of the American Psychological Association (APA) in Boston to discuss the possibility of creating a specific division of APA that would focus on the psychology of men. From this meeting, a steering committee began the process of applying for divisional status in APA. Five years later, in 1995, the Society for the Psychological Study of Men and Masculinity (SPSMM; 2012) was unanimously approved by APA. This new division gave the psychology of men a permanent home from which to become a part of mainstream psychology. Another 5 years later, with the creation of the journal *Psychology of Men & Masculinity*, the psychological study of men became part of the social

sciences. By 2014, more than 350 empirical studies had been published in *Psychology of Men & Masculinity*, and the psychology of men was formally recognized as a discipline in psychology.

WHERE ARE WE NOW: WHAT'S NOT KNOWN

Today, 18 years after the official birth of the formal study of the psychology of men, the slow pace of development of the discipline has prompted my call to action in this book. After all this time, what do we know about men's lives? The part played by sexism and restrictive gender roles in serious mental health issues for men is still not understood very well, and many of the questions raised in the 1980s—critical questions about how gender roles contribute to men's problems and significant societal problems—remain unanswered. For example, how do men's socialized gender roles contribute to what may be America's most pressing problem: men's violence toward women, children, and other men? Analyses of the epidemic of violence in America, most recently brought to the forefront of public awareness by frequent school shootings, rarely address men's socialized gender roles as a factor. This suggests that either psychologists have not made a convincing case for "violent masculinity," or the public is in denial about this explanation. Also, although restrictive gender roles have been implicated in men's suicide, depression, anxiety, substance abuse, and interpersonal dysfunction (O'Neil, 2008c), the ways in which sexism and male privilege (or lack thereof) contribute to these problems has not been fully addressed. Moreover, only a few statements exist in the psychology of men on how oppression (in the forms of, e.g., racism, classism, and heterosexism) affects men's gender roles and their psychological functioning (Kimmel, 1994; Liang, Rivera, Nathwani, Dang, & Douroux, 2010; Liang, Salcedo, & Miller, 2011; Liu, 2002a).

Also unknown is how well men's psychological problems fit conventional diagnostic criteria in the therapy room (Robertson, 2012; Rochlen & Hoyer, 2005). Men's depression, for example, is still not fully understood or defined in gendered ways that enable clinicians to make effective interventions. Is it manifested in the same ways as women's depression, or is it more masked? The lack of an answer is not surprising given that the first psychology books on men's depression were published in 1997 and 2000 (Cochran & Rabinowitz, 2000; Lynch & Kilmartin, 1997). It is remarkable that psychologists did not acknowledge male depression as an area of scholarly inquiry for the first 80 years of psychology.

The deficiencies in applied men's psychology go further. Very little attention has been given to sexist biases against boys and men in therapy, for instance; and although male mental health issues have been addressed, the ways in which sexism contributes to them has gone unspecified. In addition,

how to help troubled boys and men who are experiencing gender role transitions is unknown, and few clinical paradigms are available to assess men during psychotherapy. Why men tend to avoid counseling services altogether is still unclear, and little research has examined male clients who have effectively used them. According to Cochran (2005), "The psychology of men as a distinct practice and research area has yet to generate controlled studies demonstrating differential effectiveness of specific treatments with men" (p. 650).

Also to be considered is the fact that, if treatment is to be effective, men's lives need to be understood in context (Addis, Mansfield, & Syzdek, 2010; K. Jones & Heesacker, 2012)—specifically, in a multicultural context that assesses diversity and the role of oppression in men's lives. Although multicultural guidelines for conducting therapy have been specified, they have not included issues related to men and masculinity (Liu, 2005), for reasons that are not clear. Might there be worry that including men in the multicultural criteria would return the discipline to the biased psychology of the past? More likely, the problem is that a coherent, multicultural approach to understand men's diversity does not exist because the ways in which race, class, ethnicity, nationality, age, religion, and sexual orientation affect male socialization have not been fully discussed. In Chapter 6, I discuss in more detail these important multicultural issues.

The lack of focus on the multicultural aspects of masculinity brings to mind the male terrorists who carried out the September 11, 2001, attacks on the World Trade Center and the Pentagon. Few Americans can forget where they were during the traumatic days that immediately followed that horrific event, and even now, more than a decade later, the United States as a society still has not entirely recovered. One obstacle to our healing is that the public still lacks knowledge on who the attackers were and, more to the point, why they attacked. Although much has been written about the 9/11 terrorists, little is known about how their masculinity ideologies and their religious and cultural belief systems contributed to their decision to commit mass murder. One speculative question we may ask is whether they were influenced by GRC. One need only consider the lingering perception of the terrorists in some parts of the world as courageous male martyrs and heroes to connect them to psychological issues related to men, masculinity, and GRC.

DO MEN REALLY HAVE PROBLEMS? THE STATISTICAL DOCUMENTATION OF BOYS' LIVES

Over the past 15 years, boys' lives have been in the national spotlight, with numerous publications generating heated debates about their current status. According to William Pollack's (1998b) book, *Real Boys: Rescuing*

Our Sons From the Myths of Boyhood, boys are in trouble, whereas the title of Peg Tyre's (2006) *Newsweek* magazine cover story warns of "The Boy Crisis." On the other side are David Von Drehle's (2007) *Time* magazine cover story, "The Myth About Boys," which says the "boy crisis" is blown out of proportion, and Christina Hoff Sommers's (2000) book, *The War Against Boys: How Feminism Is Harming Our Young Men*, which concludes that no such crisis exists. Hoff Sommers attacked the research of William Pollack and Carol Gilligan, two of the most influential feminist scholars on both boys' and girls' development, arguing that their findings do not justify their alarm about the dire state of boys' lives.

Through such opposing views, boys' psychological health has become part of the cultural clashes in America, and feminism and scientific rigor have been the battleground. My response to the debate is to present in this book research and documentation about boys'—and, by obvious extension, men's—problems. Two questions are relevant. First, is there evidence that boys and men have problems? Second, if so, are these problems related to masculine gender roles?

Statistical analyses dispel any denial that men and boys have problems and any superficial illusions that all is well with them. In Exhibit 1.1, I list the problems that have been documented. A careful reading of Exhibit 1.1 raises some provocative issues that provide a context for every chapter of this book. **EX1**

These statistics, as sobering as they are, represent only reported problems and therefore underestimate the true state of men's and boys' lives. The critical question is whether socialized gender roles contribute directly to their psychological problems and, if they do, how? Experts over the past 30 years have theorized that they do (Courtenay, 2011; David & Brannon, 1976; Goldberg, 1977; Kilmartin, 2010; O'Neil, 1981a, 2008c, 2012b; Pleck, 1981; Pleck & Sawyer, 1974; Pollack, 1998b; Robertson, 2012), but only recently has any empirical evidence been presented (Levant & Richmond, 2007; O'Neil, 2008c). The chapters in this book provide theoretical rationales and empirical evidence showing that restrictive gender roles are significantly related to the problems in Exhibit 1.1.

SOME EVIDENCE ABOUT MEN'S MASCULINITY IDEOLOGY AND MEN'S PROBLEMS

A brief review of the research on masculinity ideology and GRC sets the stage for the body of this book. According to a definition as drawn from the literature, *masculinity ideology* describes how men are socialized to masculine stereotypes. It has been operationalized by the concepts of masculine norms and roles (Levant et al., 1992; E. H. Thompson & Pleck, 1986) and masculine conformity and nonconformity (Mahalik, Locke, et al., 2003).

18   *MEN'S GENDER ROLE CONFLICT*

EXHIBIT 1.1
Statistical Documentation of Men's and Boys' Problems

- 93% of sentenced prisoners are male (Carson & Sabol, (2012).
- 9.2% of male deaths are caused by suicide for males ages 10–14, 16.2% for males ages 15–19, 16% for males ages 20–24, and 14.7% for males ages 25–34 (Centers for Disease Control and Prevention, 2009).
- 94% of school shootings between 1979 and 2011were committed by males (Klein, 2012).
- 8.2% of boys in Grades 9–12 have carried a gun to school, 40% have been in a physical fight, 18% have been bullied, and almost 10% have been threatened or injured with a weapon (Eaton et al., 2012).
- 10% of all men report depression, and 14% report anxiety (Schiller, Lucas, & Peregoy, 2012).
- 23% of males report binge drinking (Centers for Disease Control and Prevention, 2012).
- 30% of men have lifetime prevalence rates for alcohol and drug dependence (Robin & Reiger, 1991).
- 85% of school violence is perpetrated by boys (Media Education Foundation, 1999).
- 80% of high school boys have reported being bullied (U.S. Census Bureau, 2005).
- 12% of high school boys have reported being threatened or injured with a weapon on school property (Centers for Disease Control and Prevention, 2007).
- 12% of males ages 18–24 are high school dropouts (U.S. Census Bureau, 2005).
- 16% of school-age boys have been diagnosed with attention-deficit/hyperactivity disorder (Centers for Disease Control and Prevention, 2005).
- 19% of men did not have a usual place to obtain health care in 2011 (Schiller et al., 2012).
- 41% of men are overweight (Schiller et al., 2012).
- 75% of people who die from heart attacks are men (American Heart Association, 1994).
- 66% of children receiving special education services are boys (Wagner, Marder, & Blackorby, 2002), and boys are 3 times more likely to be enrolled in a special education class than girls (U.S. Census Bureau, 2005).
- 8.5% of males dropped out of school in 2010 (U.S. Department of Education, 2011).
- 15% of boys received regular medication in 2011 (Bloom, Cohen, & Freeman, 2012).
- 15.3% of men serving in active duty in the U.S. armed services have committed suicide (Armed Forces Health Surveillance Center, 2012).

Masculinity ideology represents the primary values and standards that define, restrict, and negatively affect boys' and men's lives (Levant et al., 1992; Mahalik, Locke, et al., 2003; Pleck, 1995; Pleck, Sonenstein, & Ku, 1993; E. H. Thompson & Pleck, 1995). It refers "to beliefs about the importance of men adhering to culturally defined standards for male behavior" (Pleck, 1995, p. 19) and involves "the individual's endorsement and internalization of cultural belief systems about masculinity and male gender, rooted in the structural relationships between the sexes" (Pleck, 1995, p. 19). Masculinity ideologies can be dysfunctional because restrictive gender roles can have negative consequences for men, causing them to be dysfunctional in their interpersonal relationships. The negative outcomes of adhering to or deviating

from culturally defined and restrictive masculinity ideologies result in GRC and strain (O'Neil, 2008c; Pleck, 1995), whereas internalizing rigid masculinity ideologies can produce distorted gender role schemas (Mahalik, 1999a; O'Neil & Nadeau, 1999; see also Chapter 5, this volume) and GRC that are potentially damaging to men and others.

As indicated above, the critical question is, "What evidence exists to relate masculinity ideology and GRC to men's psychological and interpersonal problems, as enumerated in Exhibit 1.1?" This question is answered in Table 1.1, which comprises a literature review of published studies that have assessed whether masculinity ideology and GRC are correlated with negative psychological outcomes for men and boys. The review includes empirical studies that use one or more of the following five published measures: (a) the Masculine Role Norms Scale (E. H. Thompson & Pleck, 1986), (b) the Male Role Norms Inventory (Levant et al., 1992), the Conformity to Masculine Norms Inventory (Mahalik, Locke, et al., 2003), the Masculine Gender Role Stress Scale (Eisler, 1995), and the Gender Role Conflict Scale (GRCS; O'Neil et al., 1986).

The goal of this literature review is to develop an overall summary of the significant empirical relationships between masculinity scales and men's and boys' problems by determining whether the studies statistically correlate

TABLE 1.1
Masculinity Ideology and Gender Role Conflict Scales Significant Correlations
With Men's Psychological and Interpersonal Problems

Masculine Role Norms Scale[a] Subscales: Status Norms, Toughness Norms, Anti-Femininity Norms	
Reference sources	Psychological and interpersonal problems significantly correlated with the instrument
Kilianski (2003)	Negative attitudes lesbians, hostile sexism, negative attitudes toward women
E. H. Thompson & Pleck (1986)	Opposition to the Equal Rights Amendment, preference for a virgin wife
Abreu et al. (2000)	Lack of ethnic belonging
Pleck et al. (1993)	Suspension from school, drinking and use of drugs, being picked up by police, coercive sex
Locke et al. (2005)	Increased sexual risk
Blazina et al. (2007)	Loneliness, separation–individuation problems
Wilkinson (2004)	Restricted affectionate behavior between men, fear of appearing feminine, anti-gay attitudes
Jakupcak et al. (2005)	Overt hostility and aggression
Good, Heppner, et al. (1995)	Adversarial sexual beliefs, rape myths, psychological violence

TABLE 1.1
Masculinity Ideology and Gender Role Conflict Scales Significant Correlations
With Men's Psychological and Interpersonal Problems   *(Continued)*

Conformity to Masculine Norms Inventory[b]
Subscales: Winning, Emotional Control, Risk Taking, Violence,
Power Over Women, Dominance, Playboy, Self-Reliance, Primacy of Work,
Disdain for Homosexuals, Pursuit of Status, Total Conformity

Reference sources	Psychological and interpersonal problems correlated with the instrument
Mahalik, Locke, et al. (2003)	Social dominance, aggression, muscularity
Mahalik, Lagan, & Morrison (2006)	Unhealthy alcohol use, neglecting preventive skin care, health screenings, not seeking help with emotional difficulties, not going to health care appointments, getting into physical fights, difficulty managing anger, taking risks, risky behavior with automobiles and with sexual practices
Liu & Iwamoto (2007)	Substance use, marijuana use, binge drinking
Mahalik & Rochlen (2006)	Unhealthy responses to depression
Mahalik, Levi-Minzi, & Walker (2007)	Health risks, few health promotion behaviors
Smiler (2006)	Sexism
Mahalik, Burns, & Syzdek (2007)	Lack of health promotion behaviors
Kimmel & Mahalik (2005)	Internalized homophobia, unhealthy masculine body ideal, distress
Burns & Mahalik (2006)	Poor sexual functioning
Mahalik, Pierre, & Wan (2006)	Racial identity, Pre-Encounter phase, lower self-esteem, psychological distress
Good et al. (2006)	Negative attitudes about help seeking
Cohn & Zeichner (2006)	Laboratory shocks given during competition

Male Role Norms Inventory[c]
Subscales: Avoidance of Femininity, Fear and Hatred of
Homosexuals, Self-Reliance, Aggression, Achievement/Status,
Non-Relational Attitudes Toward Sex, Restrictive Emotionality

Reference sources	Psychological and interpersonal problems correlated with the instrument
Levant et al. (2003)	Alexithymia
Wade & Brittan-Powell (2001)	Negative attitudes about racial identity and women's equality, positive attitudes toward condoning the sexual harassment of women
Liu (2002a)	Racial group marginalization, ethnocentrism
Berger et al. (2005)	Negative attitudes toward help seeking

(continues)

TABLE 1.1
Masculinity Ideology and Gender Role Conflict Scales Significant Correlations
With Men's Psychological and Interpersonal Problems   *(Continued)*

Masculine Gender Role Stress Scale[d]	
Subscales: Physical Inadequacy, Emotional Inexpressiveness, Subordination to Women, Intellectual Inferiority, Performance Failure	
Reference sources	Psychological and interpersonal problems correlated with the instrument
Cosenzo et al. (2004)	Increases in systolic blood pressure, impaired cognitive performance
Moore & Stuart (2004)	Higher state anger, negative intent attributions, verbal aggressions
Eisler et al. (2000)	Greater negative intent; greater irritation, anger, jealousy, and aggression
Eisler et al. (1988)	Anger, increases in anxiety, poorer health habits
Lash et al. (1990)	Greater systolic blood pressure
McCreary & Sadava (1995)	Lower work satisfaction
Franchina et al. (2001)	Negative attributions and negative affect, verbal aggression
Jakupcak et al. (2006)	Alexithymia, lack of social support
Jakupcak et al. (2005)	Overt hostility and aggression
Mahalik et al. (2005)	Controlling behaviors, fearful attachment

Gender Role Conflict Scale[e]	
Subscales: Success, Power and Competition; Restrictive Emotionality; Restrictive Affectionate Behavior Between Men; Conflict Between Work and Family Relations	
Reference sources	Psychological and interpersonal problems correlated with the instrument
Blazina & Watkins (1996), Cournoyer & Mahalik (1995), Fragoso & Kashubeck (2000), Good et al. (1996), Good & Mintz (1990), Good & Wood (1995), Hayashi (1999), Magovcevic & Addis (2005), Mahalik & Cournoyer (2000), Sharpe & Heppner (1991), D. S. Shepard (2002), Simonsen et al. (2000).	Depression
Blazina & Watkins (1996), Cournoyer & Mahalik (1995), Fragoso & Kashubeck (2000), Good et al. (1996), Good et al. (2004), Hayashi (1999), J. A. Hayes & Mahalik (2000), Sharpe & Heppner (1991), Theodore & Lloyd (2000)	Anxiety and stress
Berko (1994), Cournoyer (1994), Hayashi (1999), J. Kim et al. (2006), Mahalik et al. (2001), Sharpe & Heppner (1991)	Low self-esteem

TABLE 1.1
Masculinity Ideology and Gender Role Conflict Scales Significant Correlations
With Men's Psychological and Interpersonal Problems   *(Continued)*

Blazina & Watkins (1996), Korcuska & Thombs (2003), Monk & Ricciardelli (2003)	Alcohol and substance abuse
Breiding (2004), Campbell & Snow (1992); Rochlen & Mahalik (2004), Sharpe et al. (1995)	Low marital satisfaction, adjustment, and happiness
Cournoyer & Mahalik (1995), Fischer & Good (1997), Good et al. (1995), Sharpe et al. (1995), Sharpe & Heppner (1991), Theodore & Lloyd (2001)	Lack of intimacy
Cohn & Zeichner (2006), Glomb & Espelage (2005), Kassing et al. (2005), Kearney et al. (2004), Rando et al. (1998), Schwartz et al. (2005), Senn et al. (2000)	Abusive behaviors and coercion, hostile sexism, hostility toward women, rape myth acceptance, positive attitudes toward and tolerance for sexual harassment, self-reported violence and aggression
Blazina & Marks (2001); Blazina & Watkins (1996); Good et al. (2006); Good et al. (1989); Good & Wood (1995); Lane & Addis (2005); Robertson & Fitzgerald (1992); Simonsen et al. (2000); Wisch et al. (1995)	Negative attitudes toward help seeking

Note. From *Oxford Handbook of Counseling Psychology* (p. xxx), E. Altmaier & J. Hansen (Eds.), 2012, New York, NY: Oxford University Press. Copyright 2012 by Oxford University Press. Adapted with permission.
[a]From E. H. Thompson and Pleck, 1986.
[b]From Mahalik, Locke, et al., 2003.
[c]From Levant et al., 1992.
[d]From Eisler, 1995.
[e]From O'Neil, Helms, Gable, David, & Wrightsman, 1986.

men's psychological and interpersonal problems with each scale; this is the first such summary to do so. Significant statistical relationships are defined as any correlational tests at the $p < .05$ level between any scale (or any of its subscales) and a psychological or interpersonal variable. Given the complexity of reporting the subscales, only overall relationships between each scale and dependent measures are reported in the table.

Table 1.1 contains a summary of the 93 studies reviewed for the five masculinity scales. The author(s) and the name of the scale are given first, followed by the names of the subscales. For each scale, the dependent variables that significantly correlate with men's psychological and interpersonal processes are enumerated. References to the studies summarized in Table 1.1 are available from the author upon request and many of them are listed at the end of the book.

The summary of the masculinity ideology and GRC scales in Table 1.1 (Masculine Role Norms Scale, Male Role Norms Inventory, Conformity to Masculine Norms Inventory, Masculine Gender Role Stress Scale, and the GRCS) indicates that attitudes about masculinity have been statistically correlated with a wide variety of psychological and interpersonal problems in more than 90 studies. More than 90 dependent variables related to men's problems have been significantly correlated with masculinity ideology, norms, and conformity, GRC, and stress.

Overall, the results of the studies reviewed in Table 1.1 provide a convincing case that masculinity ideology and GRC have significant relationships to psychological and interpersonal problems for both boys and men. The results across many studies point to significant relationships between masculinity ideology and negative psychological attitudes toward women and gay men, violent attitudes toward women, dangerous risk taking in regard to sex and health issues, substance use and abuse, psychological stress and strain, negative attitudes toward help seeking, delinquent behavior, low self-esteem, hostility and aggression, higher blood pressure levels, depression, anxiety, and marital and family problems.

These findings shed light on the statistical data on male problem areas listed in Exhibit 1.1, which document the high incidence among men and boys of substance abuse, depression, anxiety, learning problems, threats, bullying, and violence. Returning to the earlier question of whether men's problems are related to socialized gender roles, the answer, based on the correlational data, is an absolute yes.

DENIAL ABOUT MEN'S PROBLEMS: A SIGNIFICANT BARRIER

Both Exhibit 1.1 and Table 1.1 provide convincing evidence that boys and men have psychological problems and that empirical research documents a relationship between these problems and masculinity ideology and GRC. Almost everyone knows that males have problems, but society as a whole has been slow to acknowledge this fact. The evidence in Exhibit 1.1 and Table 1.2 can influence a paradigm shift with regard to how men and masculinity are perceived, but strong unconscious defenses can interfere with taking the data seriously.

For men's lives to improve, the misinformation and dubious assumptions that reinforce denial about boys' and men's problems need to be exposed. The best-known example of denial is the "boys will be boys" assumption. This misconception implies that boys' problems are normal and insignificant, usually only short term, remediated as the boy matures, and do not affect adulthood. The "boys will be boys" denial is superficial because it does not consider the

etiology of boys' problems from the perspective of restrictive gender roles, and it ignores the sociocultural impacts of sexism on boys' lives. Worse, it does not capture the deeper and unidentified sources of boys' conflict. Even among boys who appear normal, underneath the defensive masks of many are turmoil and trouble, and many do carry their unidentified adolescent problems into adulthood.

This denial is reinforced by the belief that boys' behavior is mostly influenced by innate and hormonal factors during puberty and that therefore not much can be done. This deduction deserves scrutiny because it represents an essentialist perspective on gender roles based on either natural law or religious, ethnic, or family values. Biology does affect boyhood during puberty and should be part of any discussion about boys' lives, but it should not detract from the consideration of how socialized gender roles shape attitudes and behaviors. Essentialists argue against interfering with biological imperatives driving male behavior, but rarely do they consider how socialized gender roles shape boys' behavior (Kenrick, 1987).

Another false assumption is that knowledge about gender roles could negatively affect boys' gender role identity and promote homosexuality. Many times these worries, often harbored by parents and teachers, represent homophobic reactions and interact with limited information about how restrictive gender roles affect sexism in boys' lives. Even assuming that the acquisition of any information can influence sexual orientation, information about masculine gender roles in particular does not focus on sexual orientation issues or support the feminization of boys. In fact, education about GRC facilitates a boy's positive views of what it means to be a man in terms of healthy character development, life skills, and the full realization of one's potential (O'Neil & Lujan, 2009b).

In short, to deny men's problems is to minimize them and invalidate male experience and struggles. Such a denial creates an attitude that permits men's problems to be normalized, accepted, and largely ignored. In this book, I challenge this attitude and break through any denial about what is at stake using theory, research, and arguments for expanding and deepening the psychology of men.

THE PLAN OF THE BOOK

The overall purpose of this book is to promote activism to help boys and men with their GRC. It is designed to summarize, in one place, past and previous GRC theory, research, and service options, as well as new ideas and research that can be useful to that end.

Contextualism is the driving dimension in this book, and it is my hope that, through the discussion of more elaborate GRC contexts, the complexity of men's lives can be better understood. Previous GRC conceptualizations have been limited, and the chapters in this book discuss many new contexts of GRC that can broaden the psychology of men in significant ways.

The book has seven overall contextual domains: (a) macro–societal–sociopolitical; (b) developmental–psychosocial; (c) empirical research; (d) multicultural–diversity; (e) gender-related concepts; (f) applied, therapeutic, and clinical; and (g) applied, preventive, and psychoeducational. The contextual thrust of the book is actualized by more than a dozen conceptual models that organize the contexts in heuristic ways. Furthermore, more than 40 theoretical assumptions or hypotheses about men are stated across the seven contextual domains. In addition, the contexts have utility for therapists and educators in that more than 10 practical tools or interventions are described that facilitate the assessment of men and boys during therapy or psychoeducational programs.

One of most significant contexts is a macrosocietal and sociopolitical perspective on GRC that conceptualizes oppression and social injustices as a result of patriarchal norms and masculine gender roles. This book is about men and women who are oppressed by restrictive gender roles. Oppressed people are individuals who are devalued, restricted, and violated because they have deviated from expected gender roles or because of their sex, sexual orientation, race, class, ethnicity, national origin, or any other characteristic. Many times the oppressed are those who are not part of the status quo, which in the United States is defined as being White, male, heterosexual, middle class, Eurocentric, and American. Even individuals who fit the above majority criteria can be oppressed by sexism and patriarchal values because with discrimination there are the psychological costs for both the victim and the oppressor. The dominant majority reaps benefits from oppressive systems, but few people are spared from patriarchal abuses and violence in our capitalist society.

In addition, in this book, I present a psychosocial, developmental context of GRC that promotes the study of how masculinity affects growth and development over the life cycle. Contextual ways of assessing GRC, approaches to therapy, and psychoeducational programming are new contexts that make the book useful to practitioners and activists in the psychology of men. The new contextual research paradigm expands the GRC research agenda to answer questions about how GRC is activated by situational contingencies in the environment. Furthermore, more elaborate contexts are discussed that explain how GRC relates to gender role transitions, distorted gender roles schemas, and masculinity ideology. Finally, healthy and positive masculinity is a new context that supports reducing and preventing GRC in men's lives.

Part I of this book contains this chapter and continues with Chapter 2, in which I provide a historical context of the GRC research program, describing how it started and has developed over the past three decades. Details of my personal experiences, political dynamics, and significant developments convey a sense of the driving forces and the difficulties that have inhibited the GRC research program over the years.

Part II comprises three chapters in which I present the theoretical and empirical foundations of GRC. Chapter 3 encompasses the conceptual definitions, concepts, and models of GRC; I discuss its complexity from macrosocietal, functional, and microcontextual perspectives and offer details of new conceptual paradigms to facilitate the next wave of knowledge about men's GRC. In Chapter 4, I discuss how to measure GRC and describe the phases of the gender role journey (O'Neil, Egan, Owen, & Murry, 1993). I review the initial development of the GRCS (O'Neil et al., 1986) and its later adaptation for adolescents and discuss the newer short form of the GRCS (Wester, Vogel, O'Neil, & Danforth, 2012). The adaptation of the GRCS for women, and the Gender Role Journey Measure (O'Neil et al., 1993), also are described. The emphasis in this chapter is on the psychometric properties of the instruments and evidence of their reliability and validity. In Chapter 5, I offer a new developmental context on GRC across the life span, based on psychosocial theory (B. Newman & Newman, 2012) and the gender role journey paradigm (O'Neil & Egan, 1992a, 1992b; O'Neil et al., 1993) that includes gender role transitions and learning distorted gender role schemas.

The three chapters of Part III summarize empirical research on men and boys. These chapters represent a summary of the empirical evidence about GRC from more than 335 studies, and the calls to action are justified using this database. In Chapter 6, I review the multicultural and diversity studies on GRC for men of different ages, races, ethnicities, classes, sexual orientations, and nationalities, and other special groups. I provide an analysis of the studies I review, and I present a conceptual model that relates men's oppression to masculinity ideology, GRC, internalized oppression, and psychological problems. In Chapter 7, I analyze the research from 1984 to 2013, including more than 300 empirical studies that have used the GRCS over the past 30 years, and I discuss how GRC has been correlated with 90 different dependent variables and 16 major categories of men's personal and interpersonal functioning. I outline in Chapter 8 four research paradigms that can guide future research on GRC, with emphasis on contextualizing GRC and creating more moderator and mediator studies to capture its complexity in a variety of real-life contexts. This chapter is a response to critics' questions regarding what can be done next with the empirical validation of men's GRC.

In Part IV, I present the practical applications of GRC in therapy and in preventive programming. These contexts demonstrate how GRC theory

and research can be used as part of the call to action. In Chapter 9, I present an assessment paradigm for men's therapy using a nine-cell diagnostic schema supported by the GRC research reviewed in Chapters 6 and 7. In Chapter 10, I discuss the first full explanation of how GRC can be used by clinicians. Gender Role Journey Therapy is presented in the context of deepening (Rabinowitz & Cochran, 2002) and transtheoretical approaches (Brooks, 2010; Prochaska & Norcross, 2001). For the first time, past GRC research and current theory are used to establish a process for conducting therapy with men: Using the diagnostic schema in Chapter 9 and the description of Gender Role Journey Therapy in Chapter 10, in Chapter 11, I present a case study of one of my current clients. This represents the first full description of how to apply GRC theory to an actual therapy client.

In the first two chapters of Part V, I summarize more practical topics related to the call to action. In Chapter 12, I discuss a theoretical and empirical justification for providing psychoeducational programming for boys and men, and in Chapter 13, I present a service delivery system and describe three evaluated interventions that used GRC concepts with boys, men, and women. The service delivery model and interventions were designed to help practitioners apply GRC concepts in psychoeducational settings outside therapy sessions.

The final chapter, 14, includes further personal and professional insights on GRC from a societal perspective, and I summarize the many assumptions and contexts developed in each chapter. I discuss what should be done next with the 40 assumptions and the 85+ contexts described in the book and extend to readers a personal invitation to get involved.