ED 352 580   CG 024 685

AUTHOR   Bernhardt, Gregory R.; Peterson, Frederick L.
TITLE   Men's Health and Well Being: Raising the Awareness of
                Mental Health Counselors.
PUB DATE   Aug 92
NOTE   18p.; Paper presented at the Annual Conference of the
                American Psychological Association (100th,
                Washington, DC, August 14-18, 1992).
PUB TYPE   Viewpoints (Opinion/Position Papers, Essays, etc.)
                (120)

EDRS PRICE   MF01/PC01 Plus Postage.
DESCRIPTORS   *Counselor Role; Counselors; Counselor Training;
                Emotional Response; Fathers; *Males; *Mental Health
                Workers; *Sex Bias; *Well Being

ABSTRACT
                This article explores different issues becoming known
today as "men's issues," discusses the impact of these issues upon
the lives of men, and reviews implications for the education of
mental health counselors. The paper notes that men are not typically
taught how to identify their own feelings, how to identify the needs
of their mates, how to nurture themselves or their children, nor how
to be caring and sensitive generally to the needs of others.
Institutionalized sexism, being a destructive force to both genders,
is examined as it influences the lives of men, particularly in the
areas of fathering, and the gender longevity gap. An emphasis is
given to how gender issues are directly related to men's health and
psychological well being as well as educational interventions that
promote the same. Specifically discussed is a counselor education
course designed to better prepare mental health counselors to
positively influence health life style choices of male clients.
Recommendations for the mental health counselor's own personal and
professional development are also discussed. It is concluded that it
is now imperative that counselors take a leadership role by raising
awareness educating themselves and others. (Author/ABL)

Men's Health and Well Being: Raising the Awareness of Mental Health Counselors

Gregory R. Bernhardt

Wright State University

Department of Human Services

Frederick L. Peterson

Department of Veteran Affairs Medical Center

Dayton, Ohio

Running Head: Men's Health and Well Being

2

Abstract

This article explores different issues becoming known today as "men's issues", discusses the impact of these issues upon the lives of men, and reviews implications for the education of mental health counselors. Institutionalized sexism, being a destructive force to both genders, is examined as it influences the lives of men, particularly in the areas of fathering, and the gender longevity gap. An emphasis is given to how gender issues are directly related to men's health and psychological well being as well as educational interventions that promote the same. Specifically discussed is a counselor education course designed to better prepare mental health counselors to positively influence healthy life style choices of male clients. Recommendations for the mental health counselor's own personal and professional development are also discussed.

Men's Health and Well Being: Raising the Awareness of Mental Health Counselors

The focus of American society for the last few decades has not been on the positive role that males can play in society (Franklin, 1984). Instead, individual men often have been the focus of negative criticism because of the collective male role in the exploitation of women. The idea that men have been society's victims of gender roles as well, has not been well received. Yet one has only to consider a familiar drama like Arthur Miller's Death of a Sa'esman, to realize that men in this culture are the victims of a profoundly male American tragedy (August, 1987).

An emphasis of the male gender role has been to create men that are able to deal effectively with their environment and to accomplish tasks quickly and efficiently (Raphael, 1988). Unfortunately, it has left most men unable to handle the stresses that develop intrapersonally and interpersonally. This so discourages some men, like Arthur Miller's Willie Loman, that they would rather die than face a world in which they are ineffective and unsuccessful. Loman completes suicide as a result of his inadequacy to fulfill society's notion of what it means to be a man.

Men are taught to keep their feelings to themselves, to be strong, aggressive, bear pain in silence, to trust only yourself. Robert Bly (1990) talks of men being fed and reared on a diet of silence and distance. Men are not typically taught how to identify their own feelings, how to identify the needs of their mates, how to nurture themselves or their children, nor how to be caring and sensitive generally to the needs of others. If there was a formula for isolation, alienation, and a sense of being totally alone, it would be very similar to the typical male socialization.

The fish will be the last to discover the ocean, and so it seems it is with many men today. Without the proper vantage point, a perspective cannot emerge that is liberating for men. Committed to the roles that they have been given by society, many men do not have a sense of "what else" is out there. This article addresses institutional sexism, the physical and mental health issues affecting men today, and discussed educational interventions that are useful as men

work through their potential new roles in the 1990's in an attempt to maintain good physical and

mental health.

Institutionalized Sexism

A recent radio advertisement went like this: "Hello, Janet? This is Joe Smith. I am the linebacker on the football team. I wanted to know if you would like to go out?" (click). "Hmm, says the young man. The telephone rings, "Hello Susan? This is Joe Smith.." (click). "Hmm, " he says again. The telephone rings, "Hello, Lisa?" (click). At this point a very feminine voice says "If you are not man enough to register for the Selective Service, word gets around."

This is an example of institutionalized sexism, the commercialized threat to masculinity if one does not comply with requirements of a male only mandatory registration for military service. Institutionalized sexism refers to the socialization of the genders to different standards of socially accepted behavior and brings negative consequences of gender roles. There are many references to media examples of institutionalized sexism against men (Day, 1987; Farrell, 1986; Goldberg, 1976; Grabman-Black, 1987; Reimer, 1987).

Other examples of institutionalized sexism can be found in the traditional gender role expectation of men to be bread winner first and parent, or have any interest in children, second (if at all). This has far-reaching impact. Males who care for children have to be exceptionally careful to provide care in a manner that is beyond reproach (Farrell, 1986; Nelson, 1987). Research on parenting frequently focused on the "absent father" or blatantly ignored fathers (Pendersen, 1981; Sutton-Smith, 1973). Data currently concludes that there is no biologically based gender difference in responsiveness to infants and children (Chance, 1988; Lamb, 1981; Travis & Offir, 1977). The differences between men and women behaviorally acting out their parental responsiveness appears to be due to socialization and gender role expectation (Feldman & Nash, 1987; Fodi, Lamb, Leavitt & Donavon, 1987; Park & O'Leary, 1976).

Klaus and Kennel (1976) offer Margaret Mead's apt comments on this issue:

> No developing society that needs men to leave home and do his thing for the society ever allows young men to handle or touch newborns. There is always a taboo against it. For they know if they did, they would never get out and do their thing properly (p. 44).

A third area of institutionalized sexism is in the area of victimization. It is difficult for most people to view males as victims of violence (and conversely to view women as violent offenders). The implications of this area are also far-reaching. Organizations that work with male victims, Macchietto (1992), also notes that research and data collection are biased in this regard.

This anti-male biases co-exist with female biases that have been woven into the fabric of our society. Institutionalized sexism is manifested in so many aspects of American society that it is in a visible and significant manner. By examining only three of the areas of institutionalized sexism, one can find evidence of negative effects on men's health and well being.

Physical and Mental Health Issues

John Lee was quote in a recent news expose' on the men's movement.."white males run the country but only if they stop feeling, stop talking, continue swallowing pain and hurt, and keep dying younger than they need to be dying" (Adler, 1991, p. 51). These are some of the factors that contribute to the ill health of men.

Masculine gender role stress has been studied by Fisler and Blalock (1992). They conclude that there are gender differences in health problems, based on each gender's vulnerability. Men currently die on the average seven years earlier than women (Hazard, 1989; Miller, 1986). In part, this is due to men completing nearly three times as many suicides as women (Foxley, 1979), being victims of homicide at a disproportionately high rate, and having lost over one million lives in American wars (Phillips, 1990). For men, two of the four most frequent clinically diagnostic disorders are alcohol abuse/dependence and drug abuse/dependence (NIHM, 1985). Black males appear to be at even higher risks with 30% or higher unemployed, representing 42% of the inmate population in prisons, and having the highest rates of homicide and the second highest rates of suicide. Black males in our culture have been described as an endangered species (Alter, 1990; Monmaney, 1987; Parham & Davis, 1987).

Men appear to have paid for the privilege of " being in control" of our society and culture with their very health and lives. This was not done after a calm and quiet discussion that men and women held in order to decide which of the sexes should assume a larger part of certain tasks or roles, nor with the knowledge that one's physical and mental health would suffer. Instead today's gender roles were not the optimum way to enrich the lives of individual people, nor to develop individuals who are mentally and physically healthy, operating in their environments in an effective manner.

Educational Interventions

There is a small, growing number of national leaders, organizations, and "men's centers" devoted to issues of gender and training professionals and the general public. Warren Farrell, Robert Bly, the National Organization for Men Against Sexism (NOMAS) and the National Congress of Men (NCM) are examples of this response. Williams and Myer (1992) offer an overview of the men's movement from the perspective of it as a resource when counseling men.

Even with this increase of consciousness-raising for men's issues, most mental health and education professional still have to search extensively for training that specifically addresses male gender role strain. This is because most of these professionals are not aware of the training, do not know how to access it, or do not perceive it as a need due to their own anti-male presumptions (i.e. - early male death not being identified as a public health, education, or counseling issue). It may be easier to find health education interventions addressing male gender role strain that are designed for the general public (Koinman & Kohl, 1984).

Examining academia for the scope and diversity of professional training is a good indicator of how serious a need is perceived for male specific educational interventions. It is often the case that educational interventions get their start on a college or university campus before they become community based programs.

Educational activities designed to address and correct the ill effects of gender role strain for men have been increasing over the last two decades on college campuses. Harper's magazine (September, 1986) reported the number of colleges and universities with offerings in "men's studies" increased from thirty to one hundred in the two preceding years (1984-1986). A comment often heard among faculty (both men and women) when this type of course is offered is, "why have a special class focusing on men - isn't the study of all western civilization, from history to art, one big study of men?".

The most articulate discussion of the need for "men's studies" may be by Eugene August who pioneered men's studies with a course entitled, "Modern Men: Images and Reality" since

1980 at the University of Dayton. He explains that the omissions and distortions of traditional studies have lead to the creation of "women's studies" in an attempt to write into history the roles and contributions women have made to our cultural evolution. While women studies have gained wide acceptance in academia, August and other scholars were taking notice of serious omissions and distortions about men in traditional studies.

Traditional scholars have focused upon the generals, presidents and popes of history, not the lives of women (except for queens)(August, 1985; 1987). Therefore it is argued that traditional scholars (being men) perpetuated men as "the norm" and females as "the other". August asserts that traditional scholars did not take males as a group as the norm but rather a particular definition of masculinity that is skewed and debilitating. Men are discussed as kings and warriors as opposed to fathers. He further argues that there is little attention historically given to males that do not fit this definition of masculinity and how ordinary men are regarded as "the other" as women have been (August, 1985; 1987).

On a more practical level, the need to provide specifically designed educational interventions for men is apparent from a public health perspective. Courses that can help reduce gender role strain and increase healthy lifestyles for men are strongly needed to address the issue of premature male death and the gender longevity gap. The death of health education classes specifically designed for men is testimony to the lack of priority given to this issue. Can one imagine living in American society where it is a commonly accepted fact that women die on an average seven years younger than men and there not be a public outcry to make a national priority of finding a cure to the "women's early death syndrome?".

Access to training on male gender role strain was the primary concern of the authors in offering a course entitled "Men's Health and Well Being" at Wright State University (Fall, 1990). The course was offered through the support of the first author and was taught by the second author and Patrick Conwell. The course was designed to provide an indepth examination of gender issues related to men and choices for healthy life styles. It was offered through the

counselor education program in the Department of Human Services. Therefore, graduate counseling students participated as well as social science undergraduates.

Topics included the gender longevity gap and leading causes of death for males, anti-male biases in media, the consequences of war and male only military registration, male aging, sexuality and intimacy, homophobia, issues of minority men, fathering, spirituality, and male friendships. The objective was to increase the awareness of how these topics impact on men's lives and to promote both physical and psychological health. Guest speakers included a male Vietnam veteran who is an award winning poet and who suffers from combat-related post traumatic stress disorder, a male physician from the Department of Veteran Affairs, and male mental health counselors who addressed male aging and issues of men of color.

The course was designed to be a blending of experiential learning and empirically based didactics. Students were required to keep a journal during the course and to make a presentation related to their participation. One student brought in her father for an unrehearsed interview about his boyhood and how he learned what it was to be a man. To address homophobia, the class did a "field experience" by meeting at a local gay/lesbian establishment.

There were slightly more females than males that enrolled for the course with the women stating that they wanted to learn more about keeping the men in their lives healthy. Evaluations of the class were overwhelmingly positive from both male and female students. It was noted that the men had more discomfort doing some of the role plays and "feeling focused" exercises. Also noted was the beneficial use of music as a teaching vehicle. Conwell composed and performed songs with guitar specific to the topic of the class as well as lead musical improvisation that created a ritual by which to end the course on its last meeting.

Recommendation for Mental Health Counselors

It is imperative to mental health counselors and educators, both men and women, to sensitize themselves to the issues of gender that impact on the lives of their clients and students. As discussed, there has been a growing sensitivity over the last three decades toward these issues as they affect women. This article has attempted to illuminate the reciprocal nature of sex roles and how men are influenced by our rapidly changing cultural mores.

A good place to begin this sensitization process is to expand one's knowledge base of men's issues. Recommended are some popular books that have spent time on the best seller's list. Included hare are Robert Bly's Iron John (Addison-Wesley, 1990), Sam Keen's Fire in the Belly : On Being A Man (Bantam, 1991), Doug Gillette and Robert Moore's King, Warrior, Magician, Lover: Rediscovering the Arch Types of the Mature Masculine (Harper San Francisco, 1990).

For greater exposure, joining a men's issues organization will assist in keeping one informed of the latest books, audiovisuals, issue debates, workshops, and conferences. Both male and female mental health counselors are encouraged to join national groups (such as NOMAS or NCM) or regional and local organizations. Some of the many men's publications to which one can subscribe include the men's studies review, "Man!", "Wingspan", "Brother", "The Legal Beagle", and the soon to be published "Arrow".

One of the best ways to sensitize oneself toward gender issues is to personalize them and address them in one's own life. Focusing upon one's own growth can bring personal satisfaction as well as professional development. A great deal of learning can be gained by forming a men's study group that discusses recent publications mentioned above. Study and discussion groups can "bring alive" issues of male sex role strain, which is the anxiety experienced by men when they engage in non-traditional behaviors that may not be socially sanctioned for men (i.e., hugging other men, being the primary care giver, expressing pain or grief).

For those more motivated joining a male support and/or therapy group is an excellent way to address the impact of the male role on one's life. It is imperative for mental health

counselors to examine themselves and work hard to reduce their own homophobia. This is particularly true of male counselors working with male clients, whether the counselor is heterosexual or gay. Reducing homophobia for men is best done in all male groups and needs to address verbal communication as well as physical closeness and touch.

Addressing homophobia is often very difficult but what is really frightening to most men is facing the issues and associated feelings in the relationships they have with their fathers. Examining father-son relationships in an emotionally meaningful way is an effective avenue of reducing gender role strain because it is most often the father, either directly or indirectly, who sets the "deepest anchors" in our male socialization. Although the most frightening, this area can be the most rewarding not only for men's personal and professional development but also in reducing the generational handing down of sexist beliefs and behaviors to our children.

Providing inservices, workshops, nonsexist counseling and academic courses are all positive ways to promote men's issues and assist other mental health counselors in building their awareness of this important movement. Mental health counselor educators should examine their curriculums to consider having men's issues represented in either a "Gender Issues and Counseling" course along with women's issues or stand alone as a separate counselor preparation course.

After sufficient exposure, learning, and integration, men are encouraged to "go public" with men's issues and advocate for gender fair, gender equal social reform. Strive to become a "sequalist" - one who practices sex equality that is both profeminist and male affirming. Consider serving on the board or volunteering at local men's issues organizations. Mental health counselors and educators can learn to better assist others in paths of optimal growth free from the prescribed limits of gender roles. This includes counseling and educating men to higher levels of health and well being.

"Society has a vested interest in maintaining, supporting, and even defending the definition and expectations that it associates with the role of each sex. When changes do occur in these prescribed sex roles, people can become confused and even anxious over their own

13

personal definitions of masculinity and femininity" (Doyle, 1983, p. 9). In her perceptive way,

Margaret Mead (1949) tried to encourage a more unified approach to gender changes when she

observed:

> Only if we perpetuate the habit of speaking about the "position of women" in a vacuum
> will we fail to recognize that where one sex suffers, the other sex suffers also. As surely
> as we believe that the present troublesome problems of sex adjustment are due to the
> position of women alone, we commit ourselves to a long series of false moves as we
> attempt to push men out of the home, into the home, out of the home, adding mounting
> confusion to the difficulties born of a changing world-climate of opinion, a shifting
> technology, and an increasing rate and violence of cultural change (pp. 300-301).

Certainly the forty years since Mead made these observations have not been characterized

by an integrated examination of what roles would be best for men and women as people in our

society (Segal, 1990). It is now imperative that counselors take a leadership role by raising

awareness educating ourselves and others. Only then can we freely have an impact on the health

and well being of men.

References

Adler, J. (1991, June 24). Drums, sweat and tears. Newsweek, 117(25), 46-51.

Alter, J. (1990, February 19). Saving the throwaway people: a documentary on the crisis of poor black men. Newsweek, 115(1), p. 77.

August, J. A. (1985). Men's studies: A selected and annotated interdisciplinary bibliography. Littleton, Colorado: Libraries Unlimited.

August, E. (1987). Real men don't, or anti-male bias in English. University of Dayton Review, 18(2), 3-7.

Beane, J. (1981). "I'd rather be dead than gay": Counseling gay men who are coming out. The Personnel and Guidance Journal, 60(4), 222-226.

Bly, R. (1990). Iron John: A Book About Men. New York: Addison-Wesley Publishing Company, Inc.

Chance, P. (1988, May). Mother's day: In praise of maternal love. Psychology Today, pp. 18-19.

Day, J. (1987). Figures of the failed breadwinner in nineteenth-century French fiction. University of Dayton Review, 18(2), 27-33.

Derdeyn, A. (1976). Child custody contests in the historical perspective. American Journal of Psychiatry, 133(12), 1369-1376.

Doyle, J. A. (1983). The Male Experience. Dubuque, Iowa: Wm. C. Brown Company Publishers.

Farrell, W. (1986). Why Men are the Way They Are. New York: McGraw-Hill Book Company.

Feldman, S. & Nash, S. (1978). Interest in babies during young adulthood. Child Development, 49(3), 617-622.

Foxley, C. H. (1979). Nonsexist Counseling: Helping Women and Men Redefine Their Roles. Dubuque, Iowa: Kendall/Hunt Publishing Co.

Franklin, C. W. (1984). The Changing Definition of Masculinity. New York: Plenum Press.

Frodi, A., Lamb, M., Leavitt, L., & Donovan, W. (1978). Fathers' and mothers' responses to infant smiles and cries. Infant Behavior and Development, 1, 187-198.

Gardner, R. (1987). The Parental Alienation Syndrome and the Differentiation Between Fabricated and Genuine Child Sex Abuse. Cresskill, New Jersey: Creative Therapeutics.

Goldberg, H. (1976). The Hazards of Being Male: Surviving the Myth of Masculine Privileges. New York: The New American Library, Inc.

Grubman-Black, S. (1987). Some images and reflections of fathers in the popular media: Fallacy, fiction, fantasy, fact. University of Dayton Review, 18(2), 83-92.

Hazzard, W. (1989). Why do women live longer than men: Biological differences. Postgraduate Medicine, 85(5), 271-278, 281-283.

Klaus, M. & Kennell, J. (1976). Maternal-Infant Bonding. St. Louis: The C. B. Mosby Company, 44-45.

Klinman, D. & Kohl, R. (1984). Fatherhood U.S.A.: The First National Guide to Programs, Services and Resources For and About Fathers. New York: Garland Publishing, Inc.

Lamb, M. (Ed.) (1981). The Role of the Father in Child Development. New York: John Wiley and Sons.

Monmaney, T. (1987, July 2). A black health crisis: shorter life spans and higher death rates. Newsweek, 110(2), p. 53.

Mead, M. (1949). Male and Female: A Study of the Sexes in a Changing World. New York: Morrow.

Meinecke, C. (1981). Socialized to die younger? Hyper masculinity and men's health. The Personnel and Guidance Journal, 60(4), 241-245.

Miller, G. (1986). Is the longevity gender gap decreasing? New York State Journal of Medicine, 86(2), 59-60.

National Institute of Mental Health. (1985). Mental Health, United States 1985 (DHHS Publication, No. ADM 85-1378). Washington, DC: U.S. Government Printing Office.

Nelson, B. (1987, Fall). Men in child care news; The law: How it effects you. Nurturing
Today. 9(3), p. 25.

Nichols, J. (1987). Men's Liberation: A New Definition of Masculinity. New York: Penguin
Books.

Parham, T., McDavis, R. (1987). Black men, an endangered species: Who's really pulling the
trigger? Journal of Counseling and Development, 66(1), 24-27.

Park, R. & O'Leary, S. (1976). Father-mother-infant interaction in the newborn period: Some
findings, some observations, and some unresolved issues. In K. A. Riegel & J. Meacham
(Eds.), The Developing Individual in a Changing World: Vol. 2. Social and
environmental issues (pp. 209-236). The Hogue: Mouton.

Park, R. & Tinsley, B. (1981). The father's role in infancy: Determinants of involvement in
caregiving and play. In M. R. Lamb (Ed.), The Role of the Father in Child Development
(pp. 429-457). New York: John Wiley and Sons.

Pedersen, F. (1981). Father influences viewed in a family context. In M. E. Lamb (Ed.), The
Role of the Father in Child Development (pp. 295-317). New York: John Wiley and
Sons.

Peterson, F. & Walls, D. (1990). Promoting fathering and greater father-infant interaction.
Paper presented at the annual meeting of the American Psychological Association,
Boston.

Peterson, I. (1991). Perspectives on the Vietnam experience: Impact and rapprochement.
Contemporary Psychiatry.

Philips, D. (1990). The case for veterans' preference. In C. Figley & S. Leventam (Eds.),
Strangers at Home: Vietnam Veterans Since the War (p. 348). New York:
Brunner/Maze.

Raphael, R. (1988). The Men From the Boys: Rites of Passage in Male America. London:
University of Nebraska Press.

Reimer, J. (1987). Integrating the psyche of the American male. University of Dayton Review, 18(2), 41-48.

Segal, L. (1990). Slow Motion: Changing Masculinities, Changing Men. London: Virago Press.

Sutton-Smith, B. (1973). Child Development. New York: Appleton-Century-Crofts.

Tarvis, C. & Offir, C. (1977). The Longest War: Sex Differences in Perspective. New York: Harcourt, Brace & Jovanovich.

Zelazo, P., Kotelchuck, M., Barber, L., & David, J. (1977, March). Fathers and sons: An experimental facilitation of attachment behaviors. Paper presented to the Society for Research in Child Development, New Orleans.