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## The Impact of Masculinity on Mental Health



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### ABSTRACT

**Background:** Men often face stigma when discussing their struggles with mental illness and help-seeking behaviors. Especially in the military, a strong environment of masculinity in the predominantly male field has created a culture of *manning up* as opposed to seeking help for mental illness. **Purpose:** The purpose of this review was to explore how men are viewed across cultures and in different groups along with examining ways that loved ones, nurses, and other healthcare professionals can best aim to help males seek proper assistance regarding struggles of mental illness. Through research and key subjects, this inquiry aimed at understanding if healthcare workers can better understand male patients and how they understand and express their illness in terms of masculinity and stigma. **Method:** A literature review was conducted to examine how societal pressures such as masculinity and stereotyped male gender roles impact men's willingness to address their mental health issues. Current literature and original ideas were used to collect information. The question of inquiry was: How has societal pressures such as masculinity and stereotyped male gender roles impacted men's willingness to address their mental health issues? **Findings:** It is clear based on the literature, while being masculine, is the social norm, it has led to the men in communities having negative effects on their mental well-being. These dominant figure men idolize to be, has led them to seek out risky behaviors, abuse drugs and alcohol, be reluctant to seek out treatment, and be unsure how to address their need for help. **Conclusion:** Societal pressures, gender roles, and masculinity has prevented most men from seeking appropriate mental health care resulting in negative outcomes.

## 1. INTRODUCTION

The prevalence and recognition of mental illness have been on the rise. As time goes on, more and more people are feeling comfortable attending therapy and the psychiatric medication industry has taken leaps and bounds in developing useful medications with fewer side effects. However, despite the advances in medicine and further understanding of the various psychiatric disorders that affect people, there is still a significant stigma related to mental illness. The National Alliance of Mental Health (NAMI) propagated, one in five adults experience mental illness every year and a shocking one in 25 experience a mental illness that is considered serious [1]. The prevalence of mental illness in male and female patients is about equal, but treatment for males is significantly lower by approximately 15% [1]. This statistic highlights a large gap in the treatment of mental illness among males, mainly having to deal with stigma related to masculinity and mental illness.

Males encompass a significant population of adults who experience mental illness. Shockingly, the Centers for Disease Control and Prevention (CDC) cited in 2017 that four out of five completed suicides were male [2]. However, when studying mental health awareness and help programs in the same study, it was discovered that roughly 80% of the attendees were female. In the short term, this means men, the people who need help at the highest rate, are receiving less help. This, in large part, is profoundly related to the idea that men cannot show weakness. Societal expectations have led many males to believe that how men *should* behave and what masculinity includes is the expectation that men are the breadwinners of the family and that they display what has traditionally been interpreted as masculine traits such as strength, dominance, and control. Through research and key subjects, this inquiry aimed at understanding if healthcare workers can better understand male patients and how they understand and express their illness in terms of masculinity and stigma. The question of inquiry was: How has societal pressures such as masculinity and stereotyped male gender roles impacted men's willingness to address their mental health issues?

## 2. CASE STUDY OF PATIENT "A"

Most of the patients at the veteran's hospital are male. The majority are known to be thought of as *tough*. As a result, many of the psychiatric patients are either forced into being admitted or wait far longer than they should have waited to be admitted. One of the many examples of this was patient **A**. Ever since getting back from the war, he has struggled with post-traumatic

stress disorder (PTSD), alcoholism, and depression. However, for many years he would just drink to avoid having to face his mental health issues. He explained that being in the military, they were taught coping mechanisms that helped them to forget instead of cope. Sharing feelings and embracing them was not encouraged in the military. This led to increased shame for patient A. He felt as if he was not strong enough to handle all the difficult things he had gone through. This led to isolating himself and destroying friendships. He also constantly turned to drugs and alcohol instead of facing his emotions. This led to his marriage ending because he did not believe he deserved to be in a relationship.

Patient A was admitted to the psychiatric unit many times and the first time was not voluntarily. He elaborated that this was because he was willing to die before accepting that he had a mental illness. Mental illness felt like *life failure* and he was unwilling to accept that. Alcohol was his method for forgetting all he had been through. He would drink to the point of incontinence and had been sent to the hospital three times because he nearly drank himself to death. He explained that he still struggles with his mental illness, but he is at least willing to admit that he has one. However, he is closed off regarding the discussion of his mental health problems with people because he feared the *judgment*. He stated *many people think I am crazy, also, I hate getting the look of pity from others*. This has led patient A to live a very private life where he trusts very few people. This caused an increase in patient A's depression and caused him to feel *even more alone*. However, patient A stated that being at the veteran's hospital was helpful to see that he was not the only veteran who suffers greatly from the horrendous things he has seen in the past.

Patient A begins to bounce back and find hope when he is in the veteran's hospital. When in the psychiatric unit he was taught different coping skills to better prepare him for the outside world. These skills included identifying triggers, finding mindfulness techniques, and identifying the root cause of why he has the issues he does. He also underwent therapy several times a week to identify the root of his struggles. Once a week, patient A also met with his team, which included a social worker, nurse, doctor, psychologist, and case manager. During this meeting, he was fully involved in dictating the direction he wanted his care to prescribe. In this meeting, they also evaluated if any changes in care needed to be made to assist him in his recovery. Patient A explained that his greatest concern and fear was his ability to stick to all the positive skills he has been taught once he is out in the *real world*.

### 3. METHOD

A case study and review of the literature were instituted to conduct this study. The databases used to collect articles included the university library online article search, Google Scholar, and the Cumulative Index of Nursing and Allied Health Literature (CINAHL). The keywords used were *masculinity, men, mental health, culture, mental illness, and veterans*.

### 4. LITERATURE REVIEW

The purpose of this review was to explore masculinity related to mental health and to explore personal encounters with individuals who have encountered this type of stigma first-hand. To further dive into the information regarding masculinity, the literature on specific behaviors contained within the concept of being masculine, how this impacts men's willingness to seek help for their mental health problems, and how masculinity changes across cultures were reviewed.

#### 4.1 Behavioral Concept

There is a definite distinction between how men are supposed to behave compared to women in modern society. This social construct of the way a person has behaved has placed an impact on what actions a person will make due to what would be perceived as socially acceptable or unacceptable from peers. This social acceptance is highly sought out by all people male or female but seems to have a more profound effect on men. Masculinity is a concept that is considered socially constructed and can be roughly defined as attributes, behaviors, and mentality primarily associated with being a man [3-5]. Otherwise described as being masculine, the concept encompasses varying descriptions of what makes someone masculine. While the defining characteristics differ from source to source, the main attributes include being the provider and protector for the family, emotional restraint, dominance, toughness, strength, and self-reliance [4-7]. Many of these descriptors are congruent with men being the breadwinners, the head of families, and other patriarchal structures.

While masculinity is particularly associated with toughness and resilience, there is a heightened portion of masculinity that is a step further. Hegemonic masculinity or hyper-masculine is categorized as the dominant role in masculinities, particularly the masculinity that is socially privileged (4-9). Though hegemonic masculinity is common across many cultures, it has been linked to some negative implications regarding mental and physical

health. Those that identify with traditionally masculine characteristics are at a higher risk of alcohol abuse and abuse of other substances [3,4,8]. The mindset has also been positively correlated with risky behavior and psychiatric problems, primarily depressive symptoms as well as is found to promote antisocial and avoidant personality traits [3-5,10]. On the other end, masculine men have also been found to be reluctant to seek treatment and even when they do want to reach out for help, and they have struggled to know how to talk with others or find others they trust to share that personal information [4,7,9,10]. Seidler *et al.* [9] stated, *many of the approximately 44,000 U.S., U.K., Australian, and Canadian based men who committed suicide in 2015 engaged with a health service in the week prior.* This demonstrates that while mental health care is available there is still a gap in reaching men as patients and being successful with treatment.

#### 4.2 Masculinity in Others

Though society connects these characteristics mainly with men, Berke *et al.* [3] elaborated that masculinity is dynamic, as it changes with culture and society. Rodgers *et al.* [5] similarly reported that those masculine traits present not only in boys and men but girls as well, pointing out that masculinity could potentially impact anyone who identifies as masculine. The idea of a man being hyper-masculine transcends through other cultures and countries. Affleck *et al.* [6] mentioned that in Sri Lankan culture, men strive to be a warrior-hero ideal in which they demonstrate characteristics of having *physical and psychological strength, courage in the face of danger, leadership, sexual prowess, and self-reliance.* Mexican Americans and African Americans also align with hypermasculine traits as being socially acceptable for men [4]. While the concept of hegemonic masculinity was thought to be associated with White males, the traits have the same value and social acceptance across a multitude of cultures. However, in the Asian culture it has been found that *negative consequences of conforming to the masculine norm of emotional control might be less severe for Asian American men than for Latino American men* [10]. This demonstrates that even though being hypermasculine may be the most popular norm for men, it is not the only one. It also reflects, as previously mentioned, that masculinity can be adaptive and change through time.

### 4.3 Masculinity in the Military

The military builds men. When it comes to the military in general, the linkage between manhood and military service has existed for centuries and is present across-the-board in various cultures. For example, military propaganda in the United States has consistently targeted young men as their main form of recruitment. Most branches of the military are predominantly male. With the influx of enlistments and a call to action fueled by the 2001 terrorist attacks on September 11th, more men than ever are joining the armed forces. Almost a third of all servicepersons in these ongoing conflicts suffer from some sort of mental condition that is considered clinically significant [11]. These disorders more often affect men due to their higher enrolment in the military and include PTSD, complications of suicide, addiction and even domestic or other-directed violence. Along with these statistics, data also shows that veterans are more than twice as likely to commit suicide than the civilian population [11].

With more men at war and suffering from these mental conditions, there is a shockingly little research conducted on the subject. On one end, in a study performed on Sri Lankan refugee men returning from war in 2018, it was found that that were consistently shamed for expressing their mental health issues to their spouse or loved ones or in turn felt added stressors to their current mental issues when they felt they could not adequately provide for their families as *normal* men [6]. Overall, there are serious gaps in caring for military men and those impacted by war, due to perceived gender roles and being masculine, especially in the military. If health care providers aim to provide a stigma-free environment for veterans, this would provide a decent starting ground in helping military men with mental health issues and further preventing the risk of suicide in these same individuals [11].

### 5. SUMMARY OF FINDINGS

It is clear based on the literature, while being masculine or even hypermasculine, is the social norm, it has led to the men in communities having negative effects on their mental well-being. These dominant figure men must idolize to be has led to them to seek out risky behaviors, abuse drugs and alcohol, be reluctant to seek out treatment, and be unsure how to address their need for help. To make matters worse, when some men fail to meet these expectations. they perceive themselves as inadequate and weak, which further perpetuates the cycle of having to strengthen their barriers to their issues and with others. However,



masculinity is a socially constructed phenomenon that is adaptable. It seems that there may be a need to change how people view what makes a man, to promote the idea that it is acceptable to reach out for help and that men do not always need to wall-up their emotions. There may also be a need to change how the treatment is structured to further encourage men to get the help they need.

A Healthy Men Michigan study concluded that one of the main issues with males and mental health is how it is presented, and less traditional therapies may yield better results [12]. Males tend to become more involved in their mental health when some sort of physical activity is involved. For example, Healthy Men Michigan partnered with Eric Hipple, a player for the Detroit Lions who survived a suicide attempt and have since seen an influx of men discussing their struggles and using physical activity as a way of stress relief. Overall, the reminder to engage in their hobbies or to find new ones presents an interesting and more holistic view of mental health in terms of targeting a specific gender.

Another way to encourage men to take action with their mental health is through the use of humor. Although it may seem like an oxymoron, some programs have taken a humorous approach to suicide prevention based on focus groups that found men wanted something fun, humorous and action-based [12]. Developers created a website called *mantherapy.org* which included an assessment that can be accessed through several forums. The site is *run* by a fictitious doctor that features a targeted tagline: *That funny feeling may not be burrito-related* [13]. The *doctor* himself can be quite rude or crude, but developers insist that he is also very serious. If someone's test scores linked to the website reveal a potential risk, the doctor responds quickly with concern, suggesting the website user seek help from a professional and link several prevention hotlines. Especially in today's age, it is important to use technology and, although it may seem unorthodox, using humor to get men involved in their mental health is a proven way of success.

The ideas stated above to help men become involved in their mental health are of great importance. However, there is an even easier way to target the male population of those who suffer from mental illness: use terminology that directly correlates to the already-present social norms and masculinity to make it more palatable for men [12]. For example, health care providers distributed two separate brochures on a college campus amongst predominantly male fields such as auto-mechanics and welding classes. The first brochure described the center's counseling in more medical terms and the second used terms such as

*consultations* rather than *therapy* and emphasized themes such as self-help and achievement. They found that the men who received the second brochure were more likely to state that they would seek assistance at the center than men who received the first more traditional brochure [12].

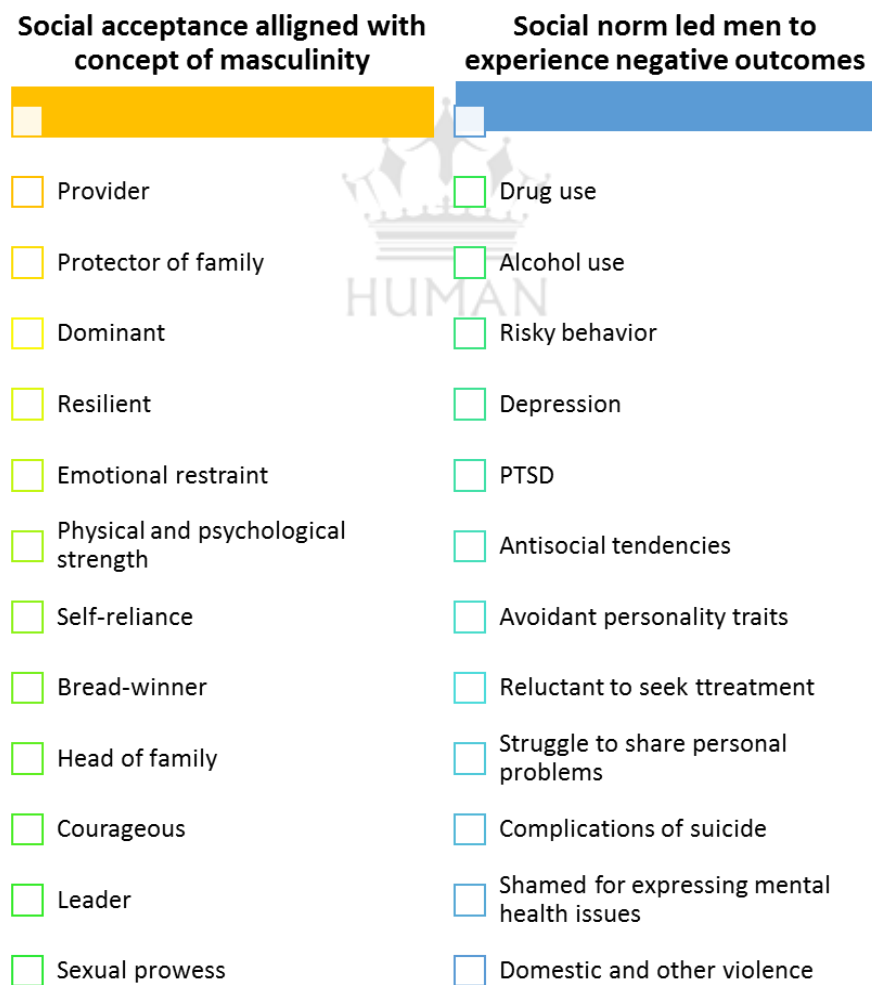
Possibly the most important way health care providers can help raise awareness about male mental health and encourage men to seek help for their mental illness is by normalizing fear of dependence. As previously mentioned, many men may feel as if they need to *man up* or that if they admit weakness, they will not be able to be the strong head of their family or be able to provide. By having open discussions and letting the patient open-up at their own speed using therapeutic communication techniques, it is beneficial in the long run [12]. Along the same lines, Seidler *et al.* [9], argued that traditional therapy does not engage men enough for them to stay interested in their treatment and that their therapies should be masculine based. The two sources discussed having the mental health care be patient-centered to have the men more engaged as well as getting them involved as much as possible in their own improvement. Normalizing mental illness in general greatly improves the stigma that goes along with mental health issues, especially in men. As health care providers, it is our job to best help the patients, even if it involves creative ways of thinking and encouragement.

All these interventions have a strong footing in the industry of assisting males to feel more comfortable talking about or seeking help for mental health issues. With all the ideas, the truth of how to help men in general probably lies somewhere in the middle of all of these techniques. As a nurse, it would be best to recommend whatever works best for a patient. Spend time with the patient in a non-threatening environment and get to know them if you can, paying special attention and care to a man who may be a veteran and require special care. With further information gathered, then recommend ways of seeking help that best fit the patient's personality and specific issues, whether that be stress or anxiety relief through sports, sharing websites that can comfortably and humorously help normalize mental illness and offer ways to seek help or even just presenting the information in a less clinical manner that seems less intimidating or *emasculating*. The outcome can be measured by rates of suicide in men; hopefully, with new and innovative techniques, there will be a significant reduction over time.



## 6. DISCUSSION

As illustrated in Figure 1, it is clear the ideas of masculinity and how a male *should* act is deeply rooted in society and daily social norms. Taking it a step further, hegemonic masculinity or *hyper-masculinity* is further damaging to the male population’s perceived image and roles. Because of these stiff gender roles and expectations, males are less likely to seek help or maintain treatment for mental health issues. Through the review of current literature and a specific case study conducted, it is evident that there is not a lack of care, but a lack of understanding on how males should be treated regarding mental illness. However, through the information on the common patterns of males in general and strategies to best involve men in their care, there are several ways that health care professionals can support the issue of lack of mental health-seeking in males because of societal pressures, gender roles and masculinity.



**Figure 1. Concept of masculinity and the negative outcomes experienced by men.**

## 7. CONCLUSION

Around the world, culture has played a large part in causing men to believe that they must remain stoic and unmoving in the face of adversity, lest their masculinity is disrupted or questioned. Gender roles through the years have played a significant part in contributing to the silent battle of men suffering from mental illness. Societal pressures such as masculinity and stereotyped gender roles have affected men's willingness to address their mental health issues negatively. Literature, in general, reflects a toxic role of masculinity across many cultures and ages. Although the statistics may seem bleak, there are many ways to assist male patients in feeling comfortable talking about mental health and seeking help for their issues. Specifically, as health care providers, there are many ways to assist males including targeting their stress through activity, utilizing humorous techniques or rewording terminology in brochures to encourage men to seek help. In closing, a stronger understanding of culture and men, in general, would be beneficial when it comes to treating male mental illness where therapeutic nursing care is involved.

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