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Abstract

Individual and collective beliefs about masculinity define and profoundly affect men's mental health. Both conformity to and psychological conflict with traditional masculine gender role expectations are associated with a wide range of health behaviors and poor health outcomes among men. These relations are likely to be especially pronounced in organizational settings that are highly gendered and structured by traditional masculine role norms (e.g., toughness, violence, homophobia, etc.), such as prisons. Knowledge about the psychology of men and diverse masculinities should inform the development of effective mental health services and social interventions.

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Men's Mental Health and Masculinities

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s0010

Glossary

p0015 **Androgyny** A form of gender identity and expression theoretically characterized as equally masculine and feminine.

p0020 **Anti-femininity** One of the core themes of the traditional male gender role, specifying that males rid themselves of any stereotypical feminine characteristics such as expressing and feeling emotions and being sexually attracted to men.

p0025 **Dominant masculinity** A normative ideology that to be a 'real man' is to be dominant in society and that the subordination of women is required to maintain such power.

p0030 **Gender identity** Theory that gender is an inherent, unidimensional, dichotomous (masculine or feminine) self-concept which matches biological sex in healthy individuals.

p0035 **Gender role conflict** Conflict between a person's naturally occurring characteristics and prescribed gender role expectations.

p0040 **Gender role norms** Conformity, whether active or passive, to prescribed gender role traits based on one's gender role identity.

p0045 **Gender role strain/stress** Appraisal or experience of gender-relevant situations (e.g., gender-segregated sports) as stressful due to a perceived threat to one's gender role identity.

p0050 **Hegemonic masculinities** The culturally defined ideal form of masculinity and masculine embodiment. Hegemonic masculinity ideologies vary across cultures and historical eras, but in traditionally patriarchal societies typically involve the overall subordination and devaluation of femininity, women, and sexualities not defined by heterosexuality.

p0055 **Help-Seeking** Intention and action directed towards obtaining various forms of services and support for mental and physical health concerns.

p0060 **Heterosexism** Gendered oppression based on sexual orientation that is based on the assumption that all persons are or should be heterosexual.

p0065 **Homophobia** Fear of being perceived as gay or of having contact with gay persons.

p0070 **Hypermasculinity** Extreme or exaggerated levels of characteristics associated with stereotypical masculinity, particularly those referring to men's physical or sexual attributes, aggressiveness, dominance, and strength.

p0075 **Masculinities** Multiple forms of masculinity that may be associated with different status positions relative to hegemonic masculinity.

p0080 **Toxic masculinities** One of many masculinities; an extreme and exaggerated form of masculinity that has especially negative consequences for men's health and well being.

p0085 **Traditional masculinity** A powerful form of masculinity that emphasizes antifemininity, status and achievement, inexpressiveness and independence, and adventurousness and aggressiveness.

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Overview and Theories of Masculinity

p0090 Within broad definitions of health and wellness, gender figures significantly in individuals' feelings, thoughts, appearance, behavior, and embodiment. Masculinity is a form of gender, variously defined as an identity, a social role, and a form of power and is typically, though not exclusively, associated with men. In the socialization of masculinity, boys and men are encouraged to reject or avoid anything stereotypically feminine, to be tough and aggressive, suppress emotions (other than anger), distance themselves emotionally and physically from other men, and strive toward competition, success and power. In particular, anti-femininity and homophobia are at the core of what traditional masculinity means. Boys and men are rewarded in variety of settings such as schools, intimate relationships, workplace, military, and prisons for adhering to these stereotypic expectations and often are punished or rejected for violating them. However, fulfillment of these gendered expectations is also associated with a range of health and social problems including anxiety and depression, substance abuse, and interpersonal violence.

p0095 The role of gender in health is often analyzed in terms of sex differences, in which the prevalence and severity of men's mental health disorders and help seeking are compared to women's. While such comparative analysis may be useful in identifying domains where there is a possible connection between biological sex and health, such analyses are analytically incomplete and potentially misleading. The relatively few differences in actual behavior and health outcomes between men and women are over emphasized and the greater variation existing within each group is underappreciated. An expanded analysis is needed that goes beyond a sex comparative lens to address the connection between masculinity and mental health among diverse men. Consequently, we pursue an intersectional analysis that attends closely to the complex diversity in masculinities as they are related to mental health among individuals belonging to different cultures marked by race, class, gender, age, sexuality, ability, and so forth.

p0100 We begin our analysis by tracing the development of theories of gender and masculinity, including the psychoanalytic theory of gender identity, the social psychological theory of gender roles, and a sociological theory of intersectionality in masculinities. Next, we summarize what research has shown

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about the relationship between various aspects of masculinity, such as male gender role stress, and mental health among men. In particular, we review the connection between masculinity and specific health problems that men experience including depression and suicide, violence victimization and perpetration, substance abuse, and stress. Then, we discuss how the values comprising masculinity are especially reinforced and amplified in particularly settings, such as prisons and jails. The impact of masculinity on men's mental health and well-being is especially pronounced in these contexts. Finally, we examine the implications of theory and research on masculinity for psychological practice, intervention and social action that improves men's mental health and well-being.

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Gender Identity

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The earliest theory of masculinity in modern psychology was built on psychoanalytic and personality theories that ascribed gender mainly to natural, inevitable biological forces. Gender identity theory argues that biological sex and gender are synonymous in healthy, well adjusted individuals. Gender identity is unidimensional, such that greater masculinity means the person has less feminine identity, and vice-versa. Healthy, securely-adjusted men identify and display characteristics defined as masculine while also disidentifying with and not displaying feminine characteristics. In this view, normative personality development among biological males leads to a masculine gender identity (Terman and Miles, 1936), and deviations such as men with stereotypically feminine gender identity, including homosexual behavior, or exaggerated masculinity (i.e., hypermasculinity) indicated unhealthy or insecure gender identity development. The conflation of gender and sexuality is noteworthy. Failure among men to demonstrate masculinity is understood to be problematic, a symptom of gender identity disorder or weakness. Personality tests such as the Attitude Interest Analysis Test that were designed to measure gender identity included assessments of specific interests and knowledge of the respondent that were believed to indicate an underlying gender identity. Some data using measures of conventional adjustment at the time indicated that more masculine men were better functioning and healthier.

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Sex (Gender) Role Identity

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In the late 1970s, Sandra Bem (1981) advanced an alternative theory, known as gender schema or sex role identity theory. She argued that masculine and feminine identity and characteristics vary independently within persons. Consequently, individuals could have clearly masculine or feminine identities, or an androgynous combination of stereotypically gendered characteristics, or not be identified with either gender. The assessment used to measure sex role identity emphasized an individual's endorsement of personality traits that were defined by the authors as either masculine or feminine. Androgynous individuals were defined as those who rated themselves as having masculine and feminine characteristics; and substantial data indicated that these individuals were typically the most well adjusted and mentally healthy.

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Gender Role Conflict and Strain

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Subsequent gender role theories emphasized more directly the destructive and harmful aspects of masculinity as well as the stress of fulfilling and of failing to fulfill the role normative expectations (Pleck, 1981, 1995). The general characteristics associated with this role comprise what is referred to as traditional masculinity and include themes of anti-femininity and homophobia, success and achievement, independence, and toughness and aggression (Brannon, 1985), as well as heterosexuality. Beliefs about the normative characteristics that men should display in order to fulfill the male gender role constitute masculinity ideology (Smiler, 2004). Individuals vary in the extent to which they endorse traditional masculine ideology.

p0120

Belief in, and adherence to, normative gender role expectations for men is theorized to cause gender role stress and strain, in part due to the contradictory and unattainable aspects of the role, and because many of the role demands are associated with unhealthy behaviors, such as suppression of emotion or aggressive responses to interpersonal conflict. Further, to the degree that the expectations are discrepant from men's inherent characteristics, they experience gender role conflict (O'Neil *et al.*, 1986). Individual variation in gender role conflict is associated with a large range of health risk behaviors and negative health outcomes.

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Masculinity and Power in Context

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In the 1990s, sociological theorists developed critiques of gender role theories of masculinity on the basis that they do not adequately incorporate an analysis of power into how the roles are created, enforced, and maintained within social systems. In this view, masculinity is intimately interwoven with the dynamics of power and privilege. As such, the terms 'dominant masculinity' or 'hegemonic masculinity' (Connell, 2005) are used to extend and sharpen the concept of 'traditional masculinity,' emphasizing that masculinity is imbued with both symbolic and material power in a society. Importantly, the majority of men do not possess the characteristics idealized in hegemonic masculinity, nor have access to the social, cultural, and material resources on which hegemonic masculinity is built. Were it otherwise, hegemonic masculinity would not be an effective way for some men to consolidate and maintain power over other men.

Diversity of masculinities

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Consequently, men belonging to diverse groups and from varied geographic places and cultures perform masculinity in varied ways. Included within this diversity are masculinities among men who identify with different racial and ethnic groups, sexualities, and genders. Further, men manifest masculinities differently, and have different opportunities and capabilities to perform hegemonic masculinity depending on their socioeconomic class, religion, body and abilities, age, and living context and environment (e.g., prison). Rather than being discrete or additive, these positions of privilege intersect in dynamic ways to create unique, contextually specific masculinities. These diverse masculinities differ in terms of their correspondence to hegemonic masculinity and are defined by

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men's race, class, sexuality, ability, age, and other symbolic and material markers of power.

p0135 Men from diverse backgrounds have varying capabilities to successfully perform hegemonic masculinity. For example, individually and as a group, gay men cannot perform hegemonic masculinity as do straight white men. As a result, these men may attempt to demonstrate hegemonic masculinity in alternative ways, or in different settings and domains. For example, the cool pose, the machista, and the queer bear all perform powerful forms of masculinity within their respective African American, Latino, and gay male cultures. Machista describes Latino men who portray a complex macho persona characterized both by toughness and the devaluation of femininity and women as well as emotional connectedness, care for family, and a sense of dignity. The queer bear is an identity for gay men who present an exaggeration of certain stereotypic masculine characteristics such as a large (usually muscular) body type, considerable facial hair, and a general show of toughness or propensity for aggression. While these variations in gendered expressions contain many characteristics of traditional masculinity (e.g., toughness and antifemininity), they are nonetheless particularly defined by their departure from hegemonic white, heterosexual masculinity.

p0140 Scholars have noted that signifiers of hegemonic masculinity may change over time within American culture (Kimmel, 2011; Rotundo, 1994). However, the underlying characteristics and meanings associated with hegemonic masculinity remain quite stable, even as the signifiers of those characteristics (e.g., clothing, hair style, occupation, and recreations) may shift. Hegemonic masculinity consistently represents anti-femininity, success and achievement, independence, and toughness and aggression, but the symbolic displays of those characteristics in men's appearance, sexuality, activities and so forth are more transitory, in part because of their commercialization. Anxieties about one's manhood, often located in men's bodies, are exploited through marketing of products and services. Manhood must be proven, and proven again, through symbolic and behavioral demonstrations to others, typically male peers, who are in a position of validating, questioning, and challenging assertions of manhood, as well as policing and punishing those men whose demonstrations are judged to be inadequate. There is no way to establish manhood once and for all. Manhood is thus a perpetually vulnerable, contested, and fleeting status. Men's denial and repression of their vulnerabilities functions as an attempt to validate their masculinity.

s0045 Masculinities and Mental Health

p0145 The intrapsychic, interpersonal, and structural power dynamics associated with masculinities have consequences for men's mental health. In particular, significant inequalities in the health of diverse groups of men are now well-documented (Williams, 2003). As described previously, the dynamic and contextually specific ways in which masculinity is signified and reproduced in a society means that men with different levels of access to privilege differ widely in their definitions and achievement of hegemonic masculinity. Thus, masculinities and mental health issues manifest and are experienced differently between and within diverse groups of men.

p0150 Until at least the 1980s, men were understood and studied by most psychological scholars as though they were generic rather than gendered human beings. The consequential invisibility of men's gender largely prevented analysis of how gendered socialization and masculinities constituted men's mental health and well-being. In terms of psychological practice, men's mental health was conceptualized and treated without sufficient consideration of how masculinities and gender impacts men's health care behavior, health risks, and subjective well-being. In the last several decades, advances in women's and gender studies have created theoretical and conceptual space for scholars to turn greater attention to questions about gender in men's behavior and lives, and in their mental health in particular.

s0050 Gender and Mental Health

p0155 Definitions of mental health are gendered. Stereotypical masculine and feminine values are woven into definitions of mental health. One way of seeing this is to examine the criteria for diagnosis of specific mental health problems to see how they represent stereotypical gendered characteristics and to examine whether the prevalence of diagnoses of mental health disorders differs between men and women.

p0160 Women more often meet criteria in the *Diagnostic and Statistical Manual of Mental Disorders* (fifth edition; American Psychiatric Association, 2013) for emotion and mood related mental health problems, whereas men are more commonly diagnosed with disorders related to overt behavioral control such as substance abuse and to lack of empathy, self-focus, control and autonomy such as narcissistic, antisocial and obsessive-compulsive personality disorders. For example, diagnostic criteria for mental health disorders more commonly specify the presence of emotion (too much of it) than its absence. For example, whereas hysteria is considered a sign of mental illness, stoicism, a characteristic associated with hegemonic masculinity, is not. Thus, extreme levels of characteristics associated with stereotypical masculinity (i.e., hypermasculinity) are less commonly viewed as abnormal whereas characteristics stereotypically associated with femininity are more commonly defined as symptoms of mental health problems among people of all genders, especially men. Within societies built upon hegemonic masculinity, femininity signifies weakness, failure, and disorder. Consequently, men's mental health depends on their achievement of male role norms that include the expectation of avoiding or eliminating stereotypical feminine characteristics.

p0165 Research that scholars and clinicians have produced in recent decades with attention to men's gender shows broadly that both endorsement of and conflict with traditional masculine characteristics are associated with a wide range of behaviors that are related to physical and mental health, and consequently, with health outcomes. Masculinity ideology, male gender role stress, and gender role conflict predict specific mental health outcomes. In particular, these aspects of masculinity are linked to negative emotional states and conditions such as depression and anger, to poor coping, limited

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help-seeking, and suicide, to interpersonal difficulties such as violence, low social support, and to negative health behaviors such as substance abuse, limited exercise, and poor diet (Courtenay, 2000; O'Neil, 2008; Pleck, 1995).

p0170 Associations between masculinity-related constructs and poor health are not inevitable or natural. The display of stereotypically masculine characteristics is enforced and maintained through power, specifically with threats of exclusion or injury and actual violence. Boys and men who fail or are perceived by peers to fail at being a man are then subject to exclusion or violence. Thus, greater gender role conflict and strain associated with both men's achievement of and failure to achieve traditional masculinity are theorized to be associated, through different processes, with poorer mental health and wellness (Pleck, 1981, 1995).

Gender role conflict and mental health

s0055 p0175 Conflict between men's naturally occurring characteristics and male gender role expectations produces gender role conflict (O'Neil *et al.*, 1986). Gender role conflict is theorized to manifest particularly in four thematic areas of men's lives: (1) success, power and competition, (2) restrictive emotionality, (3) restrictive affectionate behavior between men, and (4) conflict between work and family relations. The conflict is predicted to result in negative emotions, stress, and poor coping behavior, which in turn, result in negative mental and physical health outcomes. A substantial body of research has accumulated to support these assertions. For example, gender role conflict is associated with alcohol and other substance abuse, homophobia, anxiety and depression, stress and general psychological symptomology, maladaptive coping patterns including reluctance to seek psychological services, negative attitudes toward psychological help-seeking, and aggressive–projective psychological defense mechanisms.

p0180 Gender role conflict is associated with a range of psychological problems among men (O'Neil, 2010). However, with rare exceptions, research has not examined whether changes in gender role conflict predict subsequent changes in mental health or whether other complex relations between gender role conflict and mental health over time exist. Research designs are needed that enable more definitive conclusions about whether gender role conflict directly causes mental health problems, or rather is a proxy for some other direct cause.

p0185 The majority of research examining gender role conflict and stress, and their relationship to men's health risk behaviors and outcomes, has been conducted with US college students. As a group, this population is disproportionately white, young, and from especially privileged backgrounds. Gender role conflict does vary with age, suggesting that role expectations are more stressful or threatening in situations and times when identity is actively developing. For example, college-age men suffer from higher conflict in the area of success, power, and competition as compared to middle-aged men, who have comparatively greater conflict between work and family. In general, however, findings on the relationship of gender role conflict and mental health are not yet adequately representative of the experiences of our diverse population, such as people of color, older men, and those living outside the United States. Research is needed to better investigate the relevance and utility of this construct in studies of mental health in more diverse populations of men.

Gender role strain and mental health

s0060 p0190 Male gender role strain is cognitive stress stemming from the experience of contradictory, inconsistent, and dysfunctional expectations associated with the male gender role, role socialization, or failure to fulfill role expectations (Eisler, 1995; Pleck, 1981, 1995). Gender role strain is typically assessed by the Masculine Gender Role Stress Scale (Eisler and Skidmore, 1987). Conceptually, gender role stress occurs when men experience a threat to their masculine identity, such as when a situation poses a challenge to their masculinity. Empirically, gender role strain is related to many of the same indicators of stress and health outcomes as gender role conflict, including physiological cardiovascular reactivity and heart disease and relationship conflict.

p0195 Men report significantly higher levels of masculine gender role stress than women. This may be because boys and men are punished more severely by parents and peers for gender role discrepant behaviors than women, particularly by men. These dynamics reflect early gender identity theories that imply femininity is relatively devalued compared to masculinity.

p0200 Individual variability in the endorsement of or adherence to stereotypical masculinity is associated with differences in mental health and health behaviors. Men's gender role socialization has been theorized to contribute to the prevalence of a wide range of health problems and conditions that disproportionately affect them such as heart disease, cancer, and alcohol and substance abuse. Although men are less likely than women to seek professional help, the prevalence of men's health problems, especially those linked to male gender role socialization, significantly contributes to the overburdening of health care systems, just as social problems associated with masculinity (e.g., violence) are a major contributor to the outsized growth of US prisons and the criminal justice system.

Masculinity and Emotion

s0065

Restrictive emotionality

s0070 p0205 Mental health and wellness is affected by the coping process, which includes the ways in which emotions are embodied, experienced, and expressed. For men, this process is marked by the gender role expectation that emotional expressions, other than anger and rage, should be restricted and not influence thoughts and actions. In this view, rationality is a supreme virtue where sound judgment requires decisions be made without the undue influence of emotions. The ever-changing nature of affect is seen as a limitation that interferes with rationality and an accurate perception of an empirically knowable and singular reality. In particular, emotions and feelings associated with personal vulnerability such as fear, sadness, depression, pain, and grief are incongruous with hegemonic masculinity.

p0210 However, frustration, anger, and rage, which are emotions associated with action and strength directed outwardly, are socially rewarded and relatively common for men to express. Anger is negatively related to men's mental health through its association with coping and problem behaviors such as

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violence, cardiovascular disease, substance abuse and risk taking, and its negative association with subjective well-being.

s0075 p0215

Depression

Men's fulfillment of male gender role expectations interferes in particular with the experience of sadness, grief, and depression. Clinical levels of depression are diagnosed among men only about half as often as among women. This may be due to several reasons including bias in measurement or that fewer men truly experience depression than women. Depression measures have been critiqued for a lack of sensitivity and relevance to men's experience of depression. Screening tools include items that assess more stereotypically feminine expressions and experiences of depression, such as feeling blue, sad, or crying. Men's depression may be manifested more in the body, such as in a lack of energy and interests. Another possibility is that men disidentify with the emotional symptoms of depression that typically comprise widely used measures. Through denial and other ego-defensive coping processes, men's coping processes may be ineffectively short circuited. Rather than seeking help when experiencing vulnerable states such as depression, men who fulfill male gender role expectations may suppress awareness of depression or displace sad feelings into more powerful ones such as anger or rage, directed either toward other targets or inward toward the self, as in the extreme case of suicide.

s0080

Suicide and Other Forms of Gendered Violence

p0220

Suicide and homicide are two common forms of violence associated with men and masculinity. However, some forms of violence receive widespread and disproportionate attention in the mass media and in our communities. For example, mass school shootings, which are committed almost entirely by males, are highly visible in media but are extremely rare compared to gun violence in other settings, for example in poor, urban neighborhoods (American Psychological Association, 2013). Most people are also surprised to learn that even age-adjusted suicide rates are about twice as high as those for homicide. Yet, disproportionate research and prevention funding and media attention is given to school shootings and other highly public homicides rather than to more private violence such as suicide and intimate partner violence (Moore and Stuart, 2005), the latter of which disproportionately affects women.

p0225

Violent death rates differ between men and women, with men comprising the majority of both the victims and perpetrators of illegal forms of violence. While suicidal behaviors occur more commonly among women, completed suicide is approximately four times more common among men. Notably, however, rates also vary considerably across age, race, and sexuality, as well as sex. Rates of suicide in the United States are higher among white and native men, younger gay men, and older men. Suicide rates are considerably lower among other men of color and younger men.

p0230

Given the emphasis on competition, success, power, and in men's gender role expectations, it is not surprising that psychological problems and suicide are linked to unemployment and times of economic depression for men in general. With older age comes a greater physical limitation on the body, decreased muscularity and strength, and increasing imminence of death, which all represent especially potent threats to a sense of self worth among men who identify with male gender role ideals of success, independence, strength, and toughness. Older age and unemployment both may threaten a core sense of identity and purpose in many men's lives.

Substance Abuse

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p0235

Men have particularly high rates of alcohol and other substance use problems. Alcohol and substance dependence is twice as common among males as females, and men are seven times more likely to be chronic binge drinkers. Substance abuse represents a poor coping strategy that is strongly associated with the occurrence of other mental health problems. Among men, substance abuse is empirically associated with gender role conflict and with endorsement of stereotypic male gender role expectations.

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Masculine gender role norms include the use of alcohol and other drugs, and adherence to the norms is associated with gender role stress that increases the likelihood of use and abuse of substances. That is, the content of male gender role norms directly encourages substance use (e.g., risk taking) and if fulfilled, increased adherence to these norms creates conditions (e.g., restricted emotionality) that may increase substance abuse. The prevalence and frequency of adult men's use of tobacco, alcohol, steroids, and other illicit drugs and substances is about twice that of women's, although the gap has declined in recent decades. Frequent or high dosage use of these substances is associated with other mental health challenges. For example, unplanned suicide, physical, and sexual violence against an intimate partner, and other forms of interpersonal violence are more likely to occur when men are under the influence of alcohol and other substances.

Stress, Coping, and Social Support among Men

s0090

p0245

Both the adherence to and the failure to adhere to male gender roles have been theorized as contributing to male gender role stress (Pleck, 1981, 1995). This "dammed if you do, dammed if you don't" situation for men in fulfilling expectations for hegemonic masculinity has been linked to poor coping, lower quality of relationships, and social support. To the extent that individual men violate gender role expectations, they may be able to avoid some of the negative mental health consequences associated with conformity to masculine norms. However, individuals who are nonconforming to accepted gender role norms are more likely to experience bullying and peer rejection. Individuals are judged more negatively when they do not fulfill traditional gender roles, with males evaluated more negatively compared with females. Poor coping and relationship quality are in turn associated with decreased mental health and life satisfaction. Men have poorer relationship quality and fewer friends than women. Given that social support and social network characteristics are both predictive of self-care and mental health outcomes, men's mental health and well-being could be improved by

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addressing ways in which traditional masculinity limits the quality of men's relationships.

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Men's Mental Health and Masculinities in Specific Contexts

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Reflecting these psychological theories and research findings, social institutions have long maintained an interest in men's achievement of hegemonic masculinity, as it reinforces the central values and practices in those institutions. In these settings, the values underlying hegemonic masculinity may be particularly reinforced and amplified, with more striking impacts on men's mental health related behaviors and well-being outcomes. These settings include, for example, schools, sports, military, prisons, and workplaces. The negative relationship between masculinities and men's mental health that we have reviewed thus far are especially pronounced and consequential within prisons. For this reason, we focus our review of how masculinities are produced and reproduced within social organizational contexts of power on the prison system. In particular, we describe how incarceration impacts men's health both directly and indirectly through its exaggeration of hegemonic masculinity.

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United States Prisons

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An often overlooked intersection between masculinity and mental health occurs within prisons and the overall incarceration process. More than 90% of people living in prison in the United States are men. Men of color, particularly black men, and young men are over-represented in this population. Among this population of men, the prevalence of mental health problems is approximately 50% (BJS, 2010) – much higher than in the general population. Incarceration directly impacts men's mental health through its magnified connection to hegemonic masculinity. The environment fostered in prison goes beyond endorsing traditional masculine norms toward upholding a structural punitive system that necessitates men's adherence to masculine-normative attitudes and behaviors that are associated with negative health outcomes. Outside of the prison environment, the socialization and social expectations of men's adherence to traditional masculine norms is implicitly present, whereas in prison they are more explicitly enforced. The consequences, whether perceived or real, for failing to achieve or adhere to hegemonic masculine norms, are more profound in the lives of incarcerated men. The underlying dimensions of traditionally defined hegemonic masculinity in the United States (i.e., toughness, violence, and self-reliance) represent the ideal prison masculinity (Connell and Messerschmidt, 2005; Messerschmidt, 1993). For instance, hegemonic masculine norms manifest in the relationships between guards and prisoners via the constant interplay of commanding respect, perceived status threat, and aggressive behavioral reactions. The behavioral reactions to such constant stress-and-conflict-inducing situations can elicit punitive consequences, often involving solitary confinement. Such confinement in turn may predict deteriorated physical and mental health among inmates.

Deinstitutionalization, hegemonic masculinity, and men's health in prisons

s0105

p0260

Perhaps the most salient aspect of masculine-driven prison environments is the overcrowding of US prisons. In 1970, slightly fewer than 200 per 100 000 men in the United States were incarcerated in state and federal prisons. Only 35 years later, the prevalence increased five times to more than 1000 men per 100 000. This increase in prison crowding parallels closely the deinstitutionalization of mental health treatment systems. US prisons house over a quarter million inmates facing mental illness, many of whom have been incarcerated for crimes directly or indirectly linked to untreated mental illnesses (Ditton, 1999). The deinstitutionalization of inpatient mental healthcare resulted in those patients previously residing in hospitals needing access to mental health services in the community. As a result, the disproportionate number of incarcerated persons suffering from mental illnesses can be marginally explained by the processes and consequences of the deinstitutionalization of the US mental healthcare system. A disproportionate number of inmates suffer from under-/un-treated mental illnesses. This particular situation is illustrative of a continuous cycle of incarceration fostered by the US prison institution. Through this cycle, inmates are first incarcerated for issues related to untreated mental illness, placed in an environment rife with traumatizing situations (e.g., gender role stress elicited through guard-to-prisoner and prisoner-to-prisoner interactions), and punished for their behavioral reactions by being placed in more traumatizing environments (i.e., solitary confinement).

Suicide, masculinities, and the prison environment

s0110

p0265

Historically, suicide among incarcerated individuals has been alarmingly prevalent in US prisons and jails, although rates have dropped significantly in US jails in the past few decades (BJS, 2005). Still, in US jails, suicide accounts for one in three deaths. Policies and practices in response to this particular issue have focused exclusively on interventions targeting 'at-risk' inmates within the first 48 h of incarceration, the commonly accepted most 'at-risk' time window for newly incarcerated persons. In addition, efforts to prevent suicides in prison have further increased restrictions on inmates' already limited autonomy and access to tools that could be used for committing suicide (e.g., roping and shoelaces).

p0270

Suicide among men incarcerated men is likely associated with the hypermasculine environment fostered in the prison context and the cyclical punitive system of socializing adherence to a dominant and violent masculinity (i.e., toxic masculinity; Kupers, 2005). The structure of the prison system encourages a toxic masculinity that involves restricted emotionality (suppression of emotions), independence (social isolation), and aggression in response to conflict and threats to one's status (including self-harm). The practice of restricting inmates' autonomy in efforts to prevent suicide further reflects hegemonic masculine ideology.

p0275

The dominant and maladaptive masculine socialization of men seen in male-dominated prison environments is not unique to the population of incarcerated men. Rather, the environment of prison may be an explicit manifestation of the cyclical socialization of boys and men that occurs in the broader context of society. That is, boys and men are pressured

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to adhere to traditional masculine norms, then are consequently punished for the same normative behaviors (e.g., impulsivity and interpersonal aggression), and subsequently expected to respond to the punishment with the 'tools' presented by traditional masculinity (e.g., stoicism and toughness).

p0280 The nature of incarceration and its impact on men's health indicates that interventions are needed to disrupt hegemonic masculinity within prisons. However, interventions strictly targeting the structures and policies within the incarceration processes and prison context may not be very effective, or the effects may be short-term. Rather, community-based interventions targeting the socialization and enforcement of hegemonic masculinity may result in changes in the wider society that will support the success of similarly focused interventions implemented in the prison context.

s0115 Implications for Psychological Services and Social Intervention

p0285 Knowledge about masculinity and its association with mental health has not yet been widely applied by psychologists. However, this situation is changing and there are some areas of practice and social action that utilize gender-informed approaches to working with boys and men (Mankowski and Maton, 2010). An understanding of gender role norms, gender role stress, and gender role conflict increasingly informs the development of mental health and wellness promotion programs and preventive interventions at both individual and collective levels (e.g., in psychology and in public health). For example, counselors, social workers and psychotherapists can address the particular needs of boys and men that stem from their gender role socialization and the power dynamics of masculinities. Applied psychologists, public health educators, and social policy makers use this knowledge to develop gender-based prevention programs and other interventions aimed at men involved in violence as perpetrators or peer bystanders (e.g., coaching boys into men). Some interventions for human immunodeficiency virus (HIV) risk behaviors and for substance abuse draw on this knowledge as well. Notably efforts by global organizations including the World Health Organization and the United Nations are directed toward the health promotion and the prevention of gender based inequality and violence by critically addressing masculinities and men's gender role socialization.

p0290 Exactly how masculinity is addressed in these efforts varies. In some programs, the goal is to reduce individuals' adherence to traditional masculinity to decrease behaviors associated with negative mental health outcomes. In other efforts, the goal is to transform how masculinity is normatively defined in a community so that adherence to this different set of male gender role expectations is not associated with disorder, disease, or harmful behaviors. Still other interventions draw on characteristics defining traditional male gender role expectations but attempt to associate those characteristics with different behaviors. For example, a rape prevention program developed a media campaign targeting males based on the message that 'Our Strength is not for Hurting.' Here the aim is to decouple the association between strength and violence. Another example is when mental health public awareness and outreach campaigns deliver messages to men that link manhood with nontraditional concerns. This approach is illustrated by the 'Real Men. Real Depression' campaign sponsored by the National Institute of Mental Health. The campaign uses the mass media to build associations between real men, authenticity, and the experience of depression. The campaign encourages men to recognize vulnerable emotions within themselves and to reduce stigma associated with help seeking among men. This approach to increasing men's utilization of mental health services attempts to leverage traditional ('real') manhood to change specific behaviors that are not normatively associated with traditional masculinity (i.e., acknowledging depression; seeking mental health treatment). A related approach presents information about mental health services and treatments that emphasizes the rationality of services and of utilizing them. However, using the hallmarks of hegemonic masculinity to change its consequences may carry unintended consequences. These programs may reinforce traditional masculinity in general or specific characteristics associated with it, even if they challenge others. Future research is needed to examine relative effectiveness of these approaches to promoting mental health and decreasing problem behaviors associated with adherence to hegemonic masculinity.

Mental Health Care and Services s0120

p0295 Professional mental health service utilization is a transactional process between mental health providers and clients. From this perspective, we can see that masculinity is related to both the mental health care that is provided as well as the help seeking and utilization of the client (Addis and Mahalik, 2003; Brooks and Good, 2001). Specifically, masculinity is negatively associated with help-seeking, treatment adherence, self-care, and with the distribution and provision of services and their effectiveness. Adherence to traditional masculinity is associated with who help is sought from, the form of help sought, and the frequency of visits to mental health care providers. The emphasis in traditional masculinity on self-reliance, independence, strength, and toughness does not support men in caring for themselves, attending to symptoms of distress, seeking help or disclosing vulnerability, or complying with providers' treatment recommendations. For example, relative to women, men seek fewer outpatient mental health services (Courtenay, 2000).

p0300 Therapists' own gender role conflict may be associated with the services they deliver to male clients, especially clients who depart from hegemonic masculinity. Their perceptions of male clients are associated with gender role conflict, just as interactions among men outside a therapeutic context are also associated with gender role conflict. Similarly, addressing another part of the provider–client transaction, clients' gender role conflict is associated with their perceptions and utilization of professional mental health services. Men higher in gender role conflict report more fear of counseling, and more negative perceptions of counselors (i.e., less trustworthy and skilled).

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s0125 p0305

Mental health service utilization

Men comprise only about one-third of the professional mental health service clients despite experiencing many mental health diagnoses at rates equal to or greater than women. Men participate substantially less than women in individual counseling. The traditional setting for mental health services that emphasizes verbal, personal disclosure to an individual therapist may be particularly at odds with traditional masculinity. Engaging more traditionally masculine clients in small groups that include more side-by-side conversations and structured activities could be successful because it presents less threat to their sense of manhood.

p0310

Men's help seeking is related to their gender role conflict. Specifically, more negative attitudes toward psychological services and help seeking have been repeatedly documented among men with higher levels of gender role conflict. Tragically, given the negative relationship between mental health, health behavior and gender role conflict, those men who might benefit most from mental health services have the poorest attitudes about them. In one of the more well-researched areas of men's mental health, this association has been documented in diverse samples of men (see O'Neil, 2008 for a summary).

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Men, Masculinities, and Violence Prevention

p0315

Community based interventions have been developed with the aims of redefining and transforming masculinity toward more healthy ideals, inclusive of a wider range of human characteristics and identities. This work may help reduce gender role conflict and stress, which might reduce or prevent violence perpetration directly or indirectly through improvements in men's mental health and wellness. Some of these programs educate young men about abusive relationships in part by addressing their beliefs about masculinity and gender. Reducing gender role conflict is a proximal goal of some programs aimed at reducing men's gender based violence. Preliminary evidence suggests that changing boys' and men's perceptions of social norms about behaviors and characteristics associated with masculinity may reduce their behavioral intentions of sexual abuse and violence.

s0135 p0320

Self-help and Support Groups

Self-help groups for men represent a more normative, community-based complement to individualized professional systems of treatment for promoting men's mental health and wellness. Such groups draw on peer experience, discussion and activities to foster the development of healthier models of masculinity and assist men in coping with challenges and traumas associated with normative gender role socialization. Participation may heal the negative or traumatic effects of men's gender role socialization, and transform beliefs about the value of adherence to socially normative expectations for the male gender role. In addition, self-help and other small groups could facilitate critical dialogues that deconstruct hegemonic masculinity and provide peer support to men for constructing and enacting alternative masculinities. As such, self-help groups represent a promising alternative for addressing men's mental health care needs.

p0325

Empirical evidence is accumulating to demonstrate that participation in men's self-help groups can improve mental health (e.g., life satisfaction, depression, anxiety, self-esteem, and coping), physical health outcomes (e.g., prolonged survival after cancer diagnosis), decrease attitudes upholding hegemonic masculinity (e.g., sexist and dominant attitudes toward women and beliefs in traditional male gender role ideologies), change the structure and meaning of family roles (e.g., reduce work/family conflict and increase family involvement), and build social integration (e.g., social support, community service, and advocacy work). Some research indicates that men who participate in quasi-self-help groups focused on transforming men's roles and definitions of masculinity decrease their levels of gender role conflict, and these changes subsequently translate into increased subjective well-being.

s0140

Conclusion

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In the past two decades, accumulating research has developed into a clear picture of the negative association between men's adherence to stereotypic masculine gender role expectations and mental health risks and outcomes. This picture was developed after many decades in which male gender was largely invisible in mental health research and services. In yet another shift, some scholars recently have begun to attend more closely to the possible ways in which adherence to particular aspects of traditional masculinity might be positively associated in some situations with positive adaptation and effective coping with illness and disease (Kiselica and Englar-Carlson, 2010). Enhancing the full range of capacities within men is consistent with a positive, strengths-based approach to increasing wellness in boys and men, their relationships, and the gendered social contexts in which they live such as schools, workplaces, prisons, and the military. This approach can be integrated with our existing knowledge about the negative consequences associated with hegemonic masculinities into a yet more nuanced picture of gender and mental health. AU5

See also: Alcohol Use Disorders (00097). Gender Differences in Mental Health (00157). Gender Identity (00240). Intimate Partner Violence (00237). Mass Shootings (00160). Substance Abuse: Drugs (00098). Suicide (00016)

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