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INTEGRATING A CRITIQUE OF GENDER IN THE TREATMENT OF MALE SURVIVORS OF CHILDHOOD ABUSE

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Male survivors of childhood abuse typically suffer from the interacting legacies of the abuse and of their gender socialization. These legacies create powerful conflicts. The experience of vulnerability and helplessness which comprises part of the core of the abuse experience violates the fundamental tenets of masculinity as it has been culturally elaborated. Therefore, psychotherapy with male survivors should include an active critique of traditional gender socialization. The goal of this aspect of treatment is to provide the survivor with the tools he needs to understand how his gender socialization may be exacerbating his abuse-related symptoms, and obstructing his process of recovery.

The nascent but growing literature on male survivors of childhood abuse has underscored that one of the most prominent legacies for these men is a persistent confusion around, or struggle with, issues of gender identity (Dimock, 1988; Lew, 1988; Lisak, 1994; Watkins & Bentovim, 1992). The psychological legacy of abuse, including overwhelming emotional states of vulnerability, helplessness, terror and powerlessness, violates profoundly the tenets of culturally defined masculinity that the abused male child is in the process of internalizing. Thus, male survivors of childhood abuse are typically thrust into a major conflict between two extremely powerful and ongoing internal processes: the psychological legacy of their abuse experiences and the demands of gender socialization. It is a profound and enduring conflict. How the survivor resolves it, or struggles with it, can have a major impact on his long term adjustment, both intrapsychically and interpersonally.

Therefore, psychotherapy with the male survivor must actively confront this conflict. I argue that survivors must be given the tools to deconstruct the gender system and their own experiences of gender socialization in order to fully engage in the process of healing from abuse. Psychotherapy for male survivors should combine trauma-focused treatment to facilitate working through the emotional and cognitive legacies of the abuse, as well as psychoeducational elements designed to facilitate an analysis of the survivor's internalizations of masculinity, and how those internalizations might be interacting with the legacies of abuse.

This perspective is based on an analysis of published literature on survivors of childhood abuse, as well as the author's own clinical and research work with male survivors.

Psychological Legacies of Masculine Socialization

With the publication of his book, *The Myth of Masculinity* (Pleck, 1981), Joseph Pleck pioneered the application of a feminist-inspired gender analysis to male gender socialization. Pleck argued for the supplanting of the traditional paradigm of masculine gender identity, a paradigm which reflected the essentialist view of an inherent "masculinity" which each male must somehow come to identify with and to manifest. He argued instead for a social constructionist approach, positing and elaborating a new paradigm which he labelled, "masculine gender role strain." In this paradigm, "masculinity" consists of socially derived norms which males are socialized

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into, and against which they inevitably judge themselves to be deficient.

Therefore, throughout this article, the term "gender" is used to denote a cultural construction, which differentiates it from "sex," a term used to denote a biological entity. The term "masculinity" refers to the gender which culture assigns to persons of the male sex. Therefore, "masculine socialization" refers to the process whereby culture conditions males to feel, think, and behave in ways consistent with the norms of masculinity. The agents of this socialization process are typically the male child's parents, peers, authority figures, and cultural media such as television, films, books, and advertisements.

Social scientists have vigorously debated the relative contributions of biology and culture to what constitutes "masculinity" (e.g., Bem, 1993; Wilson, 1978). The position taken here is that whatever biological roots may underlie some of the behavior and characteristics that we call "masculine," these roots are enormously elaborated by culture. Anthropologists who have studied cross-cultural forms of masculinity have documented that most cultures have developed elaborate codes for masculine behavior, as well as highly articulated processes for transforming male children into "men," the embodiments of masculinity (Gilmore, 1990; Webster, 1908; Whiting, Kluckhohn, & Anthony, 1958). The ubiquity and elaborateness of these codes and processes indicates that biology alone is insufficient to produce "masculine" behavior. Why else the need for the stringent codes and the vital processes of initiation?

The cross-cultural ubiquity of codes of masculinity suggests that they have been culturally adaptive. It has been argued that males who have been "masculinized" are capable of more effective aggression on behalf of the culture, and are willing to sacrifice themselves for the good of the whole (Gilmore, 1990). These capacities are inculcated through the internalization of the code of masculinity. This code typically demands physical strength and prowess, compels the denial of physical and emotional pain, and prohibits men from expressing or ultimately even experiencing emotions which may induce feelings of vulnerability.

The outcome of this form of socialization can be an effective warrior or provider, and can be an adaptive strategy in certain physical and social environments. However, it is a socialization which also exacts a cost, for it is nothing less than a systematic truncation of a human being's personality, a forced renunciation of inherent human capacities that are needed to experience life fully.

What do males lose in the process of being socialized into masculinity? Despite some intracultural and cross-cultural variation, many of the basic tenets of masculinity are remarkably consistent. Masculinity is the embodiment of agency: control, independence, self-assertion, aggression, competitiveness, power, and strength. However, as many have argued (e.g., Chodorow, 1978), masculinity is perhaps defined as much by what it must exclude: namely, all that is culturally labelled as feminine. The male who embodies masculinity must have renounced all vestiges of characteristics that defined his childhood, vestiges that most cultures consider aspects of "femininity": vulnerability, passivity, and dependence.

When a culture bisects human characteristics along these lines, determined to socialize males and females into "masculinity" and "femininity," it has simultaneously determined to differentially socialize the emotional experience of its male and female children (Brody, 1985; Whiting & Edwards, 1988). For it is emotional experience which carries much of the weight of gender socialization. The control, independence, and competitiveness demanded by masculinity are antithetical to the experience of many forms of intense emotional states. Emotions such as fear and shame, and emotionally-loaded states such as vulnerability and dependence must all be suppressed and repressed in the service of consolidating and maintaining the facade of masculinity. Male children are taught very early that to cry —to be vulnerable, to experience and express a moment of weakness—is to be a "sissy," a "cry baby," a "girl."

Another significant consequence of this gender bisection of humanity is the isolation of males from the process of childrearing. Their isolation ensures that male children are raised predominantly by female caretakers, and therefore most often form their primary attachments to females. These primary attachments must then be traumatically ruptured when the male child increasingly identifies with masculinity, for masculinity demands the rejection of all that the male child has internalized that is culturally labelled "feminine" (Chodorow, 1978; Coltrane, 1988; Dinnerstein, 1976; Lisak, 1991). This rejection of those innate

characteristics that are labelled feminine frequently leads to the rejection of his connection to those female caretakers—or, at least, to the experience of a severe conflict. For it is in his connection to those female attachment figures that the male child comes closest to his dependency and vulnerability, aspects of himself which his culture has now condemned as "feminine." The frequent consequence of this socialization is that males deny and suppress their capacity to be and feel intimately connected to others (Chodorow, 1978; Kilmartin, 1994).

By systematically separating men from significant aspects of their human repertoire of emotions and behaviors, masculine socialization creates a number of significant vulnerabilities. Men whose capacity for intimacy has been truncated may have greater difficulty forming and sustaining meaningful, long-term relationships. This in turn can deprive them of the social support that is critical to coping with many of the common stressors that most people experience over the course of a lifetime. Research in behavioral medicine has begun to document the links between masculine gender role strain and diseases such as cardiovascular disorders and peptic ulcers (Kilmartin, 1994), and psychological symptoms such as depression and anxiety (Eisler, Skidmore, & Ward, 1988; Good & Mintz, 1990; Sharpe & Heppner, 1991). One of the common threads among these vulnerabilities may well be an impaired capacity to consciously experience and express the full range of emotions with which humans are endowed, and which are inevitably evoked by life experiences.

Men's socialized separation from their emotional experience, and from their capacity for intimate connection, also tends to impair their capacity to feel empathy and sympathy, both for themselves and for others. Males routinely score significantly lower than females on standardized measures of empathy, and more rigidly masculinized males tend to be less empathic yet (Eisenberg & Lennon, 1983; Gold, Fultz, Burke, Prisco, & Willet, 1992; Lisak & Ivan, 1995). Further, there is some evidence of a link between an inability to empathize with one's own pain and a reduced capacity to empathize with the pain of others (Barnett & McCoy, 1989). Finally, this emotional disconnection—from self and others—is associated with interpersonal aggression (Miller & Eisenberg, 1988; Lisak & Ivan, 1995; Lisak, Hopper, & Song, in press).

Psychological Legacies of Childhood Abuse

No single description of the psychological consequences of abuse can capture the wide variation and uniqueness among all of the individual experiences of men who suffered childhood traumas. However, recent qualitative research points to certain elements which comprise a core experience common to most survivors.

At the nucleus of almost every episode of abuse is the experience of having one's will and boundaries overwhelmed by someone more powerful (Herman, 1992). The child's nascent, fledgling sense of agency, autonomy, and self-containment are battered, sometimes shattered, by the imposition of another person's will. While the method by which the child is coerced influences the experience, all forms of coercion, from manipulative seduction to brutal force, achieve the same end: They overwhelm the child's will and boundaries.

The internal experience of this kind of helplessness was described eloquently by men who had been sexually abused as children and interviewed as adults as part of a study of male survivors of abuse (all quotations are taken from transcripts of interviews with male survivors; see Lisak, 1994, for a complete description of this study):

Subject: "He would pin me down and hold me there so I couldn't move at all, no matter how hard I struggled, and he'd spit gobs of spit into my mouth and he'd force me to swallow it and swallow it until I puked it up, and then he'd be satisfied."

Subject: "I would feel really heavy and lethargic. Like I couldn't do anything about it. I just had to do what was going to come next, the hug or the kiss or whatever she wanted. It was just real numbness."

Subject: "It's like the world is something all powerful, and it will do things to me, horrible things, and I'll never be able to do anything to stop it."

This experience of being overwhelmed typically precipitates an intense and negative emotional experience. The loss of agency, and the abject helplessness and loss of control induce terror, which can be a fear of dying or a fear of being psychologically obliterated, or both.

Subject: "He was in a rage, a drunken rage, and he had that revolver pointed at my head and he was screaming and I was frozen, just petrified. I felt he was going to kill me."

This loss of agency often also triggers intense shame, as the child is reduced to regressed states of helplessness. Shame and humiliation are often also the actual goal of the abuser. Developmentally unable to recognize this, the child inevitably internalizes the shame, attributing it to some inherent deficiency or characteristic of the self.

Subject: "She told me it was dirty what we did. So I had to wash myself, and I washed myself over and over. I guess because I felt so ashamed. Because what does a child know?"

Abuse can also trigger intense rage, a natural response to an assault of one's physical and psychological boundaries. However, when rage is triggered in the context of powerlessness, it is most often defensively repressed, for it can only intensify the feelings of helplessness. This dynamic then also produces secondary ramifications: The absence of experienced rage heightens the sense of helplessness and powerlessness, and feeds destructive cognitive appraisals such as, "I am weak," "I can't defend myself," "I'm no good."

The profound damage which childhood abuse often does to the survivor's sense of self-worth is one of the most pervasive legacies of the experience. As articulated by Ferenczi (1932/1984) and so many others since, when a child is subjected to an intensely negative experience that the adult perpetrator does not assume responsibility for, the child will inevitably do so himself. This internalization results in a deeply negative schema of self, which, in conjunction with the child's learned mistrust of others, often alienates him from the interpersonal encounters which might otherwise serve to mitigate his isolation and soften his negative self schema.

Subject: "There must be something wrong with me to have let my brother do what he did to me. There must have been something wrong with me because my wife left me for another man. Obviously, I don't measure up somehow, and it must be because deep inside I'm a sick pervert and everybody knows it."

Subject: "It's like it happened to me—no—I couldn't, I didn't stop it, I didn't stop him, and it's like my guilt, my shame in me, and I have to hide that from everybody. Nobody can know what's really inside me."

The Interaction between Childhood Abuse and Masculine Socialization

Even this brief review of some of the psychological legacies of abuse and of masculine socialization graphically depicts the profound conflict that is engendered by their interaction. At the precise developmental epoch when the male child is learning that to be masculine in this culture means that he must be independent, in control, strong, powerful, and competitively successful, abuse confronts him with almost everything that is opposite. He is forcefully thrown into his vulnerability, his helplessness, and his powerlessness. At the same time as he is learning to control, suppress and repress emotions that might evoke these "nonmasculine" internal states, he is overwhelmed by states of intense fear, shame and anger; he suffers the experience of being utterly overwhelmed both by the external physical experience of abuse, and by the internal emotional states that it provokes.

The abused male child knows that these overwhelming internal states violate the fundamental rules of masculinity—rules that he has most likely already internalized. As a result, either consciously or unconsciously, he knows he has been branded. He knows that an indelible stigma has been stamped in him—he can never be that which he has been told he must be—he can never truly embody the masculinity that his culture has made him believe is the true measure of his worth. He may learn to dress "masculine," talk "masculine," and walk "masculine," but inside the brand is permanent. He knows he is not really one of them.

This fundamental scar on the abused male's masculine identity often affects more than his sense of his masculinity. In a culture in which gender identity forms the core of an individual's basic identity, to be insecure about one's adequacy as a member of a certain gender is to be insecure about one's adequacy as a person. This leads to a basic feeling of inadequacy, of negative self-worth, and of low self-evaluation.

Subject: "Even when I got this good job finally, and for the first time I felt like one of them, you know, a guy. I felt very macho. I was one of the macho guys. I did it. I was a cowboy, I found a way to do it. But you know, inside really, it wasn't real. I was faking it and I knew it."

Subject: "I've just always felt like a piece of shit inside."

Subject: "You look at me now, you know, wearing this jean jacket, with a moustache, and you might think I'm quite a macho guy. But underneath it's all different. Underneath I can never really feel that way. Underneath is where that little boy is."

The male survivor has experienced something that produced overwhelming emotional states and abject helplessness and vulnerability, and yet he has internalized the culture's message that as a man he must not allow himself to acknowledge or feel any of this. Thus he is condemned to suffer from the constraints of gender socialization much more than the non-abused man. The non-abused man, to conform to the norms dictated by his gender socialization, must repress normal range emotional states and experiences of vulnerability. The abused man is forced to repress tidal waves of emotion and helplessness.

The emerging research on male survivors suggests that this is an impossible task—impossible to achieve without enormous costs. The costs of abused men's efforts to repress this conflict contribute to disrupted intimate relationships (Dimock, 1988; Hunter, 1990; Lew, 1988; Lisak, 1994; Lisak & Luster, 1994), substance abuse (Krug, 1989; Lisak & Luster, 1994), an array of psychiatric symptoms (Briere, EVans, Runtz, & Wall, 1988; Fromuth & Burkhart, 1989), and the perpetration of abuse against others (Lisak, Hopper, & Song, in press; Widom, 1989). Several of the men in the interview study cited above articulated the lessons they internalized as a result of their abuse and, implicitly, of their socialization into masculinity:

Subject: "What it taught me was you can't be weak, you can't be vulnerable. Not in this world."

Subject: "A lot of people are very sad, very sad. And apparently that threatens me. So I automatically jump back and take a defensive posture. It embarrasses me. If I had to guess I'd say it's because of this masculine stuff. I kind of shut down, I just shut right down."

Clearly, not all of the legacies of childhood abuse can be attributed to the conflict between abuse and masculine socialization. However, to the extent that this conflict remains unresolved, to the extent that the survivor—true to his masculine socialization—remains fundamentally disconnected from his emotional life, to that extent he will be unable to heal or recover from the abuse, because the path to recovery winds straight through masculinity's forbidden territory: the conscious experience of those intense, overwhelming emotional states of fear, vulnerability, and helplessness.

The Survivor's Dilemma: Adopt, Reject or Struggle with Masculinity

The conflict between the survivor's dual internalizations—the psychological legacies of abuse and of masculine socialization—is typically inescapable. He did not choose to be abused, nor to be reared into a gender system that enforces a rigid bisection of human capacities. However, the survivor can ultimately choose how he responds to the conflict between these inescapable realities, although often a meaningful choice cannot be made for many years.

Both clinical and research reports suggest that one pathway that a proportion of male survivors take can be characterized as an attempt to adopt the culture's code of masculinity despite the profound internal conflict it engenders (Lisak, 1994; Lisak, Hopper, & Song, in press; Rogers & Terry, 1984). They combat the deep, internal feelings of inferiority and of "nonmasculine" vulnerability by striving to sustain an external facade of "masculinity": controlled, confident, and unemotional. The tension between the inner and outer realities fuels a rigid, even brittle external masculine persona, one that has frequently been described as a "hypermasculine compensation." In its more extreme manifestation, this persona includes highly stereotyped hypermasculine characteristics, including interpersonal aggressiveness and a rigid, highly motivated rejection of any trait or behavior that might be construed as "feminine." For men who choose, or fall into this pathway, there is no rest. The experience of helplessness and vulnerability associated with the abuse becomes a chronic thorn in the underbelly of their masculine persona, one that must be constantly counteracted. Further, they must be always on guard against external threats to this persona; they become hypersensitive to perceived insults or slights, to any word or gesture that resonates with the reservoir of vulnerability and inferiority that they harbor. Many of these men become virulently homophobic (Lisak, 1994; Myers, 1989; Nasjleti, 1980), because the open rejection of gender norms, which many gay men display, profoundly threatens this brittle, hypermasculine persona:

Subject: "I would have these fantasies all the time where I would beat up homosexuals, pound on them with real violence. And I think I understand now where that was coming from . . . they threatened me."

The diametrically opposite alternative to the rigid adoption of the culture's norms for masculinity is to reject them. However, to reject such a pervasive and central aspect of identity is no small feat, and not without costs. Such a rejection

almost requires an embrace of the alienation instilled by the abuse, an elaboration of it that leads to a fundamentally counter-cultural identity. This pathway may be more available to abused men who are gay-identified, because they can access the gay community and thereby receive community and subcultural support for their counter-cultural resolution of the conflict.

Another pathway out of this conflict is for the survivor to relinquish those parts of himself that his culture labels "masculine"; in effect, this survivor accepts the culture's gender norms and internalizes the culture's perception of himself as a non-masculine person. In so doing he relinquishes any claim to his capacity for anger, for self-assertion, for fundamental self-worth. Often this leads to a fundamentally passive existence, both behaviorally and psychologically.

Probably the most common pathway out of this fundamental conflict is one that might be termed "struggle": men who neither wholly adopt the culture's code of masculinity nor entirely reject it. These men may oscillate between the two solutions, or struggle to find middle ground. They are likely to be aware that there is a conflict between their inner experience and the demands of their gender socialization, and they are likely to have rejected at least some of masculinity's prescriptions and proscriptions. As a result, their gender identity is considerably more flexible than that of the abused man who strives to adhere to those rules.

In fact, there is some evidence that suggests that these men may actually shape a gender adjustment that is more flexible even than that developed by non-abused men. In a recent study of abuse and gender factors (Lisak, Hopper, & Song, in press), two distinct gender adaptations were discernible among abused men. Abused men who had perpetrated abuse against others scored significantly higher than non-perpetrating abused men on a number of standardized measures, which together describe a more rigid and more hypermasculine gender identity. The abused men who did not perpetrate actually scored significantly lower on many of these measures than even the non-abused men. They experienced less gender role stress, were less homophobic, and displayed less adherence to emotionally constricting gender norms than non-abused men.

These results support the contention that abused men must find some resolution to the conflicting legacies of the abuse and their gender socialization. Further, the resolution adopted may well influence many long term outcome factors, including the likelihood of perpetrating abuse against others.

Implications for Treatment of Male Survivors of Abuse

It is for this reason that the treatment of male survivors of childhood abuse must actively and consciously confront the gender conflict that comprises part of the core of the survivor's post-abuse adaptation. It has been widely noted that masculine socialization contributes to the hesitancy of many men to seek psychological help when they need it (Good, Dell, & Mintz, 1989; Kilmartin, 1994). Therefore, therapists who begin treatment with male survivors—particularly with those who have been coerced into therapy—must immediately wrestle with the survivor's gender conflict if a meaningful therapeutic relationship is to be established. Even when the survivor is not coerced, the gender conflict is likely to be dramatically exacerbated by the therapeutic situation and therefore to become a significant threat to the progress of the treatment.

The nature of this threat is readily apparent when one considers how even the most basic, common therapeutic interventions interact with the survivor's underlying gender conflict. Every time the therapist suggests, cajoles, or gently pushes the survivor to experience some emotional aspect of his experience, he or she is actually pushing the survivor into a confrontation with his gender internalizations. When the therapist says, in effect, "feel," the survivor is not only confronted with his reticence to experience painful affect, he is also confronted with his gender internalizations which tell him that to feel these painful things is to be nonmasculine. Therefore, the survivor's resistance to such interventions must be understood in this context.

Alexithymia also impedes the survivor's path through therapy (Kosten, Krystal, Giller, Frank, & Dan, 1992; Krystal, 1982), and it is also a common consequence of abuse and of gender socialization. Levant (1994) described mild forms of alexithymia as a predictable consequence of male gender socialization, which typically is geared toward suppressing and controlling the male child's emotional expression. When these lessons in control have been thoroughly internalized, some level of alexithymia is a frequent result. In the face of this alexithymia, the thera-

pist's implicit or explicit demand to experience affect will often be met with frustration, perhaps even anger, and often this is partly induced by the survivor's longstanding inability to know what or that he is feeling something. The profoundness of this emotional disconnection stems from the intensification of his socialized emotional constriction by the overwhelming intensity of the early emotional experiences caused by abuse.

The survivor's gender internalizations may also induce him to deny many of his symptoms because he perceives them as emblems of the vulnerability and helplessness which he must at all costs renounce. Just as the survivor's alexithymia does not mean that he does not harbor intense feelings of fear, shame, or rage, so his denial of symptoms does not mean that many of them are not in fact present. This is not to say that the survivor is deliberately deceiving the therapist, although this is also possible, but rather that his denial keeps conscious awareness of his symptoms away from himself, making him unable to report them.

An example from the author's clinical experience illustrates this. A survivor in treatment had for many months habitually searched his entire house for intruders each time he returned home. He had in fact purchased a gun for this purpose. He did not conduct these searches in a dissociated state; he was quite aware of what he was doing, but he was utterly unconscious of the significance of what he was doing, or that it might be unusual or symptomatic. His behavior only came to the surface because of a chance question from the therapist. This predisposition to deny symptoms must be part of the therapist's awareness, and must be considered in both assessment and treatment decisions.

Feminist Psychotherapies: Arguments for the Inclusion of Gender Analysis

The notion that gender analysis has a legitimate, even central role in psychotherapy is of course not new. The feminist psychotherapies that have emerged during the past two decades have largely articulated two common assumptions: first, when a therapist is silent with respect to the legacies of a woman's gender socialization, he or she is tacitly supporting traditional gender norms and sex-role expectations (Cammaert & Larsen, 1988; Hare-Mustin, 1986); second, many of those legacies are destructive to women's mental health and functioning and must be actively addressed as a part of therapy (Cammaert & Larsen, 1988; Burden & Gottlieb, 1987). Underlying these assumptions is a "a highly positive belief in the ultimate capacity of each woman for self-actualization based not on sex-role stereotypes but on her own self-knowledge and human potential" (Sturdivant, 1980; cited in Cammaert & Larsen, 1988).

What emerges from these assumptions is a feminist therapy that recognizes a sociocultural component—gender socialization—to each individual's problems. This recognition is imperative if the destructive legacies of this socialization are to be addressed. Without such a recognition, individuals are unlikely to see the impact of their internalizations; they will rather assume that they are inherent qualities and therefore immutable. For example, if a woman does not see the impact of socialization on her capacity to express anger, she is likely to assume that, as a woman, anger is not a part of her emotional and behavioral repertoire, and furthermore, that it should never be so. A feminist psychotherapist would be aware of the potential role of gender socialization in stifling the woman's capacity to express anger, and would actively engage—with the woman—in an exploration of this possibility.

Such an approach has been advocated for psychotherapy with both men and women. For example, Good, Gilbert, and Scher (1990) described the efficacy of gender aware therapy. They argued for the importance of considering the impact of gender socialization on clients' current problems, for an active discussion of this with clients, and ultimately for the goal of developing new ways of coping, which may have been proscribed by previously held gender beliefs. Ganley (1988) argued that traditional gender socialization inhibits men's self-disclosure and emotional expression and these internalizations must be addressed in terms of sex-role analysis.

The vital need for gender-conscious therapy with men was addressed directly by Scher (1990), who described how male gender norms conflict directly with the basic tasks of psychotherapy:

> Psychotherapy is traditionally viewed as the refuge of the weak—those who cannot handle their own situations and thus must submit to the help of another. Therefore, the man who comes for therapy feels at a disadvantage and must compensate for that. He feels powerless and exposed. These feelings cause him to behave less than ideally as a client because he struggles to stay hidden and to have control over the situation. (p. 323)

Pasick, Gordon, and Meth (1990), argued that men must first be helped to recognize the pressures imposed on them by current models of masculinity before they can make real changes in their ways of coping with life stresses. They advocated actively addressing this with male clients by exploring the male client's experiences of gender socialization.

> A man is able to make significant changes when he begins to recognize the limitations and potential destructiveness of the traditional male role. Men need to understand what it means to them to grow up male in their particular culture. . . . Males learn to evaluate their actions according to their own criteria of "acting like a man." Exactly what this means varies greatly across all kinds of groups, but in therapy it is important to determine what "being a man" means to each client." (p. 171)

Specific, focused treatments for some of the predictable and common psychological consequences of male gender socialization have been published in recent years. Levant (1994) described a psychoeducational approach to the treatment of alexithymia in male clients, and another to increase fathers' parental effectiveness by counteracting some of the limiting effects of internalized male norms (Levant, 1990). Osherson and Krugman (1990) argued that the unique role of shame in male socialization must be understood if it is to be dealt with effectively when it emerges in the context of psychotherapy with male clients.

Van Wormer (1989) reported that an analysis of "destructive and restrictive aspects of the masculine gender role" was an important aspect of group treatment for male alcoholics. Warren (1983) advocated that a similar gender analysis should be part of the treatment for men suffering from depression:

> Men need to be aware that depression is a natural human emotion and not a unique reflection of personal failure or mere self-indulgence. By helping men to focus on and express depressed feelings, followed by a focus on the consequences of male socialization, therapists can help reduce men's interpersonal alienation and increase their use of inner experience. . . ." (p. 155)

In their comprehensive examination of the sexual abuse of male children, Bolton, Morris, and MacEachron (1989) argue that the male survivor's internalized gender beliefs about emotional expression must become a focus of treatment, and must be transformed if the survivor is to recover from the legacies of his abuse.

It has also been argued that the effects of trauma, be it rape (Lebowitz, 1993; Lebowitz & Roth, 1994) or combat (Brown, 1986) cannot be properly understood without an analysis of the role of culture, particularly gender socialization, in influencing a person's post-traumatic adaptation. Lebowitz and Roth (1994) analyzed interviews with female rape victims and described myriad ways in which the women's internalizations of their culture's gender norms exacerbated their post-rape symptoms and often interfered with recovery. Lebowitz and Roth concluded:

> According to these women, manifestations of the cultural construction of gender are present before, during and after the rape; they influence the development of female personality; they provide ways of organizing experience that women bring to the rape; and they affect the meanings that the women and other people give to the rape.

Integrating a Critique of Gender in Psychotherapy with Male Survivors

Identifying and Interpreting Gender Internalizations

If one accepts the assumption that the male survivor's internalization of his gender socialization is an integral part of his post-abuse adaptation, then it follows that his treatment must include an analysis of those internalizations, and of the ways in which they may be interfering with his recovery. I would argue that the therapist must in fact be willing to take a stand with regard to these internalizations, just as most therapists would take a stand about the issue of abuse. If a client describes being beaten as a child and refers to these beatings as "normal discipline," most therapists would recognize this as the client's internalization of his childhood maltreatment. Similarly, if a male client, either explicitly or implicitly, describes his emotional pain as threatening and unmanly, then the gender-aware therapist ought to recognize this as a destructive internalization wrought by the client's gender socialization.

In both cases, the therapist must be willing to stand on different ground than the client. This is not to say that the therapist should embark on a polemic about the evils of gender socialization. Rather, the therapist carefully chooses the time and manner to introduce to the client alternative perspectives to the one the client maintains. In this way, the client may begin to see that his assumptions about masculinity are culturally based, and therefore mutable.

This process is of course no different from what thousands of therapists do each day when they make interpretations regarding their clients' internalized beliefs about relationships or about their

self-worth. The difference is simply the content. However, if the therapist shares the client's assumptions about gender—has internalized the same aspects of gender socialization—then he or she will be unable to make these interpretations. This situation is identical to that of a therapist who was beaten as a child, who has internalized the message of the beatings and who therefore understands such beatings as normal childrearing. Such a therapist will be unable to challenge an abused client's destructive internalizations.

An awareness of the role of gender socialization is also critical to the therapist's ability to properly understand the male survivor's struggles around gender identity. Therapists and researchers have persistently noted that one of the most pervasive legacies for men of childhood abuse is confusion and concern about gender identity. However, what is less clear is whether this confusion and concern is a "symptom" or a sign of positive "struggle." How the therapist interprets the client's "confusion" may well depend on the therapist's own beliefs about gender. For example, if the therapist believes that gender characteristics are innate, biological corollaries of sex, then the client's confusion is likely to be seen as a pathological, or at least maladaptive, condition. Conversely, if the therapist views gender characteristics as fundamentally culturally determined, then the client's confusion may actually be seen in more positive terms: Cultural norms can be as maladpative as the individual's attempts to come to terms with them. This dilemma was aptly described by Brown (1990):

> A person with a lifetime of deviance from her or his culture's prescribed gender roles may be demonstrating one aspect of severe psychopathology. Conversely, she or he may be expressing ego strength and a high degree of inner-directedness indicative of superior functioning in the face of nonfunctional gender-ascribed norms for behaving. (p. 14)

Indeed, what clinicians have routinely reported regarding abused men's gender confusion may in many cases actually be a positive indication of the survivor working through one of the legacies of his abuse. The results of the study reported by Lisak, Hopper, and Song (in press) may be an indication of this. In this study, abused men who did not perpetrate actually appeared to be less rigid and constricted in their gender identity than men who were never abused.

Psychoeducation

Therapist interpretations which focus on the male survivor's internalizations of gender norms are likely to be an important avenue for challenging and gradually eroding some of the destructive legacies of these learned behaviors and proscriptions. However, one of the most powerful tools available to the therapist is psychoeducation; in effect, the transferring of the tools of analysis and interpretation to the client. This can be accomplished through in-session discussions, and by providing the client with books and articles, and alerting him to workshops and conferences. Through these means the client can be introduced to the controversies and debates about gender, and he can begin to formulate a more conscious attitude toward his originally unconscious assumptions. The therapist can play an important and effective role in this process by engaging with the client both in purely intellctual discussions of these issues and also in their application to the client's understanding of his own life and behavior. In this way, the client becomes an active participant in the process of change.

This education also helps to break the client's isolation. Many male survivors have experienced an intense feeling of liberation upon learning that other men, both survivors and non-survivors, also struggle with feelings of masculine inferiority. This sense of liberation is often heightened when the survivor achieves the confidence to begin to challenge some of the norms against which he has measured his perceived inferiority. Achieving this confidence is facilitated by seeing other men challenging their internalizations, be it in the context of group therapy, a weekend workshop, or on the written page.

Reframing Masculinity

This form of psychoeducation can be a crucial aspect of treatment for abused men who have victimized others. In many such cases, the capacity to hurt others emerges from a "hyper-gendered" personality, in which the survivor has cut himself off from the emotional pain of his own victimization because this pain represents a vulnerability that violates his masculine identity. The profound insecurity that underlies this type of hypermasculine persona is a powerful force which sustains the survivor's rigid adherence to the code of masculinity. One method of confronting such a fixed system is to reframe the survivor's adherence to masculine standards as, in effect, unmanly: "What's so manly about allowing social conventions to dictate to you what parts of your human endowment you may live out, and what

parts you must squelch?" The goal of this type of reframing is to gradually redefine rigid masculinity as patently unheroic, as an abdication of the survivor's human potential in the face of social and cultural pressure.

Ethical Issues

Feminist psychotherapies have at times been criticized on ethical grounds. The criticism centers on the explicit or implcit "political" nature of these therapies. Lakin (1991), for example, argued that feminist group therapies run the risk of deindividualizing "participants to the point where we must speak of 'indoctrination' rather than of therapy" (p. 213). The danger being cited is that a therapist whose approach is in part formed by an ideological perspective such as feminism can inadvertently misuse their position of power and influence in the context of therapy.

This criticism contains a valid reminder that the position of therapist is a potentially powerful one, and that therefore the therapist's assumptions and ideologies must be consciously-held. Only then can the therapist guard against inappropriately influencing the belief system of a client. However, it is questionable whether feminist therapies, or therapies which challenge the assumptions of the culture's gender norms such as the approach advocated here, need be singled out as more susceptible to the dangers of inappropriate influence. As Lakin (1991) notes: "Recognizing that all therapies have explicit or implicit (more often the latter) ideologies, one may wonder, what is the justification for focusing on women's therapy groups?" (p. 199). His answer is that therapies which are "politically tinged," feminist therapies among them, deserve special scrutiny. It is certainly reasonable to scrutinize a therapy that appears to have a political basis. The problem is that, depending on your point of view, virtually all therapies can be seen to have such a basis. To say that a therapy which challenges traditional assumptions about gender is "politically tinged," whereas, by implication, one that mutely accepts those assumptions is not, is to grant the traditional assumptions a status that logically they do not warrant. Today's tradition was often yesterday's radical idea. To accept the status quo is as political an act as to challenge it.

Therefore, the fairest resolution of the problem which Lakin outlines is to advocate careful scrutiny of all therapies, to uncover their implicit political and ideological motives and assumptions, and to demand of their practitioners that those motives and assumptions be openly articulated and subservient to the best interests of the clients being treated.

Conclusion

Finally, it is worth noting that while the therapeutic approach being advocated here is founded in an identifiable ideological perspective—one that critiques and challenges traditional assumptions about gender—it is also an approach that is supported by empirical evidence. As noted earlier, traditional gender socialization can be seen to have adverse consequences for both sexes. Such findings are not surprising if one views traditional gender socialization as a no-longer-adaptive magnification of biological sex differences. By magnifying and elaborating such differences, traditional gender socialization truncates men's human potential. This truncation becomes particularly maladaptive when this "masculinized" male must cope with the psychological consequences of childhood abuse. Many of the human capacities which he must rely on to help him heal and recover from such experiences are precisely those which he has been forced to renounce in the process of assuming his masculine identity. It is for this reason that the treatment of men who have survived childhood abuse must include an active component of gender analysis. The survivor must be given the tools he needs to rescue those renounced parts of himself so that he may use them in the process of recovery.

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