

THE MALE ROLE: LIMITATIONS AND INTERVENTIONS

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TOTAL ROLES

Role expectations of individuals are powerful determinants of behavior and social position. All persons adapt to various role expectations depending on their environmental situation, but both men and women are socialized to specific sex roles which may be defined as *total roles*. *Total roles* are defined as an inclusive set of behaviors and a sense of self which permeates all aspects of life, and takes precedence over other more situation-specific work or social roles which are incompatible with the total role.

Much attention has been aroused regarding the effects of traditional total role expectations for women (Freeman 1979; Baker 1980). There is growing awareness among men and women that many of these traditional role expectations have served to limit opportunities while increasing emotional, social and financial distress for women. Much less attention has been accorded the traditional total role expectations of men, and the possible limitations these expectations may have on male life options (Goldberg 1976).

MALE ROLE EXPECTATIONS

The traditional male role appears to be organized around the four following general behavioral expectations, synthesized from the ideas of many authorities (David 1976; Farrell 1974; Fasteau 1974; Kaye 1974; Nickols 1975; Pleck 1974; Stoll 1978):

Functional. Men are able to do. They know the way things work, and can understand reality. They are competitive and active with this knowledge. They have a worldly orientation with skills in a wide range of areas. They are expected to be skilled in occupations with a premium on technical task completion, as in business, mathematics, and science. They are providers.

Objective. Men are logical and rational. Truth and understanding are determined by observable fact. Men are distrustful of introspection, but bring meaning to events by manipulating the external. Men live by the Cartesian Theorem: "I think (*and act*), therefore I am."

Dominant. Men are in control. They respect power and its manifestation, and rule or are

ruled by their permission. Men play to win, and protect what is theirs. Men expect that there will be times when they must stand and fight. Aggression is necessary. Achievement and winning are sufficient purposes for any activity.

Femiphobic. All that is not prescribed male is female. To be feminine is the greatest failure of all.

These role expectations for men form a systematic set of behavioral expectations. Even though it is possible for the sake of examination to view the behavior of men only as it is displayed in one of the four role sets, greater understanding is achieved by considering the dynamic interplay among all four sets. Each set tends to form a behavioral cue for another, and may be reinforced by a third. They form an image of the ideal man. Perhaps no man achieves this ideal, but in failing to achieve, a man is aware of threats to his masculinity.

ROLE LIMITING CONSEQUENCES

Adherence to the traditional role expectations for men is costly. Most men at some time struggle with their own self image as they compare it to the social ideal. We can show the dynamics of this struggle by examining the intrapersonal and interpersonal costs of the traditional expectations.

Intrapersonally, many men are separate from themselves. They experience themselves by functional and objective criteria, and are often removed from any other capacity to understand. They are handicapped in the personal tools which they have available to understand themselves. To be functional and objective is to be more concerned with the manipulation of external events. To be introspective, or to feel and operate on the basis of those feelings, is contrary to the dynamic interplay of the traditional role expectations. Research indicates that men have significantly lower patterns of self disclosure, insight, and empathy, and are less capable of loving, as compared to women (Jourard 1971). Jourard says that man's role is one of *dispiritation*. If we recognize that suicide rates represent a significant measure of intrapersonal dysfunction,

American suicide rate per 100,000 population for men in 1978 was 20.2, compared to 6.9 for women.

There are apparently significant relations between sex roles and mental health problems. Although more women than men suffer from diagnosed neurotic and psychotic disorders, more men suffer from personality disorders. Rates for all types of substance abuse are considerably higher for men. The distribution of these disorders appears very strongly related to role expectation.

There also appears to be a relation between physical health and role expectation. Men have shorter life expectancy, contact more serious illnesses, and have more accidents than women. Many characteristics of the male role are dynamically stress producing, and in most illnesses where stress appears to play a part in the development of the disorder, men have higher rates than women. Thus, "looking closely at the major causes of death, a number of them are directly related to certain behaviors such as cigarette smoking, drinking, violence, and aggressive-competitive Type A, *coronary-prone* behavior. All these behaviors occur more in men than in women, and all can be viewed as extreme forms of certain components of masculinity: risk-taking, competition, status, power, and violence." (Bascow 1980)

There are also interpersonal consequences for the traditional male sex role stereotype. It appears that the functional, objective, dominant, and femiphobic characteristics of the male role often fail to support the development of meaningful interpersonal relations. Many male authors have recently acknowledged the poor quality of interpersonal relations among men (Fasteau 1974; Farrell 1974). Many adult men never have had a close friend. The barriers to emotional intimacy between males appears directly linked to male role expectations. These barriers include competition, lack of self-disclosure, homophobia, and insufficient role models (Bascow 1980).

Most men are socialized to believe that actions are separate from feelings, and that they must compete in all actions including sports, work, sex, and conversation. These attitudes are more conducive to separateness from others, rather than to the warmth

necessary for a meaningful relation. By sharing feelings, the male perceives that he becomes vulnerable. In a competitive atmosphere, this vulnerability may be threatening. Consistent with the male role expectation, showing one's feelings is weak, and to be avoided at all costs.

Many men have polarized attitudes regarding the male sex role. Expressing positive feelings toward another male is often done at considerable risk. The choice is limited to either adherence to all expectations, or being considered homosexual. Lehne (1976) argues that homophobia must be eliminated before a change in sex roles for man can be achieved.

There are also insufficient role models of emotional intimacy among men. Men have few opportunities to see and experience affection between men, even between father and son. This barrier is both cause and effect of sex role training, and has a cyclic effect in succeeding generations.

The establishment of rewarding male-female relations suffers from the same male role expectation barriers (Chafetz 1978). The establishment of male-female relations is confounded even more by the polarized view of women implicit in the traditional male role. From the male view, women are recipients of "benefits" derived from the man's successful fulfillment of the male role expectation. As the man struggles to compete and fulfill the expectations of his past socialization, he tries to bring meaning to all these behaviors by attributing them to the needs of wife and family. Wife and family are expected to recognize and value this *functional duty* of men. Any request for time, sharing, intimacy, or companionship become threats to successful completion of the male role.

The sex role expectation that men handle emotional, intimate situations independently of self disclosure of feelings, and that they must respond only from a position of dominance, functionality, and objectivity, severely limits the behaviors available in those situations. For many men, the only available response is action. The expressed action or aggression must then be justified consistently with the male role expectations, or must be accepted passively with guilt and remorse and loss of "masculinity."

Today, there is an epidemic of reported family

violence in the United States (Blumenthal 1972). Spouse abuse is estimated by the Federal Bureau of Investigation to be the most frequent crime in the nation (Martin 1976). There is a growing number of services to respond to women who are victims of this violence, but there is general apathy to any structured intervention with men, even in the criminal justice system.

PRACTITIONER NEEDS

Comprehensive strategies need to be developed and implemented by helping professionals which reflect an understanding and integration of the possible limitations to the sex role of men and women. Several authorities have addressed this issue with vital suggestions for effective interventions with men (Bloom 1980; Brennecke 1980; Sheehy 1976; Levinson 1978). There are negative consequences for women in the helping relation with the clinical therapist who fails to recognize and address the limitations of the traditional male role stereotype (Maracek, Kravetz 1982). The failure of traditional sex role theories of behavior, practice skills, and values of these professionals to address the limitations which are imposed on women has led to an implicit assumption that those theories, skills, and values accurately respond to the needs of men. Such limitations also exist in the consequences of the male role stereotype, which are rarely considered by the helping professional. A more accurate appraisal indicates that both men and women historically have suffered from sex role stereotyping, which is used to manipulate and control the division of labor in the marketplace (Ginlits 1972).

The widely held professional value of client self-determination must be reexamined, recognizing the effect of the male sex role stereotype on male clients. To realize client self-determination, helping professionals must be able to develop alternative options for client action. Alternatives which are restricted by the professional worker's prejudice, bias, lack of information, or adherence to sex role stereotypes places limits on client opportunities for self-determination. Helping professionals who possess value orientations towards men limited by the functional, objective, dominant, and femiphobic characteristics of the male sex role unnecessarily limit the

options of male clients and restrict their opportunity for self-determination.

Intervention with male clients demands constant awareness and sensitivity to the accurate social diagnosis of client issues. Just as feminist therapists have reexamined the traditional view of factors generating women's issues, establishing that many issues are not personal but rather, of a social and political nature, so do men's issues need examination (Foxley 1979). Such an examination may well lead to a greater reliance on interventions into the social and political structures and processes of our society, advocating change and the expansion of alternatives for men rather than limit professional actions to treating the consequences of those limitations.

CONCLUSION

Helping professionals have begun to recognize the need for greater understanding of the cultural, economic, political, and social realities of the structure and processes of society as necessary knowledge for effective practice with women, minorities, the aged, and the handicapped (Sue 1981). Failure to assess these dynamics with male clients limits information available to the professional, and tacitly supports nonproductive or destructive sex role stereotyping. By increasing their knowledge of the economic and political control exercised by sex role stereotyping, helping professionals can increase their awareness of the environmental factors which impinge on client behavior. Without such knowledge, intervention can all too easily become a method of social control. This knowledge also appears to be an approach which could integrate one polarization of therapy in recent years. The issue is not that we need "masculine" helping professionals, but rather that more professionals need to develop a broader understanding of the purposes and power of traditional sex role expectations.

Men have traditionally struggled under the oppression of a role expectation which is self-limiting, destructive of a complete and fulfilled existence, and dangerous to their health and well-being. This role model adapted well to the industrial needs of society, and society has generally benefited from the role limitations of men (O'Kelly 1980). Men of future

generations of men may demand more attention for their needs as individuals, and less for the material social order benefits deriving from the traditional male sex role.

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