Men's Mental Health
Presentation to Humanitis/Job Corps
May 14. 2024

Derek Iwamoto, Ph.D.

Associate Professor

Department of Psychology

University of Maryland

For speaking engagements, consultation or trainings contact: diwamoto@umd.edu
https://terphealth.wixsite.com/ghclab

1) **Public health issue**
   a. Health and Violence Issues
      i. Road rage increase from 2018-22; men are more likely to escalate it to violence
      ii. Men are more likely to die of cancer, suicide, speeding tickets
      iii. Violence and shootings: 95% school shotting, 90% murder commitment by boys/men
      iv. Substance use disorders
      v. Mortality rate: men die 5 years young than women
   b. Anger is often the only way men are allowed to express emotions
      i. Deeper issues: stress, sadness, embarrassed, frustrated, tired etc
      ii. Anger is a mask
      iii. Trait anger related to depression for men
   c. Traditional Masculine Norms
      i. Beliefs, values and expectations of what it means to be a man
      ii. Gender is socialized before birth (boys/girls); how we treat the fetus/baby; gender related colors
      iii. Gender roles formed before the age 4 (what women or men are "supposed to do"
   d. Daily Interactions are gendered
      i. Communication (assertive men leaders, bossy women leaders)
      ii. Public space: man spreading or taking up more physical space then women (walking on the street, who moves for who?)
      iii. Work: who do we expect as leaders/CEOs/Presidents?
      iv. Family roles: heterosexual relationships women have to engage in child care more so than men
      v. Social interactions: men don't talk about their vulnerability in the public space
2) **Within-group differences**
   a. Not all men engage in problematic behavior or adhere to gender norms
   b. Many men engage in positive behaviors
   c. Conformity to Masculine norms (Mahalik et al., 2003) helps explain within-group differences and adherence to certain norms
      i. Not uni-dimensional (high or low masculinity) but different dimensions

ii. Winning, self-reliance, risk taking, emotional control (can be good or bad depending on the situation and to the degree who adhereces to them

iii. Power over women, dominance, violence, heterosexual presentation, playboy norms---generally more harmful

iv. Masculine norms have been found to be related to mental health, self esteem, alcohol problems, substance use among diverse men (Asian American, Black, white, incarcerated men, fathers)

1. Playboy, self-reliance and risk taking are all risk factors of these health outcomes

v. Psychological Theories

1. <u>Dysfunction Strain</u>: avoiding femininity, highly endorsing masculine norms and not being flexible creates strain

    a. Not all men win; what happens if you endorse breadwinning and you lose your job? Heterosexual presentation---if you are gay but putting on a heterosexual front, can create stain

2. <u>Discrepancy Strain</u>: Ideal vs. Real. Men often have notions of what make a man a man. Idealize chiseled body but they themselves have love handles. Greater discrepancy, the greater the strain

3. <u>Precarious manhood</u>: hard won easily lost.

    i. Gender threat; need to prove one's masculinity; need to display publicly one's masculinity

        a. Drinking games; someone disrespects significant others

    ii. Greater threat, greater risky behaviors and poor decisions

    iii. Middle age men endorse toxic masculinity as well

    iv. https://www.youtube.com/watch?v=tOX6aIEV5kE

    v.

4. Intersectional of race and masculinity

    i. Ideal" man and leader **excludes** racial minority men

    ii. Men of color experience **<u>additional</u>** stressors: **Gendered racism**

    iii. Stereotypes of <u>Black men</u>: aggressive & hypersexual

    iv. <u>Latino men</u>: machismo, criminals, hard worker, illegal immigrants

    v. <u>Asian Am</u>: emasculated, least desirable romantically & lacking leadership qualifications

d. <u>Translational Application (Stigma): Questions to ask yourself</u>

i. What would others think? Think about what is more important and beneficial for you and your future

ii. Real men don't seek out therapy: Avoiding/ignoring problems could lead to even more problems (substance use, mental health)—need a "release valve"

iii. Autonomy/self-reliance/breadwinner: Think of men who you admire (leaders, stars)—they all have a support team/consultants/staff

iv. Putting off health care check-ups: Quality of life? Live longer? Optimize health and performance?
v. Adding this all up = Ultimate cost—financial, relational and health/life

e. Changing the narrative

- What would others think? Think about what is more important and beneficial for you and your future
- Real men don't seek out therapy: Avoiding/ignoring problems could lead to even more problems (substance use, mental health)—need a "release valve"
- Autonomy/self-reliance/breadwinner: Think of men who you admire (leaders, stars)—they all have a support team/consultants/staff
- Putting off health care check-ups: Quality of life? Live longer? Optimize health and performance?
- Adding this all up = Ultimate cost—financial, relational and health/life
- Mental health as an option
- **46% of the population** experience a mental health disorder in their lifetime!
- Therapy > medication alone
- Combination of therapy +medication = best
- Difficult to talk to a stranger: Therapist more objective than a friend
- Mental health as an option

f. Exploring flexible masculinity

- What is your definition of a man?
- How do you fit with this ideal?
- What does mean to be a Black/Latino man?
- Challenges?
- Do you think your current concern might play a role in your definition of femininity/masculinity
- Code-switching

o **Recommendations for clinicians**
- Reflect on own assumptions
- Clinicians own implicit and explicit bias
- Focusing on externalizing problems (anger, addiction)
- Co-occurring conditions
- Gender lens: gender socialization and related issues
- Acknowledging gender-racism
- Using masculinity measures as a tool to engage (contact me)