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Dennis K. Smithe
University of Northern Iowa

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A Narrative Group Model to Reduce Gender Role Conflict in Adult Males

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A Research Paper

Presented to

The Department of Leadership, Counseling,

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In Partial Fulfillment

of the Requirements for the Degree

Masters of Arts

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By

Dennis K. Smithe

July 2005

This Research Paper by: Dennis K. Smithe
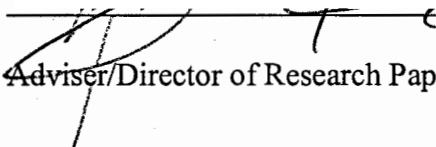
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John K. Smith

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Head, Department of Educational Leadership,
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Abstract

This manuscript provides a therapeutic group model to address gender role conflict in males based on a narrative approach. The use of story telling and metaphor are central to the process because they are reflective of how men tend to communicate. This approach reflects a shift away from traditional counseling approach often seen as the antithesis of a masculine ideology. This process provides group members the opportunities to co-create and re-author socially constructed stories of masculinity and maleness that have taught males to abuse and neglect their bodies while at the same not seek help. Unique to this model is the effort to provide empirically based outcome data on the effectiveness of the group.

A Narrative Group Model to Reduce Gender Role Conflict in Adult Males

The male role has been of interest in both contemporary and research literature. Two authors in particular have been writing about the risks and hazards of being male. Robert Bly, who was considered by many to be the founder of the men's new age movement suggested that being male makes the individual not only a hazard to oneself but to others as well. In his book, Bly (1990) summarized the changing male gender role over the last 50 years. He characterized the male gender role as culturally defined and continuously evolving. Bly used metaphor as a means of narrating the struggles that males face on their journey to develop their sense of being male.

In spite of the changing expectations many men still feel a strong societal pressure to conform to specific gender roles, often at risk to their own physical and psychological health. Sam Keen (1991), another contemporary author, reiterates this notion that being a traditional male can and often is a high-risk proposition. Keen stated,

"Perhaps the time has come for a new agenda. Women, after all, are

not a big problem. Our society does not suffer from burdensome amounts

of empathy and altruism, or a plague of nurturance. The problem is

men - or more accurately, maleness. . . . Men are killing themselves doing

all the things that our society wants them to do. At every age they're

dying in accidents, they're being shot, they drive cars badly, they ride the

tops of elevators, they're two fisted drinkers.   And violence against women is incredibly pervasive. Maybe it's men's raging hormones, [or] . . . because they're trying to be a *man*" (p.5-6).

It is this very sentiment that Bly and Keen have attempted to articulate and researchers have begun to examine. Research efforts have over the past 10 or so years begun to examine the concept of gender role conflict as well as examining the role that gender plays in predisposing each sex to certain kinds of mental and physical health problems. Eisler and Blaylock (1991) argued that seven of the leading causes of premature death among men appear to be either directly or indirectly linked with psychosocial characteristics associated with the masculine gender role. Other research has suggested that the result of the masculine gender role has negative psychological consequences as well (Cook, 1990; Eisler & Blalock, 1991; Good, O'Neil, Stevens, Robertson, Fitzgerald, DeBord, and Bartels, 1995; Good & Mintz, 1990, 1993; Good & Woods, 1995; Hertzel, Barton, & Davenport, 1994; O'Neil & Egan, 1992; Robertson & Freeman, 1995; Sharpe & Heppner, 1991; and Williams & Myer, 1992).

The literature suggested that males learn through a socialization process to abuse and neglect their bodies, leading to increased rates of mortality and greater incidents of illness and disease (Cook, 1990; Eisler & Blalock, 1991; Good, O'Neil, Stevens, Robertson, Fitzgerald, DeBord, and Bartels, 1995; Good & Mintz, 1990, 1993; Good & Woods, 1995; Hertzel, Barton, & Davenport, 1994;

O'Neil & Egan, 1992; Robertson & Freeman, 1995; Sharpe & Heppner, 1991;

and Williams & Myer, 1992). In spite of the ramifications of gender role conflict

on males, females, culture and society, there appears to be limited research on the

treatment of gender role conflict. More traditional treatment efforts have

remained focused on addressing the more symptomatic outcomes instead of the

core issue of gender role conflict itself.

This paper will introduce gender role conflict from a social constructivist

and narrative perspective; suggesting that gender role conflict is a reality that is

conceived through the many stories that males are introduced too throughout their

development. Out of this socialization process internal conflict arises leading to

behaviors that have had negative ramification for males and our society as a

whole. The intent of this paper is to briefly introduce a group treatment approach

using metaphor as the primary means to assist males to begin to deconstruct and

then re-author their notions of masculinity and maleness. Unique to this group

will be the use of the Gender Role Conflict Scale to assess the impact the group

model has on gender role conflict.

Gender Role Paradigm

O'Neil (1981a &1981b) proposed the concept of gender role conflict as a

product or outcome of a socialization process that occurs with males, similar to

the process described by Bly (1990). Gender role conflict is a psychological state

that "occurs when rigid, sexist, or restricted gender learned during socialization

result in personal restriction, devaluation, or violation of others or self" (O'Neil,

Good, & Holmes, 1995, p.74). Gender role conflict results from what Pleck

(1995) identified as 3 possible origins: discrepancy-strain, dysfunction-strain, and

trauma-strain.

Discrepancy Strain

Gender role conflict may surface when males do not live up to their own

internalized set of notions regarding masculinity. This dissonance between

expectations and actual behavior has been labeled discrepancy-strain.

Internalized masculine beliefs are frequently very similar to those masculine

ideals that our culture often identities, which in itself can create conflict.

Thompson and Pleck (1995) proposed the term Masculine Belief, defining it as a

socially constructed ideal for men. The content of masculine beliefs can be

thought of as powerful expectations and norms against which men measure

themselves and others.

Dysfunction Strain

In our culture what are often seen as desirable masculine traits can often

have undesirable or negative ramification for men and those close to them. This

has been coined dysfunction–strain. The rigid adherence to traditional masculine

traits, all too often, results in dysfunctional behaviors such as excessive violence,

sexual excess, socially irresponsible behaviors, and relationship dysfunction

(Brooks & Silverstein, 1995).

Trauma Strain

Trauma-strain, the third possible precursor of gender role conflict, according to Pleck (1995), results from the male socialization process itself. Being socialized in an environment that is rich with traditional masculine beliefs is inherently traumatic. Pleck (1995) suggested that many of these traumas occur so consistently during development he considers them normal developmental traumas. Additionally, certain groups of men who share particular experiences find the socialization process to be harsh. These groups, as Levant (1996) outlined, included professional athletes, Vietman veterans, survivors of child abuse, as well as gay and bisexual men.

Development of Gender Role Issues

Gender based messages are deeply rooted in American society and, over the course of a person's psychological and social development, have profound impacts which influence how we see ourselves as both men and women. This process of gender role development begins at a very early age (Blazina, 2004; Krugman, 1995, Levant, 1995, Wester & Vogel, 2002; Brooks & Gilbert, 1995).

As a result of what seems to be biologically based differences, males start out their lives more emotionally expressive than females (Haviland & Malatestra, 1981). Haviland and Malatestra (1981) reviewed data from 12 studies and concluded that male infants are emotionally more reactive and expressive than like females. Levant (1995) reported that as infants males, "startle more easily,

become excited more quickly, cry sooner and more often, have a lower tolerance for tension and frustration, become distressed more quickly, and fluctuate more rapidly between emotional states" (p. 236). Brody and Hail (1993) found that infant boys were judged to be more emotionally expressive than were infant girls, even when the judges were misinformed about the infant's actual gender.

Developmentally, boys remain more emotional than girls at least until six months of age (Levant, 1995). Weinberg (1992) reported that, "six-month-old boys exhibited significantly more joy and anger, more positive vocalizations, fussiness, and crying as well as more signals directed towards the mother than did similar age girls" (p. 7). Despite this initial advantage in emotional expressiveness, males are socialized to tune out, suppress and channel their emotions, whereas the emotional socialization of females encourages their expressivity (Brooks & Gilbert, 1995). Dunn, Bertherton, and Munn (1987) found that 2-year-old females refer to feeling states more frequently than do similar aged males. Dunn et. al., concluded that between the ages of 4 and 6 boys begin to inhibit and mask their overt responses to emotion, while girls continue to respond in a relatively open manner.

Haviland and Malatesta (1981) identified this critical age in males as the "crossover in emotional expressions" (p. 16). Levant and Kopecky (1995) proposed that this socialization process is strongly influenced by the mother, father, and peer group, which combine to result in the suppression and channeling

of male emotionality. This early development and socialization of males, according to Levant (1995), has 4 primary outcomes: "action empathy" (p.238), "normative alexithymia" (p.238), "overdevelopment of anger and aggression" (p.240) and "the suppressions and channeling of feelings into sexuality" (p. 241).

Action Empathy

Many men develop action empathy, which differs from emotional empathy. The ability to empathize with another person usually means that we can take their perspective emotionally while action empathy allows the male to predict what the other person will do. Emotional empathy is usually employed to help another person. Action empathy, on the other hand, is most often utilized in the betterment of ones self (Levant 1995). It is learned in most sports, putting a high premium on learning the opponent's strengths, weaknesses and body language or to be able to figure out how one might react in a given situation. This skill is seen as critical in war, relationships and on the street.

Alexithymia

According to Levant (1995), the most impacting consequence of the male gender role socialization process is alexithymia, which means, in its mildest form, the inability to identify and describe one's feelings in words. As a result of the socialization process, men are often unaware of their emotions. Lacking this emotional awareness, men tend to rely on their cognitions and try to logically figure out how they should feel. Men are, more often than not, unable to do what

is so automatic for most females, to simply sense inward, feel the feeling, and let

the verbal description come to mind.

Levant (1995) identified 4 characteristic strategies for how males respond

to unrecognized emotions.

      1. Through cognitive distractions men are able to disengage from the

          physical discomforts of unrecognized emotions.

      2. Unrecognized emotions that build-up and erupt in anger.

      3. Locking up emotions until the male no longer is able to feel

          anything.

      4. Unrecognized emotions are released not verbally but through

          nonverbal behavior.

Over development of Anger and Aggression

A spin-off of alexithymia is the over development of anger and

aggression. Through the developmental process boys are socialized towards

emotions that are related to anger and rage and to behave in accordance with the

masculine ideal of toughness (Bly, 1990; Keen, 1991; Levant 1995; O'Neil &

Egan 1992). In fact, anger is one of the few emotions that boys are encouraged to

express and as a consequence other feelings such as hurt, disappointment, fear,

shame, and vulnerability are strongly discouraged (Bly, 1990; Brooks & Gilbert,

1995; Keen, 1991; Levant 1995; Lisak, 1998; O'Neil & Egan 1992).

Given the impact of alexithymia many men do not recognize milder forms of anger such as irritation or annoyance. Such feelings only become noticeable when they have built up enough that they surface as full anger or rage. Angry outbursts occur all too often in men resulting in negative outcomes.

Channeling of Tender Feelings into Sexuality

The socialization process often sets up barriers to the expression of caring emotions. In adolescence, caring emotions get channeled into sexuality with no fixed requirement for intimacy (Levant, 1995). Our culture teaches and socializes teenage boys about sex through the portrayal of women as sex-objects. Other avenues such as the media also that show males who epitomize the masculine set of beliefs – the "Marlboro Man" (Shay & Maltas, 1998, p.97).

Impact of Gender Role Conflict on Men's Health

Leafgren (1990) stated that a high degree of internalization of traditional masculine/male beliefs could lead to social isolation and emotional detachment and separation from many sources of social support that females naturally utilize. This being the case, high levels of masculine belief or associated gender role conflict may be responsible for disturbing trends in male mental and physical health related problems (Mahalik, Locke, Theodore, Cournoyer, & Lloyd, 2001; and Vogel & Wester, 2003). For example, men are 4.5 times more likely to commit suicide than women and this difference appears to have increased over the last 30 years (Farrell, 1993). Non-white males are almost 6 times more likely to

commit suicide than their female counterparts (Farrell, 1993). Men are 4 times more likely than women to suffer from heart disease (Farrell, 1993). In fact, Farrell noted that the Center for Disease Control reports that men have substantially higher death rates than women in every major cause-of-death category that is generally accepted to have psycho-environmental influences, including pulmonary diseases (1.2 times higher), liver diseases (2.0 times higher), accidents (2.0 times higher), motor vehicle accidents (2.1 times higher), homicide (3.6 times higher), firearm injury (6.1 times higher), HIV infection (5.3 times higher) and cancer (1.1 times higher).

Psychological Health

Farrell (1993) also reported that in the United States, men on average have a life expectancy 6 years less than women. Also, men are more likely than women to have certain psychiatric diagnoses, including antisocial personality disorder, substance abuse, and are much more likely to be involved in violent crime (Eisler & Blalock, 1991). Apparently, men are killing themselves, both directly and indirectly, more than women (Robertson & Fitzgerald, 1993).

Recent data has also indicated that the masculine gender role appears to significantly impact the frequency and timeliness of men seeking help for their physical and psychological problems (Good & Wood, 1995; Robertson & Fitzgerald, 1992; Vogel & Wester, 2003; and Williams & Myers, 1992). Good and Wood (1995) and Good and Mintz (1990) have respectively labeled this

phenomenon as "double jeopardy" (p.70) and compound risk" (p.17). Coupled with being at higher risk of developing certain psychological problems, male socialization also makes them less willing to participate in therapy.

Despite the psychological and physiological distress experienced by many men in today's society, men are often reluctant to seek the assistance of a therapist to help resolve difficulties. Baraff (1991) noted that approximately 70% of a traditional practice is devoted to women. Additionally, one half the men in the remaining 30% do not seek individual therapy, but rather attend therapy with their spouse or partner. Williams and Myer (1992) observed that men are more likely than women to terminate therapy prematurely. It can be said that the masculine gender role is an impediment for men who seek services from mental health entities (Good & Mintz, 1990; Good & Wood, 1995, and Vogel & Wester, 2003). Those behaviors that are valued in the counseling process, such as emotional expression and introspection, are often behaviors men have little experience with and are contradictory to the masculine gender role (Hertzel, 1993; Meth, 1992; and William's & Meyers, 1992). Mental health professionals need to be flexible and creative in their work when providing services to male clients (Hertzel, 1993 & O'Neil 1990).

Group Work with Men

According to Gladding (1999), men have special needs and ways of interacting that are very dependent on how they have been socialized. Values

learned as young males during early socialization tell them to hide their more

feminine side from others. Many of these characteristics or behaviors include acts

of caring, sensitivity, and sharing emotions. Instead, they are expected to exhibit

characteristics of the masculine ideal outlined by Pleck (1995). As a result, men

pay a very high price in the form of internal and external conflict, inability to

relax, and shorter life span. These direct consequences of the socialization

process leave men with a very narrow range of behaviors to display. These social

consequences also provide challenges for men in treatment. Gladding (1999) and

Hertzel, Barton, and Davenport (1994) however, noted that group work with men

might be very helpful in identifying the concerns of being male while providing a

means of constructively dealing with them.

Current Trends

Although most group work with males continues to focus on specific

behaviors, as identified earlier, recent trends have shown some group work

designed to address the impact of gender role conflict (Hertzel, Barton, &

Davenport, 1994; Johnson & Hayes, 1997; Rabinowitz 1991; Robertson &

Freeman, 1995; and Wilbur & Roberts-Wilbur, 1994). The use of different group

treatment modalities designed for assisting men to get more out of the therapeutic

process and to help men explore the male gender role and how it affects their lives

have been established (Hertzel, Barton, & Davenport, 1994; Johnson & Hayes,

1997; Rabinowitz 1991; Robertson & Freeman, 1995; and Wilbur & Roberts-

Wilbur, 1994).

Support and Encouragement

Hertzel, Barton, and Davenport (1994) felt that over the last ten years the

all-male counseling group has become the preferred treatment for identifying,

exploring, dealing with the negative effects of the masculine gender role. One

caveat, however, is that group treatment continues to focus on the outcomes of

gender role conflict. Frequently men are in group treatment to address issues such

as alcohol and other substance abuse, anger problems, violence, marital issues,

and so forth.

Hertzel, Barton, and Davenport (1994) provided a model for counseling

male clients in a group format. Their primary goal was to support and encourage

the exploration of how the male gender role is expressed and experienced by men

in today's society. A secondary goal of their group model was to assist the group

members in exploring alternative ways of behaving.

The structure of the group included 10 sessions with the first six centered

on specific topics and included structured group exercises. Topics included men

and masculinity, men and emotions, men and work, men, intimacy, and sexuality,

and men and family of origins. The last four sessions were unstructured and

process-oriented that focused on issues raised by members and the relationships

among the group members.

According to Hertzel, Barton, and Davenport (1994), two issues emerged in the group. Members expressed concerns about their struggles and conflicts, strongly desiring emotional intimacy and the vulnerability that accompanied it. The second issue that emerged centered on members feeling more comfortable communicating with each other through storytelling rather than through traditional direct expression of emotions. Hertzel, Barton, and Davenport (1994) felt that this second issue had implications for counselors. If men do communicate more effectively through the use of stories, anecdotes and metaphors, then perhaps counselors should also structure interventions in a similar form. This would also suggest that the mythopoetic approach advocated by the men's movement may be a useful approach in counseling, especially in a group format (Hertzel, Barton, and Davenport, 1994).

Hertzel, Barton, and Davenport (1994) also sought to answer the question to what extent do the participant-perceived therapeutic factors operate in an all-male counseling group. To this end they used the Q-sort procedure that is commonly used to study therapeutic factors. The therapeutic factors found to have the highest rating were universality, group cohesiveness, interpersonal learning, and catharsis. The least valued therapeutic factors valued by members were existential factors, guidance, and identification.

Emotions as a Tool

Robertson and Freeman (1995) proposed a model for all-male gender identity group that had two tasks. One was to address the difficult task of helping men overcome their fear of expressing themselves; emotionally the male gender role reinforces communications that are more restricted and less expressive that women. They also wanted to provide a group experience that would be appealing to men. They promoted the group with the idea that emotions are functional and adaptive. Emotions were described as tools to help men make sense of their surroundings, to widen options for their behavior, and to set measurable goal for themselves. Robertson and Freeman (1995) stated, "This approach avoided the implications that the men needed to become more emotional like women; rather the workshop invited men to develop emotional expressiveness as a competency to increase personal effectiveness" (p. 606).

The group was developed around a 10 session format. The initial session included an introduction to how men can use emotions to help them reach their goals. Each of the subsequent sessions focuses on a set of emotions that Robertson and Freeman identified as: interest-excitement, enjoyment-joy, surprise-astonishment, sadness-depression-grief, anger, disgust, fear-anxiety, shyness-shame-guilt, and affection-love-attachment. Each session was 90 minutes and followed a similar format: definition of the emotion, purpose of the emotion, related vocabulary, homework, and exercises.

Although not an empirical study, Robertson and Freeman (1995) utilized group evaluations for feedback. They reported that feedback was consistent with the group's purpose. The following comments were provided. "I have learned to think of emotions as having purpose; "I have learned that if I am angry or sad or scared, it does not make me any less of a man" (p. 607).

Johnson and Hayes (1995) outlined an identity-focused group for men. This group was defined as an existential based group unlike Robertson and Freeman's (1995) group, which would more appropriately be defined as psychoeducational in nature. In their effort to research groups of this nature they reported that they could only find one publication report on an identity-focused group designed explicitly for men. Johnson and Hayes (1995) felt that, "an all-male, identity focused counseling groups may offer as excellent avenue for establishing male relationships by addressing the etiology of internalized shame and enhancing identity consolidation" (p.303).

Metaphor and Personal Myth

The men's movement has been identified as of major importance in the development and understanding of genders role conflict with whom Robert Bly is said to be the father of (Williams & Myer, 1992). Johnson and Hayes (1995) utilized elements of the mythopeotic approach, which refers to "a process of ceremony, drumming, storytelling/poetry reading, physical movement, and imagery exercises designed to create a ritual process" (Williams and Myer, 1992

p. 395). The group was existential in nature and used myth as a means for male-to-male interaction and cohesion, which is consistent with the findings of Hertzel, Barton, and Davenport (1994) utilizing creative interventions to promote effective communication.

The group itself is designed around 5 phases: Rapport/Initiation, Relationships with Men, Relationships with Women and Children, Life Maps-Telling the Personal Myth, and Ending. Johnson and Hayes (1995) utilized very creative methods for addressing gender identity issues. They utilized communication on a personal basis in dyads, the use of storytelling and the development of a personal myth, the use of personal pictures to tell their story, the use of finger-painting to express emotions, drawing their life map, and ending with nontraditional good-byes.

These group models reflect a real effort to address the central issue of gender role conflict and their impacts. Each of the group formats has it strengths. By combining their strengths together and using a narrative approach will provide for a more effective group experience. However, before a narrative group model is presented it is imperative that the narrative approach to counseling be examined first.

Narrative Approach to Counseling

Bitter and Corey (1996) identified that most modern theories of counseling differentiates themselves from each other is how each views reality. Bowen,

Satir, Whitiker, Minuchin, and Haley agree, there is a universal truth although

different for each, each believes that if discovered, will explain human behavior.

It was this very notion of multiple truths that led to a new manner of viewing the

world. The postmodern view of the world sees reality and truth as, "points of view

bound by history and context" (Bitter and Corey, 1996, p.405). This differs

dramatically from the modern perspective that saw reality as objective; it can be

observed and systematically understood.

In a postmodern view it is language, in the form of stories, that creates

meaning. These stories are a product of situations in which individuals live.

There are as many stories as there are people and each holds its own truth and

reality. This emphasis on the situation and context in which one is raised, their

social surroundings, led to the development of the idea of social constructionism.

In social constructionism, points of view are pluralistic (Bitter and Corey, 1996).

In social constructionism the therapist take a collaborative approach rather

than the role of expert (Bitter & Corey, 1996). Unlike other forms of therapy

where assessment or technique are stressed, the social constructivist embraces

empathy and therapeutic process. Also, key to the movement, narrative and

language have become the therapist's tools to assist clients to "construct" new

stories about their lives (Bitter and Corey, 1996, p 407).

The narrative model has evolved through a collaborative effort between

Michael White and David Epson. The model originated within a systems

framework. As they developed their ideas they discovered the story that people brought to therapy was critical and a powerful treatment agent.

Cultural narratives are extremely powerful, according to White and Epstein (1990), who also felt that the power of the dominant cultural narratives is difficult to override. It is integrated into our story even if the outcomes are unhealthy or not useful. In fact, White and Epstein felt that the cultural narrative often functions to eliminate other perspectives. This seems to be the case with the dominant cultural narrative for males, resulting in gender role conflict that has negative effects on males, females, society and culture.

According to White (1992), for the individual, the meaning of life and truth is constructed through interpretive stories. This construction of truth can take place by oneself or with others (co-created), with the latter being the most influential. Therefore, the individual is most often a socially constructed system. White (1992) stressed that living our story is not a metaphor for our story, it is real. Living the story has real consequences as we have seen with men. White (1992) believed that people experience problems because they are restrained in some way from taking action, which would alleviate the distress. Restraint can take the form of beliefs, ideas, presuppositions or external social controls like poverty, racism, and patriarchy, and in the case of males, culturally imposed masculine ideals.

The process of narrative therapy is purposeful and organized to deconstruct unproductive stories. Key to the process is the use of externalizing questions that seeks to separate the client from the problem. This process empowers clients; they are no longer the problem, and they are working collaboratively with the therapist to deal with an objectified external problem. Externalizing questions is the first step towards deconstructing the client's original narrative (White, 1995). Following the use of externalizing questions are questions searching of unique outcomes and thus beginning the process of recreating or co-creating and new story with the client.

A Group Model

Each of the group models or approached identified earlier (Hertzel, Barton, and Davenport, 1994; Johnson and Hayes, 1995; Hertzel, Barton, and Davenport, 1994) have their own strengths. Robertson and Freeman (1995) were the first to design a group that attempted to define a process that was less intimidating to males, fitting into the masculine scheme of thinking and a process that seems to be the antithesis of feminine. Johnson and Hayes (1995) identified the importance of using elements of the mythopoetic movement such as rituals, stories, and metaphors much the same way as Bly. Hertzel, Barton, and Davenport (1994) investigated the elements of their group that were found to be helpful through the use of Q-sort. This appears to be an early attempt to use empirical measures with a group designed to address gender role conflict.

Although it yielded positive results, they did not measure whether there was any

change in the level of gender role conflict.   It is hoped that a group model that

combines each of these strengths within a narrative framework will provide an

effective group model to address gender role conflict.

The masculine ideal is a socially constructed reality that is a normative

part of a male's developmental process (Blazina, 2004; Brooks & Silverstein,

1995; Krugman, 1995; Levant, 1995; Mahalik, Locke, Theodore, Cournoyer, &

Lloyd, 2001). This process has left males with a socially constructed truth that is

very difficult for them to deny. Therefore, from a narrative perspective, the goal

of a group process would be to deconstruct the stories that have been created and

co-create new stories that would allow group members to live healthier and more

productive lives.

Therapists Role

The role of the therapist in narrative therapy is to use language as the

vehicle for change (Bitter & Corey, 1999 and Laube, 1998;). The therapist is seen

as a listener, a collaborator, and a solution finder. Laube (1998) felt that the

therapist needs to be prepared to dig deeply into the stories of group members to

help find examples of overlooked problem solving, strengths, and resources.

According to White (1995), the therapist must be a consultant and co-author in the

change effort.   He also feels that the therapist must coach the story telling

process and engage in the process of telling and retelling the story for the purpose of finding the themes.

Group Membership

Group composition would consist of entirely adult males. Because males rarely refer or voluntarily enroll themselves in any aspect of therapy, the majority of those in the group would be referrals from other mental health providers. Because the group focuses almost entirely on the notion of metaphor, the intellectual functioning level of group members is important. Group members would have to be functioning in the average to above average range.

Group Structure

This group model will be considered a closed group that will run 15 weeks. Each session will run between 90 minutes. A maximum of 6 to 7 group members should participate in the group. A single facilitator should be sufficient given the characteristics of those participating.

Group Model

The literature revealed very few group models that were grounded in narrative theory. Laube (1998) outlined a 5-stage model and corresponding processes for a narrative group. These 5-stages are the foundation for the gender role conflict group. These 5-stages are outlined in the table below (Laube 1998, p. 234).

Group Stage	Narrative Concept	Group Process
Joining	Imbuing meaning to the group situation. Externalizing of problems by identifying effects of problems on person and persons on problem, and the requirements of problems for survival	Making sense of group based on past experiences. Finding commonalities in individual stories. Evaluating positive and negative effects of the problem, taking a position about desired outcome.
Power and Control	Challenging other's schemas about group. Finding exceptions in and possible deviations from problem stories. Identifying preferred ways of being. Group schema is negotiated.	Past experiences with conflict influencing interactions. Uniquenesses are amplified, enhanced possibilities for differences, risks of abandonment and ostracism. Reevaluating roles and goals.
Intimacy	Developing a community of conversation, collaboration, and co-authoring. Attending to the development of the group story.	Developing the group bond, achieving shared understanding of the group culture, acknowledging boundaries of connection and differences.
Differentiation	Jointly creating an environment of plot development, developing alternative stories, performing new meanings.	Examining problems in the here-and-now, experimenting with differences that tolerate new interpretations and behaviors.
Termination	Consolidating new stories with old stories, internalizing a sense of personal agency, integrating group story into life story.	Questioning the value of the group experience, reverting to pervious stages of development, grieving losses and celebrating gains.

Joining Stage. According to Laube (1998) and White and Epson (1990), joining begins during the screening process. The group facilitator's responsibility is for setting the stage, selecting the participants, and building a commitment to the group. This can be done through discussions with individual members about their stories prior to the formation of the group. In addition, potential group members should be introduced to the format of the group. Like any group, membership is critical in developing a group process that is effective.

During this stage the therapist encourages questions and models this process. In the early portions of this stage the metaphor or story of "Iron John" (Bly, 1990) can be introduced to give group members a common story to begin the process of externalization. The use of a metaphor other than their own may be a safer place for males. The use of "Iron John" should also serve as a trigger to bring their own issues and stories to the surface as they relate to aspects of the masculine ideal or gender role conflict. As their won stories surface the therapist will encourage them to ask questions and reflect on how they think.

In the dialogue during this stage the therapist, through the use of language, makes reference to possibilities, differences, and missing components of their stories. Group members are encouraged to evaluate the positive and negative effects that their issues present in their lives. In this stage the task of deconstructing old stories has begun.

Power and Control. This stage of the group process may be limited by the masculine ideal itself unless the therapist explores the elements of power and control (Laube, 1998). The metaphor of Warrior (Keen, 1991) should be used as the primary story to explore how the masculine ideal and the notion of warrior carries with it the need to conquer and how this restricts and limits group members capacity to interact with others. The idea of power and control can be re-authored to suggest that building a strong and connected group that is caring is not for weaklings but of courageous men. Through the use of the warrior metaphor group members should begin to surface their strong negative emotions as well as positive emotions about the group and its membership and building relationships with them that are meaningful.

Through this process the therapist helps group members look at alternative interpretation and possible deviations from their own stories. Exceptions will be uncovered; sharing feelings with others creates strength rather than showing weakness.

During this stage the hope is that individual group members begin to see that the truth lies in their stories and not in what the therapist or culture tells them. Group member should begin to reveal or uncover new ideas about themselves. The concept that group members are, through language and conversation, creating their own individual and group stories should become apparent during this stage.

Intimacy Stage. During this stage the therapist needs to focus on ensuring that group members feel safe. This is critical for group cohesion. Therefore, conflicts need to be addressed effectively. Gladding (1999) stated that for any group to be effective the group must share a common image of the group. He noted that, "individuals should be allowed to voice their concerns freely and fully. By participating in this way, members gain a sense of ownership in the group because they have invested in it" (p. 121). The therapist needs to be aware of the development of this group identify and ensure that the investment continues. In dealing with an all male group the challenge will be to assist the group to understand how the conflicts and tensions that have been part of the group have benefited them. The therapist asks questions like, "How have the effects of the conflicts contributed to the feelings of belonging." This stage continues to utilize metaphor as it guiding theme. Group members should have developed a solid understanding that their stories and metaphors and thus will be encouraged to use these as a means of continuing to re-author their story and the group story concurrently.

Differentiation. During this stage the individual begins to differentiation the new stories that have been developed in the group from the individual that was negatively impacted by their investment in the old stories. At this point group members should be developing a sense of control and authority over their personal stories. Group members are seeing that sharing one's feeling is not a sign

of weakness but a sign of strength. They are beginning to understand that the masculine ideal, as society scripts it, has multiple truths. For example, emotional control may be seen as not sharing your feelings, but it also means that you are in control of your emotions by sharing your feelings with others, even other males. This process of sharing their feelings keeps them and their relationships healthier.

Group interactions are critical during this stage because it provides continuing opportunities for group members to refine and take positions on the many stories being authored by each group member. This begins to set the stage for each member to take a stance on their stories and to see that there are multiple stories.

Termination. This stage is characterized by consolidating the new stories with the old stories. Group members will be asked to evaluate the group story; has it met their expectations, have their expectations for the story changed as group developed, have individuals outside the group noticed that their story has changed, and what ways will new stories continue to unfold. In this process group members will be asked to look for connections between the preferred story that has developed in the group and the dominate story (traditional masculine beliefs) that lives outside the group. One of the challenges of this stage and a very prominent component of the narrative approach is to help group members find resources outside the group that will help them support their new approaches or responses to old stories. The final task of this stage is for group members to

evaluate their joint creation and acknowledge how their creation will allow for new interpretation and new possibilities.

Group Outcome Measures

To complement the theoretical nature of the group and to help advance the empirical literature the following research question would be posed: Does the use of the all-male group based on the ideas of narrative therapy facilitate a reduction in gender role conflict?

To answer this question the Gender Role Conflict Scale (GRCS) would be utilized. The GRCS has been utilized in more than 120 studies (O'Neil & Good, 1997). The scale is composed of 37 items that assess either directly or indirectly men's conflicts in four areas; success, power, and competition; restrictive emotionality; restrictive affectionate behaviors between men; and conflict between work and family relations. Each question is answered using a likert scale ranging from strongly agree (6) to strongly disagree (1). According to Good, O'Neil, Stevens, Robertson, Fitzgerald, DeBord, & Braveman (1995), the four factors listed above on the GRCS each has internal consistency estimates in the range of .78 to .92., and test-retest reliabilities over 4 weeks in the ranges of .72 to .86. Good, et. al. (1995) also reported that validity has been supported by positive relations with depression, anxiety, physical strain, sexual aggression and negative relations with self-esteem, family cohesion and marital satisfaction, and

likelihood of seeking help. Good et. al. believed that the psychometric properties are acceptable, however, they continue to accumulate data on the GRCS.

The GRCS would be administered to each participant after they have been accepted into the group and prior to the first session. The GRCS would then be administered at the end of the last session.

Conclusions

Research appears to be very clear that the masculine ideals that males are raised with can negatively impact many levels of well being. It has shown that difficulties are apparent in the physical, mental, emotional, and relational areas of males (Cook, 1990; Eisler & Blalock, 1991; Good, O'Neil, Stevens, Robertson, Fitzgerald, DeBord, and Bartels, 1995; Good & Mintz, 1990, 1993; Good & Woods 1995; Hertzel, Barton, & Davenport, 1994; O'Neil & Egan, 1992; Robertson & Freeman, 1995; Sharpe & Heppner, 1991; Thompson and Pleck 1995; and Williams & Myer, 1992). Gender role conflict has been shown to also be a result of this socially constructed set of beliefs that contributes to the negative outcomes for males in our culture. Despite the research supporting the many destructive issues impacting males, there are limited efforts to develop therapeutic approached to deal specifically with gender role conflict or the masculine ideal.

There are efforts to treat male related issues; however, those treatment efforts have focused on issues such as aggression, substance use, domestic

violence, and so forth. The theme of this group design should not be taken as a criticism of current efforts to address these issues because they do in and of themselves impact many individuals. However the current efforts to treat males address the symptoms of a larger problem gender role conflict and a set of masculine ideals.

This author supports the notion that gender role conflict and the masculine ideal are socially constructed and are the root causes for many if not all of the issues identified above. From the perspective of social constructivism it seems logical that developing a treatment approach focusing on countering the stories that have been a part of men's entire lives in necessary. Out of this came the idea of using a narrative approach to addressing the impacts of Gender Role Conflict and the masculine ideal. It is believed that by addressing the underlying foundation from which these other behaviors are built will produce positive results in all aspects of a group participant's life.

A brief outline of a narrative group model to address gender role conflict from a narrative perspective has been presented. Research on narrative group work is very limited. As such, this provided significant challenges to support many of the ideas for the development of a group to address gender role conflict from a narrative perspective. Laube (1998) provided a five-stage outline for a narrative group that is very helpful.

Unique to this group design is the use of the Gender Role Conflict Scale as an outcome measure of a treatment effort. It has been used to measure levels of gender role conflict between groups of individual but very little on treatment outcome. Therefore, the GRCS should provide a valuable assessment tool to determine the effectiveness of a narrative group model.

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