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**Boys Don't Cry: Dance/Movement Therapy as Effective Treatment for Men Who Adhere
to Traditional Western Masculinity Ideology**

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Abstract

Traditional Western masculinity ideology, which is adhered to mostly by white men (Levant & Pryor, 2020, p. 12), is the dominant construct of masculinity in the United States that influences expectations of behavior among males (American Psychological Association, 2018; Levant & Richmond, 2016). Men who adhere strictly to traditional Western masculinity ideology may find their lives negatively affected by their behavior related to socialized gender norms. Seeking help for mental health challenges goes against traditional Western masculinity ideology, as does emotional expression, which makes these men especially vulnerable to the negative effects of poor mental health. Dance/movement therapy is an effective way to counsel men whose adherence to traditional Western masculinity ideology leads to mental health problems because of its use of nonverbal communication; its emphasis on increasing emotional awareness; its humanistic, strength-based approach; its ability to enhance an individual's self-compassion; and its efficacy as a group therapy modality.

Keywords: traditional Western masculinity ideology, gender norms, mental health, dance/movement therapy

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Traditional Western Masculinity Ideology

Gender is a social construct, defined by a set of norms determining characteristics, behaviors and expressions expected of an individual based on their sex traits, that is passed down generationally through socialization via the observation of and instruction by parents, peers, and the media (National Academies of Sciences, Engineering & Medicine, 2020; Berke et al., 2017). Gender expectations are often thrust upon individuals even before birth, with, for example, blue for a boy and pink for a girl assigned to an as yet unborn child. Children and adolescents learn what society expects of them, based on their gender, not only by being instructed directly on how to behave but also by observing how others of their gender act and by witnessing the responses of others to certain behaviors (Berke et al., 2017). For instance, a boy who sees another boy being bullied for “acting gay” learns that certain behavior will result in bullying and that being “gay” is unacceptable (Addis & Hoffman, 2020). Social punishment and avoidance learning influence children to adopt societally prescribed gendered behavior (Addis & Hoffman, 2020). The daily, public performance of gender norms provides continuous validation of gender-specific conduct and expression (Bola, 2019).

While today in the United States, gender roles are more fluid than ever, and there are multiple ways a man might express his masculinity, traditional Western masculinity ideology, which is adhered to mostly by white men (Levant & Pryor, 2020, p. 12), is the dominant construct of masculinity in the United States that influences expectations of behavior among males (American Psychological Association, 2018; Levant & Richmond, 2016). According to socialized gender norms, a traditionally masculine man is both physically and emotionally strong; tough; daring; and does not show weakness or pain (Shepard & Rabinowitz, 2013; Levant & Pryor, 2020, Thompson & Pleck, 1986). He values status and power and commands

the respect of others (Shepard & Rabinowitz, 2013; Levant & Pryor, 2020, Thompson & Pleck, 1986). He is the breadwinner of his family, and he is always ready for sex (Levant & Pryor, 2020). He understands violence and aggressive behavior as expressive of masculinity, and he rejects any activities considered “feminine” (Levant, 2022; Shepard & Rabinowitz, 2013; Levant & Pryor, 2020, Thompson & Pleck, 1986). He does not perceive showing emotions related to vulnerability or caring to be “masculine.” He was taught as a boy not to cry, and his father was more likely to respond to his expressions of anger than to his expressions of sadness or anxiety, because aggression is viewed masculine, while vulnerability is not (Mahalik et al., 2003; Addis & Hoffman, 2020).

Several measures of masculinity exist in psychology research. In fact, a 2015 review of psychological research concluded that 16 distinct measures were used in empirical research between 1995 and 2013 (Thompson & Bennett, 2015). These measures provide an overview of the traditional Western masculinity ideology norms and can be used in research to gain an understanding of the extent to which adherence to masculinity norms may affect men. One of those measures, the Male Role Norms Inventory (MRNI), identifies beliefs such as “avoidance of femininity;” “negativity toward sexual minorities,” “self-reliance,” “aggression,” “dominance,” “non-relational sexuality,” and “restrictive emotionality” (Levant, 2011). The Conformity to Masculine Norms Inventory (CMNI) measures actions a man takes to conform to masculine norms (Levant, 2011). Eleven factors make up the CMNI, including “winning;” “emotional control;” “risk-taking;” “violence;” “power over women;” “dominance;” “playboy;” “self-reliance;” “primacy of work;” “disdain for homosexuals;” and “pursuit of status” (Levant et al., 2010). In their description of the development of the CMNI scale, Mahalik et al. (2003) described the process of the naming of masculinity norms, which included a literature review of

traditional U.S. masculine norms followed by focus groups whose task was to discuss the relevance of the norms named. While no detailed descriptions of the norms are provided in the description of the development of the CMNI scale, empirical data showing the correlation of the norms identified for the CMNI with norms described in other masculinity measures provide a more robust explanation of the CMNI norms. “Risk-taking” is described as behavior such as involvement with violence, and smoking and drinking to excess (Mahalik et al., 2003, p. 13). “Winning” refers to “wanting to be admired and respected, successful/powerful/competitive, performing competently, and being physically adequate” (Mahalik et al., 2003, p. 14). “Emotional control” reflects the restriction of emotions. “Playboy” is related to antifemininity, violence and adventure, and concealing emotions (Mahalik et al., 2003, p.16). While the MRNI considers an individual’s endorsement or approval of masculinity norms, the CMNI places the focus on how the individual feels about his own behavior as it relates to masculinity norms (Thompson & Bennett, 2015).

Why this traditional set of behavioral expectations continues to be prevalent in U.S. society is perhaps because it is necessary to maintain the patriarchal status quo of power (Levant, 2011), as the characteristics that define traditional Western masculinity ideology are those that position a man in a place of power. Assumed to be beneficial to men, patriarchy, when it comes to gender expression, may, in fact, harm men in some ways because of the pressure it places on them to conform to traditional norms of masculinity, including toughness, emotional restrictiveness, self-reliance, and dominance, all of which have potential to negatively impact their mental health and their relationships (Levant & Pryor, 2020; Heilman et al., 2017). Men may engage in avoidance behaviors and emotional suppression to align with traditional Western masculinity ideology (Berke et al., 2018). Even if an adult male today eschews masculine norms,

he may struggle with his rejection of the norms that were taught to him as a boy (Levant & Richmond, 2016).

Kivel assigned an image to the restrictions a man who adheres to traditional Western masculinity ideology lives by, calling it the “act like a man box” (Heilman et al., 2017). Individuals who live in the “man box” feel trapped by the rigid parameters of expected behavior (Heilman et al., 2017). Levant and Pryor described boys and men as being “imprisoned by masculinity” because adhering to masculine norms is “obligatory” at some point in their lives (Levant & Pryor, 2020, p. 2). This imagery associated with the socialization of male gender roles presented by Kivel, Levant, and Pryor is descriptive of an oppressive experience.

Perceived Threat to Traditional Masculinity

Traditional Western masculinity ideology has received attention in recent years. The way individuals present themselves vis a vis their gender has become more fluid, moving away from traditional binary definitions. Male gender roles have shifted, with heterosexual men expected to behave in ways that are counter to traditional masculinity norms, such as engaging more in childcare, sharing housework, and expressing emotions, all behavior traditionally considered “feminine” (Levant, 2011). Some argue that this shift has caused confusion among men who were socialized to adhere to traditional Western masculinity ideology norms (Levant, 2011). Perhaps the blurring of what it means to be male or female leaves some heterosexual men without a clear idea of what masculinity is. While the feminist movement provided a framework of sorts to help girls realize their shifting gender roles, no such equivalent assistance has been provided to boys to help them understand and process the socialization of masculinity they have experienced and to assist them in the landscape of shifting gender norms (Levant & Pryor, 2020). Looking for direction on how to be a man, some individuals turn to sources that promote an

ideology of traditional masculinity because it is familiar and puts them in a place of power, despite the empirical evidence indicating that adherence to traditional male ideology may harm a man's health.

Partly in response to what has been perceived as an attack on traditional masculinity, male-targeted media featuring “hypermasculine” personalities who promote themselves as life coaches and image consultants and who preach misogyny, sexism, and dominance, under the guise of self-help, has emerged (Addis & Hoffman, 2020; Willingham, 2022; Onibada, 2022). An online network of websites, called the “manosphere,” connects several misogynistic communities, including that of Andrew Tate, a so-called “toxic male influencer” who describes himself as a misogynist who seeks to “free the modern man from socially induced incarceration” (Institute for Strategic Dialogue, n.d.; Heilman et al., 2017; Ewens, 2023). Tate, who rejects anything that is “feminine,” has millions of followers, despite being banned from social media platforms such as Instagram, Facebook, and YouTube for posting what is considered hate speech (Das, 2022; Onibada, 2022). Tate tells men that despite what society seems to be telling them, *they* are not the problem (Heilman et al., 2017). Another source for “self-improvement” tips for men, the Fresh & Fit podcast is described as bringing the “truth to men on females, finances, and fitness.” Its hosts, dating coach Walter Weekes (“fresh”) and fitness coach Myron Gaines (“fit”), tell men, among other things, that promiscuity is natural for males, but that females should be monogamous; and they warn listeners that women will try to trick them into giving them money (YouTube, n.d.; Heilman et al., 2017). Tate, the Fresh & Fit podcast, and others feed the beast that is “toxic masculinity,” a term that implies that there are aspects of masculinity that are harmful to individuals and to society (Vallie, 2022).

It is not just in the “manosphere” that hypermasculinity is touted to the detriment of other populations, as witnessed during the presidential campaign of 2016 when President Donald Trump used the “boys will be boys,” “locker room talk” excuse for making a crass, sexually charged statement referring to doing “whatever [he] want[ed]” to women, including an act of sexual harassment (Miller, 2016; *The New York Times*, 2016). To so publicly dismiss such a statement and to be spared social punishment, to even ultimately be rewarded, is evidence, it could be argued, that traditional Western masculinity is prevalent and can be used to provide permission to some men to act in their own interest while marginalizing others. A recent study looked at men’s and women’s endorsement of traditional Western masculinity ideology following the 2016 presidential election and found that those who endorsed this ideology were more likely to vote for Donald Trump (Vescio & Schermerhorn, 2021).

In recent years, the political landscape has been ripe with debate over masculinity, as some individuals on the political right blame the left’s criticism of traditional masculinity as “toxic” and its negation of the traditional, patriarchal family structure for the economic and mental health-related struggles of men today (Miller, 2023). For instance, in a 2021 speech, former North Carolina representative Madison Cawthorn said society is trying to “demasculate” young men (Sarkar, 2021). Josh Hawley, the Republican United States Senator of Missouri, in his 2021 National Conservatism keynote speech, claimed that the political left perceives America as a “dystopia” (Hawley, 2021) that needs to be “deconstruct[ed]” (Hawley, 2021) via “the deconstruction of American men” (Hawley, 2021). He argued that the left views traditional masculinity as “toxic” (Hawley, 2021) and considers the traditionally masculine traits of “courage and independence and assertiveness” (Hawley, 2021) as “a danger to society” (Hawley, 2021). To bolster his argument, Hawley provided examples of the takedown of men, including a

representative of the government linking white suppression to patriarchy; an author equating “healthy masculinity” to “healthy cancer;” higher education curricula criticizing masculinity; West Point Military Academy educating cadets about “toxic masculinity;” and the media promoting a message critical of traditional masculinity (Hawley, 2021). Hawley’s solution to the problem is to hearken back to the past when gender differences were strict. In a May 2023 POLITICO Magazine/IPSOS poll, which surveyed Republicans and Democrats, most respondents, no matter their political affiliation, agreed that in the United States there is confusion about what masculinity is and that a more positive view of masculinity is needed (Fossett, 2023). Many more Republican respondents than Democratic respondents agreed with the statement, “The Democratic Party is hostile to masculine values” (Fossett, 2023). In the 2022 American Values Survey, 68% of Republicans, compared to 19% of Democrats and 44% of Independents, said the United States has become “too soft and feminine” (Public Religion Research Institute, 2022). While the debate over masculinity’s virtues continues in the political arena and in greater society, it remains evident that men in the United States are struggling not only in economic terms but also with regards to their physical and mental health (Haidt, 2023).

Adherence to Traditional Western Masculinity Ideology May Be Harmful

More men engage in unhealthy behaviors, aggression, and suicide than women. According to the Centers for Disease Control and Prevention, men are four times more likely to die by suicide than women (Centers for Disease Control and Prevention, 2023). Men account for 79% of suicides in the United States (Centers for Disease Control and Prevention, 2023). Suicide rates are higher in rural areas, due to less access to health insurance; more access to firearms; more veterans as residents; higher economic-related problems, and a lack of social connectedness (American Institute for Boys and Men, 2023). Men over the age of 65 are also at

higher risk of dying by suicide (Reeves & Secker, 2023). The Bureau of Justice Statistics in the United States Department of Justice reported that in 2020, 79% of violent crime offenders (rape or sexual assault, robbery, aggravated assault, and simple assault) were male (Morgan & Thompson, 2022). Twenty-one percent of men engage in binge drinking, compared to 13% of women (Centers for Disease Control and Prevention, 2022). Seventy-one percent of opioid deaths are among men (American Institute for Boys and Men, 2023; Kaiser Family Foundation, 2021). While adherence to traditional masculinity ideology is not necessarily directly correlated to these statistics, it is evident that being male may be hazardous to one's health.

Men who adhere to traditional Western masculinity ideology are more likely to experience gender role conflict (Addis & Hoffman, 2020). Gender role conflict occurs when gender role norms are restrictive, and when the move away from or conformity to gender role norms by an individual has negative consequences for that person, such as in the form of self-criticism, or for those around him, if the individual engages in behaviors such as stereotyping; homophobia; racial bias; aggression, violence, and abuse towards others; or criticism of a spouse (Levant, 2011; O'Neil, 2012). Contributing to gender role conflict in men is a "fear of femininity;" "restrictive emotionality;" restriction of affectionate behavior with other men; a focus on success and power; and an emphasis on work over family (O'Neil, 2012). Experiencing gender role conflict can lead to issues in forming and maintaining relationships with others as well as psychological issues, such as depression, anxiety, stress, low self-esteem, and engagement in self-destructive behaviors, such as substance use and risk-taking (Addis & Hoffman, 2020; O'Neil, 2012). In fact, restrictive emotionality is most predictive of depression in men (Levant & Pryor, 2020). Adherence to masculine norms is not necessarily what contributes to these negative consequences; it is more the *strict* adherence to these norms that

leads to gender role conflict (Cole et al., 2019). In fact, adhering to some masculine norms, such as risk-taking, courage, and self-reliance, may be beneficial to men (Cole et al., 2019).

Pleck's (1995) gender role strain paradigm describes the way in which individuals who fail to act within the socially constructed gender roles experience negative psychological and social consequences (Levant & Richmond, 2016). In short, men are taught that they need to prove their manhood, and the threat of negative social consequences if one does not behave according to masculinity norms reinforces the need to conform (Pleck, 1995; Berke et al., 2018). Pleck specified two types of strain that occur related to gender roles: discrepancy strain, when one fails to live up to one's own ideal of manhood, leading to low self-esteem; and dysfunction strain, when masculinity norms are fulfilled, but there are negative effects on the individual and those around him (Levant & Richmond, 2016; Levant, 2011). For example, a boy who is raised to adhere to traditional masculinity norms may limit his emotional expression, thus leading, in adulthood perhaps, to normative male alexithymia, the condition among men of being unable to verbally describe emotional experiences (Levant & Richmond, 2016).

Alexithymia means "without words for emotions" (Levant et al., 2014). Originally used to describe psychiatric patients who were unable to identify and describe their emotions, Levant noticed a variation of the concept in nonclinical men who had been socialized not to express emotions related to vulnerability and caring (Levant et al., 2006; Levant, 2014). Levant called this variation "normative male alexithymia" to describe what occurs in men who lack a bodily felt sense of their emotions (Levant et al., 2006). Levant's research found that emotional suppression was the behavior that predicted alexithymia in these men (Levant et al., 2014). Levant proposed that men with normative male alexithymia face higher mortality rates due to the increased health risks associated with not expressing emotion (Levant, 2006, p. 213). A six-

session psychoeducational group intervention was found to be effective in reducing normative male alexithymia in men and decreasing their endorsement of traditional masculinity ideology (Levant et al., 2009). Areas of focus included recognizing their own socialization; developing the words to describe emotions; recognizing when others express emotions; and writing about their feelings (Levant et al., 2009).

Several studies have investigated how adherence to certain norms of traditional masculinity norms may harm the well-being of men (Levant & Pryor, 2020). A 2020 study found that adherence to traditional Western masculinity ideology may bring about self-stigma when it comes to mental health problems, as those who adhere to traditional Western masculinity ideology are likely to feel negatively about being depressed because they have failed to live up to masculinity norms and to feel shame when receiving a mental illness diagnosis (Jampel et al., 2020). Using the Measure of Men's Perceived Inexpressiveness Norms (M2PIN), which considers men's engagement with social norms specifically related to control of emotions (Thompson & Bennett, 2015), Wong et al. found that college-aged male participants, who were mostly white, were less likely to seek help for mental health issues if they thought that other men in their lives, especially their peers, were not emotionally expressive (Wong et al., 2013). A 2020 study found that a higher endorsement of masculine toughness was associated with more substance use and less help-seeking, especially for depression (Sileo & Kershaw, 2020). Gender role discrepancy may lead to a decrease in health-related behaviors such as maintaining healthy relationships and managing stress, especially among those who endorse *traditional* masculine norms, according to a 2022 study (Mesler et al., 2022).

A 2019 study found that adherence to the masculinity norms of being dominant over others, having multiple sexual partners, and being emotionally restrictive were negatively

associated with well-being (Kaya et al., 2019). Some norms were found to be protective. The focus on winning was linked with the avoidance of substance use. Making work primary focus was linked to preventative self-care. Maintaining control over emotions and a primary focus on work was linked with avoidance of anger and stress (Levant & Pryor, 2020). Overall, however, the study's authors concluded that adherence to traditional masculinity ideology tends to be more harmful than protective (Levant & Pryor, 2020).

The first study to show a relationship between masculine norms, particularly the “toughness” norm, and thought suppression found that men who drink heavily and who adhere to traditional masculinity norms inhibit unwanted thoughts, the act of which is linked to aggression (Berke et al., 2020). Thus, the promotion of toughness may increase the likelihood that men who adhere to traditional masculinity ideology and who drink heavily may exhibit aggression when they suppress their thoughts (Berke et al., 2020).

The concept of precarious manhood, that manhood is “earned” with much effort, “must be demonstrated” publicly, and “can easily be lost” (Bosson & Vandello, 2011, p. 82), is perhaps a significant factor in why males exhibit aggressive behavior and violence; they act to show their masculinity. Research on precarious manhood beliefs in 62 countries found that in those countries where the belief in precarious manhood is higher, men had higher rates of engaging in risky behavior, such as smoking; poorer health related to risk-taking, such as drownings and liver disease; and lower life expectancy (Vandello et al., 2023). Belief in precarious manhood may lead to higher stress levels in men, thus ultimately leading to poor health due to the effects of elevated stress hormones in the body (Himmelstein et al., 2019). Reducing the belief that men must strictly adhere to traditional Western masculinity norms may ultimately protect them (Himmelstein et al., 2019).

When manhood is threatened, public displays of physical aggression by men may be enacted to restore masculinity in the eyes of others and of the self. Two studies looked at men's public reactions after engaging in an activity deemed feminine, namely, braiding hair. In one study, after male participants were told to braid hair on a mannequin, they were given a choice of doing a puzzle or doing an aggressive boxing game. Most chose the boxing game. In another study, one group of male participants was randomly assigned the task of braiding hair, while another group was assigned to the task of reinforcing rope. Following the completion of their tasks, the men were told they could hit a punching bag. Compared to the male participants who reinforced rope, those who braided hair hit the bag harder (Bosson et al., 2009). The presumption is that the men who engaged in the "feminine" activity felt the need afterwards to display their masculinity. Still another study by the same authors found that such public displays of masculine behavior (playing the boxing game, hitting the bag) provided regulation in the body following the anxiety caused by the threat to manhood (Bosson et al., 2009).

Help-Seeking Behaviors

Masculine norms conformity causes some men who adhere to traditional Western masculinity ideology to avoid seeking help. Perceived social stigma; self-stigma, the belief held by a man that he is weak for seeking help; and the avoidance of self-disclosure of emotions and vulnerability, based on the stereotyped images these men hold of how they are supposed to behave, dissuade help-seeking in these men (Vogel & Heath, 2016). The risk of seeking help is too high (Vogel & Heath, 2016). Seeking help for mental health issues means relying on someone else and admitting to having a problem that involves feelings, both of which go against the socialized norms of "self-reliance," "toughness," "dominance," and "emotional restriction" (Addis & Mahalik, 2003). Men are also less likely to seek help if they perceive their issue as

being a central aspect of them; seeking help for the problem threatens self-esteem (Addis & Mahalik, 2003, p. 10). Gender role strain, or the perception that one must live up to societal gender norms, may cause psychological stress which requires help-seeking; but seeking help may cause a feeling of gender role discrepancy strain for failing to live up to perceived masculinity norms.

Men socialized to adhere to traditional masculinity norms may feel shame when experiencing depression, which affects their ability to receive counseling help; both being depressed and seeking help for depression are seen as signs of weakness (Shepard & Rabinowitz, 2013). The experience of shame is both cognitive, with self-deprecating thoughts, and emotional, with anger towards the self, along with a feeling of being inferior to others (Shepard & Rabinowitz, 2013). This internal self-perception of being inferior is also experienced externally, the man having the idea that if he sees himself as deficient, then others will as well (Shepard & Rabinowitz, 2013). This attack on the self about being depressed may exacerbate the depression (Shepard & Rabinowitz, 2013). Shame may also arise for a man when he does seek help, because he was not able to solve his problem himself (Shepard & Rabinowitz, 2013).

Empirical research confirms that men who adhere to traditional Western masculinity ideology are less likely to seek mental health help. A 2018 study found that self-reliance, emotional control, and the desire to seem to be in power among their peers are reasons college-aged males who conform to traditional masculine norms avoid seeking help for mental health issues (McDermott et al., 2018). Cole and Ingram found that self-stigma and the experience of gender role conflict increased engagement in avoidant behaviors, such as distraction, self-medication, and waiting for the feeling to pass, among men who were depressed, rather than help-seeking from professionals or from friends and family (Cole & Ingram, 2020). The authors

of the study suspect this avoidant behavior is the reason there is a higher rate of substance use disorder among men with depression (Cole & Ingram, 2020).

When men in a 2022 study were exposed to ads featuring masculine imagery and then to textual scenes of one man seeking mental health assistance and another seeking physical health help, the man in the scenario seeking help for his mental health was judged as less masculine than the man seeking help for his physical health (Li, 2022). In a second study, participants were shown the same ads with masculine imagery, then were asked about societal expectations of men (Li, 2022). Participants expressed attitudes against societal expectations of men and against the idea that men must conform to societal standards (Li, 2022). The result of this study perhaps indicates that providing the opportunity for reflection on socialized gender norms may empower men to behave contrary to expectation. Relatedly, depictions in the media of men acting counter to traditional masculinity ideology may also encourage men to leave behind their restrictive norms (Levant & Pryor, 2022).

A 2017 study investigated what a threat to masculinity does to gender role discrepancy. Male participants were given a test that evaluated their gender knowledge, and participants in the threat condition group were given a fake score that was closer on a scale to “feminine gender identity” than to “masculine gender identity,” thus instigating perhaps a higher level of gender role discrepancy (Berke et al., 2017). In a subsequent test, the men in the threat condition group exhibited behaviors associated with aggression as well as higher pain tolerance, perhaps, according to the study authors, to publicly show their masculinity (Berke et al., 2017). The men in the threat condition group did not, however, show behaviors related to anxiety, because, the authors suspect, anxiety is considered a vulnerable emotion, and gender norms dictate that men cannot show emotion related to vulnerability (Berke et al., 2017).

Cole and Davidson's (2018) study compared how men perceive other men with traditional symptoms of depression; men with no depression; men with symptoms of male-type depression (social withdrawal, pain denial, help avoidance, and self-criticism); and men with symptoms of externalizing behavior (such as anger, impulse control issues, aggression, avoidant behaviors, and risk-taking). They found that men with traditional symptoms of depression were considered by other men to be less masculine and more feminine than the men exhibiting other symptoms or no symptoms (Cole & Davidson, 2018). In the study, men were shown vignettes of fictional men with the various types of depression. Men shown externalizing behaviors of depression, such as a high temper, increased substance use, and fighting, were perceived by participants as not losing their masculinity (Cole & Davidson, 2018).

In a 2022 study, barriers to help-seeking in college-aged men, with no indication of the extent to which they adhered to traditional Western masculinity ideology, included social stigma, self-stigma, and their need to seem strong and able to solve their own problems (DeBate et al., 2022). Self-reliance, emotional control, and the desire to seem to be in power among their peers were reasons college-aged males who conformed to traditional masculine norms avoided seeking help, according to research (McDermott et al., 2018).

A study involving interviews of working-class men regarding their help-seeking when sad or depressed revealed that stigma, expectations about masculinity, and a perceived threat to manhood influenced their help-seeking behaviors (Mahalik & Dagirmanjian, 2019). Seeking help was considered weak and feminine (Mahalik & Dagirmanjian, 2019).

A 2018 study found that college-aged men were more likely to adhere to societal norms of masculinity and were less likely to seek help because of stigma (Wasylikiw & Clairo, 2018). However, the participants who were involved in sports, it was discovered, had higher rates of

self-compassion than those not involved in sports (Wasylikiw & Clairo, 2018). This self-compassion, that is, having compassion for oneself as one would have for a friend, led to an increase in help-seeking (Wasylikiw & Clairo, 2018). The authors speculate that the higher rates of self-compassion in college athletes were due to the group cohesion of their sports teams; the team members were a community sharing mutual feelings regarding winning and losing games (Wasylikiw & Clairo, 2018).

Self-compassion may be an effective way for improving help-seeking behavior in men who adhere to traditional Western masculinity ideology (Wasylikiw & Clairo, 2018). Those with self-compassion understand that everyone experiences difficulties; that one must be kind and forgiving to oneself; and that it is important not to suppress or exaggerate thoughts and feelings (Reilly et al., 2014; Neff et al., 2007). Self-compassion differs from self-esteem in that the latter involves self-evaluation and comparison to others (Reilly et al., 2014; Neff et al., 2007). Research on self-compassion has found that it may protect against anxiety from self-evaluation and may lead to decreased self-criticism and thought suppression (Neff et al., 2007).

Therapy With Men

When the American Psychological Association (APA) *Guidelines for Psychological Practice with Boys and Men* was released in 2018, a significant amount of media attention followed (Ferguson, 2023). Criticism of masculinity in the *Guidelines* was seen as a criticism of men (Addis & Hoffman, 2020). A press release in a publication from the APA summarized the *Guidelines*, saying, “APA has issued its first-ever guidelines for practice with men and boys. They draw on more than 40 years of research showing that traditional masculinity is psychologically harmful and that socializing boys to suppress their emotions causes damage” (Pappas, 2019). In the press release, patriarchal society’s socialization was blamed for

influencing the harmful traditional masculinity values of “stoicism, competitiveness, dominance, and aggression” (Pappas, 2019).

The *Guidelines* include empirical evidence of how traditional masculinity ideology may be harmful to men, leading to higher suicide rates, lower life expectancy, and higher likelihood of being involved in homicides (Pappas, 2019). Specific recommendations in the *Guidelines* include helping a male client explore and understand how adherence to traditional gender norms affects his relationships and his possible sexism; promoting healthy family relationships, especially father involvement; and guiding men to engage in more help-seeking behaviors (APA, 2018). Strength-based, all-male therapy groups to promote relationships and support among boys while helping them explore behavior norms; specific education about how masculine norms are restrictive; and encouragement to develop healthy behaviors are touted as effective (APA, 2018). Other recommendations include providing services that are tailored to men, such as taking into consideration that emphasizing language related to feelings and vulnerability may be ineffective with men who are resistant to seeking help, because it makes them seem weak (APA, 2018), and holding shorter sessions, featuring self-disclosure and humor by the therapist, in informal settings (APA, 2018; Englar-Carlson, 2014; Duffey & Haberstroh, 2014). The APA warns clinicians that presentation of symptoms of depression may not be traditional and to watch for avoidance responses, aggression, irritability, compulsive behavior, concentration difficulties, and complaints related to the body (APA, 2018, p. 15).

Ferguson, a critic of the *Guidelines*, accused the APA of constructing the *Guidelines* based on “left-leaning,” feminist principles of “identity politics, patriarchy, privilege, and other loadstone jargon” (Ferguson, 2022) and ultimately, by criticizing masculine values, of being “disparaging of traditional men and their families,” thus discouraging these individuals from

seeking mental health assistance (Ferguson, 2022). He wrote, "...I am highly skeptical that the partially unemployed coal miner, struggling to feed his family of five, is going to benefit much from discussions of his privilege" (Ferguson, 2022). Ferguson's criticisms of the APA Guidelines were many, including the presentation of a stereotyped description of masculinity; the failure to emphasize the positive characteristics of traditional masculinity; the lack of acknowledgement of the biological factors that influence masculinity; and the claim that men are unaware of the social forces that influence their behavior (Ferguson, 2023). Ultimately, Ferguson argued, the APA approached men with a liberal bias and should have consulted the very population of individuals it focused on, to understand the perspective of men who adhere to traditional Western masculinity ideology (Ferguson, 2023). According to Ferguson, the APA described traditional masculinity as being comprised of negative constructs such as homophobia and violent behavior but also criticized the characteristics of stoicism and "achievement orientation" as being detrimental to men, when, in fact, they might be beneficial (Ferguson, 2023, p. 3). Reeves wrote in his book *Of Boys and Men* his own criticism of the *Guidelines*, pointing out that the APA did not consider the biological factors that affect men's behavior and, similar to Ferguson's critique, noted a lack of focus by the APA on any positive aspects of masculinity (Reeves, 2024).

In response to Ferguson's criticism specifically, the editors of the APA *Guidelines* stressed that they were not, as Ferguson wrote, "waging a war on men and boys," in particular "traditional men," but were instead attacking the masculine role norms, which are rigid and restrictive (Levant et al., 2023). Men and boys, they said, are socialized to believe in these norms, and the consequences are sometimes detrimental (Levant et al., 2023).

While the APA's *Guidelines* focus on negative characteristics of male behavior, positive psychology/positive masculinity (PPPM) is a strength-based approach to counseling men, that responds to gender role strain and gender role conflict that many men experience (Kiselica et al., 2016). PPPM rejects the idea that masculinity is problematic and that males are "dysfunctional, damaged, and emotionally disengaged victims of flawed development" (Kiselica et al., 2016, p. 125) and instead focuses on men's potential to improve themselves and to contribute to society (Englar-Carlson & Kiselica, 2013). PPPM focuses on several characteristics of masculinity that are healthy and adaptive strengths, or what Kiselica et al. refer to as the "noble aspects of masculinity" (Kiselica et al., 2016, p. 124): men's focus on caring for others; generative fatherhood, or the passing down of attentive fathering; self-reliance; being a worker-provider; respect for women; courage and risk-taking, especially to protect others and push the self to achieve; group strength to achieve a common purpose; forms of service, such as male community organizations; use of humor; and heroism (Kiselica et al., 2016, p. 125). This focus on the positive aspects of masculinity, coupled with positive psychology, which emphasizes positive emotion, engagement, relationships, meaning, and achievement (PERMA) results in an approach to psychological treatment of men that raises them up rather than criticizing them (Kiselica et al., 2016).

PPPM taps into the masculinity norm of showing strength by promoting the decision to seek help as a sign of strength and courage, not weakness, and stressing that caring for himself places him in a better position to care for others (Kiselica & Englar-Carlson, 2010; Englar-Carlson & Kiselica, 2013). The approach does not assume male clients are incapable of emotional expression, and it uses mutuality to convey to male clients that they are not alone in their gender role conflict (Kiselica & Englar-Carlson, 2010). The PPPM approach recommends

that psychologists make men active and collaborative participants in their therapy to tap into their desire to feel as if they are in control of their own recovery (Englar-Carlson, 2014). Male-friendly practices recommended include the use of humor, self-disclosure, informality; different labels for therapy, such as consulting, coaching, or workshop; and offering an active approach (Mahalik et al., 2012; Englar-Carlson, 2014).

Criticism of PPPM rests in the concern that placing attention on men and empowering them in this way seems counter to the efforts made to lessen the power of the patriarchy, and that assigning specific characteristics to a particular gender, when they are, in fact, human, not male, strengths and capacities, is essentialist (Englar-Carlson & Kiselica, 2013). Englar-Carlson and Kiselica argue against this idea, however, noting that the aspects of focus in PPPM are not biologically based (Englar-Carlson & Kiselica, 2013). Another criticism is that PPPM assumes that masculinity is the same for everyone and does not consider differences that arise based on context (Addis & Hoffman, 2020). Additionally, by focusing on certain characteristics of men as being strengths with which to work, PPPM may make those men who do not exhibit those particular aspects of masculinity feel inferior (Addis & Hoffman, 2020). Another criticism is that PPPM does not recognize the harm masculinity causes and that it must be made less essential to a man's identity, for instance, by helping him understand who he was when he was socialized to masculinity compared to who he is now (Wolfe & Levant, 2020).

Socialized male gender norms may affect how men who adhere to traditional Western masculinity ideology engage with therapy. Assessment that seeks to understand the extent to which he adheres to masculine norms and experiences gender role conflict and self-stigma is important, as this information may inform the language the therapist uses and provide context for the client's behavior (Strokoff et al., 2016; Cole et al., 2019; Duffey & Haberstroh, 2014).

Internal stigma, the desire to avoid engaging in any behavior considered “feminine,” and a need to maintain control may make these men reluctant to share their emotions (Strokoff et al., 2016). Whether engaging male clients on an individual level or in a group setting, counselors must be aware that disclosure of feelings for men who have been socialized to restrict their emotions may be particularly difficult and should be approached gradually (Mahalik et al., 2012; Englar-Carlson, 2014).

Ironically, although many men have been socialized in groups for almost all their lives, from school to sports teams, those who adhere to traditional Western masculinity ideology tend to be self-reliant, competitive, and avoidant of intimacy with others, so they may be resistant to group therapy (Rabinowitz, 2014). However, group therapy may be especially effective for men who adhere to traditional Western masculinity ideology because of the key therapeutic factor of universality, the recognition that one is not alone in one’s struggles and concerns, which helps to reduce feelings of shame and self-stigma (Yalom, 2020; Rabinowitz, 2014; Englar-Carlson & Kiselica, 2013). A study found that men who viewed a “male-sensitive storytelling video” about a man with depression, reduced the self-stigma they experienced related to help-seeking, indicating that all-male group therapy, where men can share their similar stories, may be particularly effective (Keum & Ogrodniczuk, 2022). A group setting, if perceived as safe and supportive, may also allow for a corrective emotional experience in which an individual “tries out” verbalizing or doing something that feels shameful or that he expects negative consequences to come from, only to find no major consequences occur (Yalom, 2020). Group exercises that emphasize nonverbal interaction, creating rhythm, role play, physical activity, and guided imagery would most likely engage these men in their group therapy experience (Rabinowitz, 2014). Potential themes that might be effective in group therapy with men include how they

define masculinity; how their behavior in public may differ from their behavior in private; their potential feelings of self-stigma and shame when they behave contrary to traditional masculinity norms; and the mind-body connection (Rabinowitz, 2014).

Rather than focusing on what men are doing wrong, which may result in defensiveness, one approach to helping men recognize their strengths is to have them imagine “possible masculinities,” meaning their ideal masculine self, compared to the real masculine self, and the future goals for behaviors and identities they want to take on to be the kind of man they want to be (Davies et al., 2010). Emphasized is the idea that men have the power to make changes to move themselves towards their ideal self (Kumar et al., 2023). The issue is that often, the various masculinity options are not apparent to many men (Levant & Pryor, 2020).

The Men’s Center approach to counseling men focuses on this possible masculinities model, helping men set goals for the person they want to be in the future to contribute positively to society, focusing on their strengths and healthy behaviors (Shen-Miller et al., 2019). The Men’s Center approach’s goals include increasing men’s emotional expression; reducing the shame associated with help-seeking; and helping men to understand how their socialized gender beliefs affect those around them (Shen-Miller et al., 2019; Davies et al., 2010). Counselors approach male clients with “unconditional positive regard” and provide clients with a feeling of control in the outcome of their therapy (Shen-Miller et al., 2019). Nontherapeutic settings are used to bring the therapeutic sessions, called “classes” or “consultations,” to men, with peers as leaders (Shen-Miller et al., 2019).

Gestalt therapy, which focuses on the here-and-now, therapist-client experience, may be especially effective for male clients, as they tend to appreciate the direct, immediate feedback and the focus on the whole individual (Novack et al., 2013). The Gestalt two-chair exercise,

which encourages clients to develop self-empathy and self-compassion, may be an effective tool with men who adhere to traditional Western masculinity ideology (Neff et al., 2007). In this therapeutic exercise, the client plays two roles in the conflict, the part of the self that feels judged and the self-critical part. The goal is for the two split parts of the self to come together and for the part that feels judged to become heard (Greenberg, 1979; Clarke & Greenberg, 1986; Neff et al., 2007).

Helping men recognize their “gender role journey” can assist them to come to terms with how socialization of gender norms has affected their gender role conflict and move them towards finding more freedom in their gender role (O’Neil & Denke, 2016; O’Neil & Carroll, 1988). Following acknowledgement of the acceptance of traditional, restrictive gender roles, the client recognizes his feelings regarding his gender role and how it affects him and those around him (O’Neil & Denke, 2016). Finally, the journey shifts to a commitment to action against restrictive norms, for himself and for others, which may bring a feeling of freedom (O’Neil & Carroll, 1988).

An example of male counseling in a nontraditional setting that investigates the gender role journey is the Confident Man Retreat, a dude ranch and group therapy retreat in Colorado that was started by two life coaches. Those who saddle up at the ranch are typically men who have trouble expressing their emotions, feel lonely, and who are unsure of their place in society (Baldwin, 2023). At the retreat, the participants are asked to reflect upon the socialization of traditional masculinity norms, including the concept that a man should aspire first to obtain what is required to live the life he wants to live and to be the kind of person he wants to be, such as getting a particular job in order to appear successful (Baldwin, 2023). One goal of the retreat founders is to communicate that this “have, do, be” mentality, which Baldwin describes as “a

Frankenstein of machismo and hypercapitalism” (Baldwin, 2023), may not work in today’s society (Baldwin, 2023). By experiencing the group therapy factor of universality, by developing emotional intelligence, and by becoming more comfortable with emotional expression, the participants shift to a “be, do, have” mentality, focusing first on becoming the person they want to be, with the idea that the things they need to live the life they want will come to them as a result (Baldwin, 2023).

Dance/Movement Therapy

Dance/movement therapy is defined by the American Dance Therapy Association (ADTA) as “the psychotherapeutic use of movement to promote emotional, social, cognitive, and physical integration of the individual” (American Dance Therapy Association, n.d.).

Dance/movement therapy has roots in humanistic psychology, which focuses on a person’s strengths and recognizes his ability to grow and change (Levy, 1988). Dance/movement therapy is unique to other forms of therapy in that it offers the opportunity to access the embodied, nonverbal elements of an individual (Chaiklin, 2017). Attention to the inner experience of the body, along with external expression through movement, leads to the exploration and understanding of the self (Lauffenburger, 2020; Chaiklin, 2017; Ritter & Low, 1996; Pallaro, 1996). Through actions that encourage embodiment, such as paying attention to the rhythm of the breath; directing attention to internal sensations; creating and responding to rhythm with various body parts; moving parts of the body in isolation; and exploring feelings associated with contrary aspects of movement, dance/movement therapy helps a client develop an awareness of bodily sensations, which results in inward focus, which can lead to an awareness of internal feelings and emotions (Hawkins, 1991; Pallaro, 1996). Verbal or bodily expression of these internal feelings brings this subconscious material into consciousness where it may be processed

(Pallaro, 1996). Additionally, through movement that matches or is in contrast with movement of others, the dance/movement therapist or other group therapy participants, an individual experiences himself in relation to other people (Pallaro, 1996). The awareness and externalization of the internal self and the self in relationship can lead to a strengthened sense and understanding of the whole self, which can facilitate change (Hawkins, 1991; Pallaro, 1996).

Interoception is the awareness of internal bodily sensations, such as heartbeat, temperature, pain, and emotional sensations (Weir, 2023). Dance/movement therapy interventions can facilitate interoception by exploring the mind-body connection; tracking sensations in the body; and encouraging expression of sensory information so that clients gain new awareness of their bodily sensations and ultimately their emotional experiences (Hindi, 2012). Awareness of physical and sensory sensations helps the dance/movement therapist attune to herself and to her client to understand his experience, building rapport and deepening the therapeutic relationship (Christopher & Tamplin, 2022; Robertson, 2014). For the client, sensory information can bring about a recognition of physical cues of emotions, which can result in a deeper understanding of oneself and can hone his ability to self-regulate (Christopher & Tamplin, 2022).

A dance/movement therapist observes the movement of an individual through an attuned lens and considers how his movement patterns may convey his inner state. Using the Laban Movement Analysis (LMA) framework, for instance, the therapist observes how an individual moves his body relative to the space around him, such as the planes he inhabits, and his movement quality, or how he moves (North, 1990). Laban described how an individual moves using the “Effort Factors” of weight (strong, heavy movements or movements that are light),

time (moving quickly or sustaining movement), space (moving with directness or moving indirectly), and flow (free movement or movement that appears bound) (North, 1990). While context and culture are essential to consider when observing an individual's movement, some assessment based on movement patterns may be made regarding the mover's internal state (North, 1990). For instance, North perceived the way an individual moves through space (direct or indirect) as being indicative of their attention and cognition (North, 1990). Whether they moved with a quick or sustained effort might reflect decisiveness (North, 1990). Moving with strong weight effort and bound flow effort might show a gloominess (North, 1990). North equated movement with strong weight and direct space effort factors as reflecting having purpose and power, whereas free flow effort coupled with sustained time effort showed a sense of ease. (North, 1990).

Mirroring an individual's movement by reflecting his movement back to him using her own body, is a way for the dance/movement therapist to dive into the client's world and to communicate to him empathy and interest (Fischman, 2009). Marian Chace, one of the early practitioners of dance/movement therapy in the United States, expressed, "I know how you feel" to an individual by reenacting his movement in her own body, thus entering his world to establish trust and build the therapeutic relationship and validate his feelings (Chace & Schmais, 1993). When the therapist meets the client where he is and mirrors his movement in response to what she sees and feels, she attunes to the client's experience (Sandel, 1993). In seeing one another's movement, kinesthetic empathy, when one feels the experience of another by seeing or mirroring their movement, develops between the therapist and client and between a client and others in a dance/movement therapy group (Fischman, 2009). Mirroring, and the kinesthetic empathy that results, is especially effective for a client who may be resistant to therapy, as it is

self-affirming, conveys to the client “approval and appreciation” as well as mutuality, and develops a safe, trusting therapeutic relationship (Siefert & Yaron, 2021). In reflecting back to an individual his movement, the dance/movement therapist is also able to provide a way for the client to view the various parts of himself so that he may move towards experiencing a sense of wholeness (Vulcan, 2009, p.278).

While Chace mirrored her clients’ movements, reflecting their experiences in her own body, to communicate to them her desire to connect, Mary Whitehouse, who developed what is now referred to as Authentic Movement, acted as a non-analytical, often still, witness, holding space for clients to move from their unconscious, inner impulses as a way to enhance their understanding of themselves (Musicant, 2007b; Fischman, 2009). Authentic Movement involves a mover and a witness or witnesses who observe the mover with compassion (Musicant, 2007b). In a safe space created by a supportive therapist-client relationship, with his eyes closed, the mover attunes to his bodily sensations and internal feelings and images (Musicant, 2007b). Once this inner connection is made, he waits for the impulse to move. “I am moved” replaces “I move” (Frieder, 2007, p.40) when the inner self takes over, kinesthetic awareness is activated, the ego surrenders, and the individual, who may typically focus on maintaining control, is moved to move (Frieder, 2007). The unconscious and the conscious join so that inner elements of the self may be externalized, observed, and clarified, an outer connection made (Frieder, 2007). Body awareness is followed by an inner impulse to move, after which an external connection to what is internal can be made, through movement and processing (Frieder, 2007).

Holding space for this experience, the witness waits, with empathy, without imposing her own impulse to move or her judgements regarding what she sees (Musicant, 2007). She may offer objective observations once the experience is complete to provide insight from her point of

view as a mirror to the client's experience (Musicant, 2007). Interoception is accessed by the mover as he first experiences being witnessed by another then develops his own ability to witness himself; this process ultimately leading to enhanced self-awareness, emotional regulation and a sense of identity (Hindi, 2012). The witness, in observing the process of the unconscious becoming externalized, acts as a catalyst for the mover to develop his or her own inner witness. As dance/movement therapist Janet Adler explained it, the mover is first aware of being witnessed; and, being seen externally, he begins to have the concept of witnessing himself internally, eventually developing his inner witness (Musicant, 2007a). Essential to both Authentic Movement and Chace's outer-directed movement is the kinesthetic empathy that is developed; through witnessing or mirroring another's movement and attuning to him in the moment, the dance/movement therapist feels and understands what the mover is experiencing, which builds the therapeutic relationship and encourages the client to recognize his own experience (Fischman, 2009).

Western Dualism

The United States is an individualistic society that emphasizes autonomy, self-sufficiency, and independence (Kim, 2002). Dualism and polarity reign, as evident in the tendency to find dichotomies in terms of who people are; an individual is defined as this or that, often with little consideration of more subtle details (Kim, 2002). With its emphasis on rational thought, the Western culture's separation of mind and body is inevitable, as is its polarizing of gender into male or female. Mind is man; nature or body is woman (Brook, 1999). For generations, this polarity of masculine and feminine has been performed in a sort of "scripted role-play" (Brook, 1999, p. 12), the roles written by society.

The field of dance/movement therapy emerged in part from a recognition by some of its founders of the stress Western dualism placed on individuals. Trudi Schoop saw society as demanding that an individual select a single identity, feeling, action, and thought to present to others (Schoop, 2000). Blanche Evan believed that modern, urban society operated counter to our internal impulses, perhaps forcing us to segment or repress our true selves, and even encouraging competitiveness with ourselves (Levy, 1988). Alma Hawkins recognized the expectations society placed on individuals to think and act in a certain way and emphasized removing the self from the world temporarily in order to access and express the inner experience (Hawkins, 1991). Bonnie Bainbridge Cohen's Body-Mind Centering approach addressed the social conditioning Western societies have imposed on individuals who feel dissociated from their bodies and their feelings and expressions (Hartley, 1995). In writing about cultural consciousness in dance/movement therapy, Chang describes how the field of dance/movement therapy was influenced by the individualism, autonomy, independence, self-sufficiency, assertiveness, and a preference for verbal communication that were stressed in psychological development and psychotherapy (Chang, 2009). Interestingly, these concepts are central to the traditional Western masculinity ideology.

Gender in Dance/Movement Therapy

Key to the creation of a safe and effective therapeutic space and relationship is for a dance/movement therapist to approach each individual client with an awareness of how his culture might influence his movement and his approach to dance/movement therapy as well as how the culture of the therapist herself and her assumptions and biases might affect the relationship (Caldwell, 2013). A dance/movement therapist must be careful not to make assumptions about her client's experience of the world based on his appearance. Some aspects of

an individual's culture are not visible; moreover, the client may be influenced to move in an inauthentic way based on the therapist's culture (Caldwell, 2013; Duffey & Haberstroh, 2014).

For a mental health clinician working in any modality, understanding one's own discomfort with and biases about working with males, including, more specifically, men who adhere to traditional Western masculinity ideology, is crucial, as is an awareness and knowledge of gender socialization and of the different ways symptoms of mental health problems such as depression may appear in traditionally masculine males as compared to others (Mahalik et al., 2012). Understanding the pressures males face is important, including the pressure to seem strong and to solve problems on one's own (Mahalik et al., 2012).

An overview of the 2010 ADTA International Panel that appeared in the *American Journal of Dance Therapy* noted that dance/movement therapy is "a predominantly feminine field" despite "existing in a world traditionally founded on patriarchal societies" (Capello, 2011). Some feel dance/movement therapy's focus on elements such as body image and emotions make it of interest more to female clients (Koch et al., 2007). Moreover, dance, the backbone of dance/movement therapy, has historically been considered "feminine" (Risner, 2007). Due to the socialization of anti-femininity and anti-homosexuality, for some men, to enjoy dancing with other men or watching other men dance, they feel they must make it known they do not condone homosexuality so as not to appear feminine in some way (Risner, 2007). This way of thinking may pose challenges for a dance/movement therapist who is working individually with a male client or who is trying to bring movement to an all-male therapy group.

According to Shoichi Machida, a dance/movement therapist in Japan who was part of the 2010 ADTA International Panel, male clients may feel more comfortable with a male dance/movement therapist, because they may feel their "level of energy [is] better matched"

(Capello, 2011). Alternatively, a female dance/movement therapist working with a male client may find that men, while reluctant to reveal their inner selves to their fellow men, are more used to disclosing to women (Duffey & Haberstroh, 2014). Sunyoung Park, a male dance/movement therapist from South Korea, expressed that he witnessed female clients display “feelings of anger and sadness” towards the men in their lives and wondered if he was being treated differently because he was a male dance/movement therapist (Capello, 2011). These insights bring up the question of how a male client might respond to working with a female dance/movement therapist.

The ADTA website includes a searchable directory of members. Of the 1,343 entries listed in the online directory, 210 of them contain no information. Thus, the ADTA member directory contains 1,133 members. A search of these 1,133 members revealed 13 members with preferred pronouns of he/him. An additional eight members either prefer they/them pronouns or do not list preferred pronouns and have culturally traditional Western names, perhaps indicating their maleness (ADTA, n.d.). Consequently, one can assume that most dance/movement therapists are female, and as a result, it is likely a male client will work with a female dance/movement therapist. It is important to consider that while dance/movement therapy is an effective way to counsel men who adhere to traditional Western masculinity ideology, the issue of gender is a focal point not only in the counseling itself but also in the gendered perception of the therapeutic modality and in the client-therapist relationship.

Men who adhere strictly to traditional Western masculinity ideology may find their lives negatively affected by their behavior related to socialized gender norms. Restrictive emotionality may lead to an inability to feel and recognize emotions, which can cause an individual to experience physical, mental, and behavioral problems. The avoidance of seeking mental health

help due to feelings of self-stigma and shame may have long-term, detrimental consequences, such as externalizing behaviors. Internal conflict related to gender roles may prompt an individual to direct aggressive behavior or bias towards others, especially females or non-heterosexual individuals, in an attempt to publicly display masculinity by exhibiting dominance or by rejecting the feminine.

Dance/movement therapy is an effective way to counsel men whose adherence to traditional Western masculinity ideology leads to mental health problems because of its use of nonverbal communication; its emphasis on increasing emotional awareness; its humanistic, strength-based approach; its ability to enhance an individual's self-compassion; and its efficacy as a group therapy modality. Additionally, the methods touted by the field of male psychology as being effective in counseling men, such as assisting men in recognizing how gender norm socialization has affected them; focusing on ideal versus real masculinity; and addressing self-stigma in terms of masculinity norms can be incorporated into dance/movement therapy interventions.

Potential Resistance to Dance/Movement Therapy

A man who adheres to traditional Western masculinity ideology, and eschews anything considered “feminine,” feels shame about seeking help, and restricts emotion and expression, may perceive engagement in dance/movement therapy as antithetical to the masculinity norms he has internalized. He might be reluctant to engage in any form of therapy, much less one that centers on the concept of “dance,” to access and express somatically his internal experience to elicit therapeutic change. To some individuals, dance is considered to be a “feminine” activity, perhaps because public-facing, professional participation in dance of many forms is largely female. In 2021, women comprised 78.1% of professional dancers and choreographers,

compared to 21.9% who were men (Data USA, n.d.). Additionally, that somatic focus can result in psychological change may not feel plausible to a man who adheres to the traditional Western masculinity ideology norm of restrictive emotionality. By suppressing his emotions, he may not be aware of or have access to his mind-body connection and thus may not recognize how somatic work could positively affect his mental health.

Traditional masculinity norms might not only affect a man's impetus to engage in dance/movement therapy but might also impact how effective this therapeutic modality can be for him if the dance/movement therapist does not take care to approach a male client who adheres to traditional Western masculinity ideology in a culturally reflexive way. The power differential that is inherent in a therapist-client relationship could be problematic for a male client working with a female dance/movement therapist if the client has been socialized to believe he holds dominance over females. Mirroring is of significant importance in the experience of dance/movement therapy. A male client seeing his movement reflected back to him in a body that does not look anything like his own, as when a female dance/movement therapist mirrors his movement, might delay his perception of being seen, accepted, and understood. Importantly, a dance/movement therapist, male or female, who expects, consciously or unconsciously, based on socialized gender roles, certain behaviors from a male client, especially one who seems to adhere to traditional Western masculinity ideology, may reinforce the very norms with which the male client is struggling. The dance/movement therapist can model an approach to a male client that is different from what he has been socialized to assume by not holding an expectation that he will adhere to the traditional masculinity norms. If the dance/movement therapist is male, he can actively negate these norms, such as emotional restrictiveness, to be witnessed by the male client.

Effectiveness of Dance/Movement Therapy

While the idea of accessing emotion through the body may be conceptually challenging to a man who adheres to the restrictive emotionality norm, for men who have been socialized to place importance on physicality and strength, the corporeal focus of dance/movement therapy may be more appealing than verbal psychotherapy. For a man who has been socialized to tamp down his emotions to be provided the opportunity to express his internal feelings using his physical body might be especially freeing and effective for an individual who is resistant to verbal psychotherapy. The nonverbal aspect of dance/movement therapy removes the requirement to primarily use words to describe emotions and guides the male client to become attuned to his internal sensations and emotions and externalize them through movement before, or in lieu of, verbally processing them. The dance/movement therapist's attuned somatic awareness and embodied understanding of the male client based on his nonverbal communication diminishes the need for his verbal expression.

By encouraging awareness of bodily sensations and the feelings that may be connected with those sensations, the dance/movement therapist assists the client in growing his emotional awareness. Insight into his emotional experience may ultimately lead to an increase in overall self-awareness and an understanding of what his authentic self looks like. A desire to live with authenticity may provide the male client the courage to take action that is counter to some of the elements of traditional Western masculinity ideology that feel to him to be too restrictive or that he may perceive as causing harm to himself or to those around him. Increased interoception and awareness of bodily cues that signal emotional arousal may contribute to the ability of an individual to more easily self-regulate, as he gains an understanding of when and how he needs

to manage his emotions. An improved ability to self-regulate may reduce externalizing behaviors.

Dance/movement therapy, with its foundation in humanistic psychology, focuses on the individual as a whole and recognizes the strain that dualism can sometimes place on individuals. A man who experiences gender role conflict may feel as if his identity is split into parts, with one part behaving in alignment with the traditionally male role norms he has been socialized to follow and the other reluctant to do so because he perceives his behavior as being harmful to himself or others. One of the goals of mirroring movement is to enable the client to see parts of himself reflected back to him so that he can shift towards understanding himself as a whole being. Dance/movement therapy's roots in humanistic psychology also make it an effective partner with the positive psychology/positive masculinity framework. The dance/movement therapist approaches a client with unconditional positive regard, focusing on his strengths, much like positive psychology/positive masculinity, which emphasizes the aspects of masculinity that are constructive, rather than those that may be harmful, potentially ensuring that men who adhere to traditional Western masculinity ideology will have their counseling needs met in a constructive, culturally reflexive way.

There are ways a dance/movement therapist working with men who adhere to traditional masculinity ideology can tailor his or her approach to focus on the positive characteristics of masculinity. Acknowledging that traditionally masculine men engaging in dance/movement therapy are showing strength by seeking help for their mental health challenges taps into the positive masculinity aspect of courage. The emphasis on work in the traditional Western masculinity ideology may be called upon in dance/movement therapy by tasking the male clients to "work" together towards a goal. The traditionally masculine male's penchant for caring for

and protecting others is called upon in a group dance/movement therapy setting, when he reflects upon and responds to groupmates' bodily expressions of emotion and experience by mirroring their movement.

A dance/movement therapist's ability to keenly observe movement enables her to explore with the male client how he presents his masculinity based on who is around him and how his movement patterns may illustrate his internal feelings regarding his adherence to certain aspects of traditional Western masculinity ideology and any inner conflict that may arise when he acts counter to these elements of the ideology. With what LMA effort factors does he move when he is asked to consider his gender role journey? When expressing his masculinity through movement, is a strong weight effort and bound flow effort observed, perhaps indicating force and control? Does his movement pattern shift when he considers how seeking mental health help goes against how he was taught a man behaves? Is there an element of masculinity towards which he moves with indirect space effort and light weight effort, perhaps indicating uncertainty? How do his movement patterns differ during a session in which he is the sole client compared to when he is in an all-male group? Bringing any differences to his attention may make clear to him how his perception of societal expectations affects how he presents himself to and interacts with the world. This type of reflection bolsters the strength of the inner witness, which ultimately illuminates self-awareness of whether or not the individual is living with authenticity.

Dance/Movement Therapy Interventions

Connecting the mind and body may be one of the first goals of a dance/movement therapy session with a male client who adheres strictly to the traditional Western masculinity ideology norm of emotional restrictiveness, as somatic awareness and emotional awareness are

inherently, yet not always obviously to some, linked. By experiencing exercises that encourage a sense of grounding, the male client may feel more attuned to his physical body's presence in the here-and-now therapeutic space. To achieve this grounding and awareness, the dance/movement therapist can guide the client to direct his attention to, and engage with, both internal, bodily rhythms, such as heartbeat and breath, and external rhythms, from sources such as recorded music and rhythm created by those in the space. Body awareness and grounding can also be achieved through self-touch and by isolating movement in one body part at a time. Moving using a strong weight effort can also contribute to a sense of grounding, as it enables the mover to experience a feeling of his body literally connecting with the area around him. Feeling anchored in the therapeutic space through his body and having increased awareness of his own somatic form and how it feels to move it, the male client can begin to attune to the sensations that arise within his body.

Dance/movement therapy interventions that encourage an individual to deeply enter his subconscious mind, such as Authentic Movement, may be especially effective for someone who has difficulty with interoception and with recognizing his internal emotions, such as men experiencing normative male alexithymia. Strictly conforming to gender role norms and living based on behavioral expectations can cause a disconnection with inner impulses and awareness. Hawkins' method of dance/movement therapy involves taking an individual to a state of "relaxed concentration," then inviting him to notice sensations and feelings that arise, ultimately providing him with the opportunity to make communicable images from these feelings and then to externalize these images, not with words, but with movement. For a man who has been socialized to ignore and suppress inner sensations and emotions, reaching this state of relaxed concentration may be what is necessary to access these aspects of the self. During the Authentic

Movement experience, being witnessed, by the dance/movement therapist or by others in the therapy group, while moving and in the process of noticing and expressing his inner emotions, can help the client develop his own inner witness that regularly attunes to sensations and feelings.

The experience of dance/movement therapy in a group has the potential to be effective for male clients who strictly adhere to traditional Western masculinity ideology. A dance/movement therapy group can evoke in a man who adheres to traditional Western masculinity ideology the recognition of the universality of experience. The perception a client may have that he is alone in his feelings and his experience related to living up to societal expectations of masculinity may be challenged when witnessing other men's expression and processing of the effects of gender socialization on their own lives. Being in a space with other men who are also seeking help and witnessing them somatically express their emotions may reduce self-stigma around obtaining mental health assistance and around showing feelings. Additionally, witnessing another man's nonverbal communication of his feelings regarding his adherence to traditional Western masculinity norms and gender role conflict he may experience may enhance a male client's awareness of how his own somatic expression reveals his authentic feelings about the norms he has been socialized to adhere to.

Restrictive emotionality, a norm of traditional Western masculinity ideology, tends to thwart empathy (Levant & Pryor, 2020). The kinesthetic empathy that is developed during the witnessing and mirroring of movement in a dance/movement therapy group may evoke empathy for others and empathy for the self. Experiencing the kinesthetic empathy other members of the group develop for an individual can influence how he perceives himself as being deserving of empathy and thus can lead him to bestow empathy upon himself. Additionally, the kinesthetic

empathy he experiences for the other men in the group by witnessing or mirroring their movement can result in self-empathy, as he recognizes the universality of the group members' experiences.

Experiencing empathy for oneself can lead to self-compassion. To have self-compassion is to understand that everyone faces challenges; to refuse to criticize oneself for shortcomings; and to acknowledge the need for self-care in the face of difficult times. According to research, having self-compassion may protect an individual from experiencing the anxiety that arises from self-evaluation and self-criticism. As the Wasyliw and Clairo (2018) study found, group cohesion that results from the mutuality of group involvement and the sharing of life experiences, both positive and negative, can lead to increased self-compassion. Having self-compassion can reduce the shame and self-stigma that arises when a man who adheres strictly to traditional Western masculinity ideology experiences gender role strain, from his desire to act contrary to socialized gender role norms or when aligning with norms has a negative impact.

Engagement in a dance/movement therapy group can also provide the opportunity for a corrective emotional experience. For instance, during a group dance/movement therapy session, if a man behaves counter to restrictive emotionality, and the consequences are nonexistent or are minor relative to his expectations, he understands that emotional expression is possible. A group dance/movement therapy session also provides a male client the chance to support other men in the group, by mirroring the movement of others or by encouraging expression. Seeing a body reflect back one's own movement can be validating and can encourage further expression and processing. Providing that validation and encouragement for a peer may feel gratifying and lead to a positive self-image. Practicing altruism towards others in the group aligns with the

traditional masculinity characteristic of caring for others, which a male client may have been socialized to believe is one of his duties.

Witnessing personal storytelling regarding mental health was found to reduce self-stigma related to seeking mental health help (Keum & Ogrodniczuk, 2022). A dance/movement therapy intervention that involves multiple male clients sharing their personal stories in movement to be witnessed by the others in the group may be especially effective in encouraging the participants to engage fully in the therapy. Feelings of self-stigma and shame, which may occur when gender role conflict is experienced, can diminish. Narrating, through movement, his gender role journey, or how his gender role socialization has informed his behavior, might be the first opportunity a male client has to fully recognize the part socialization has played in his adherence to the ideology. Being a witness to his own journey and to that of others may lead him towards self-compassion. The epilogue of his story might include consideration of what his real masculine self is compared to his ideal masculine self, or the type of man he would prefer to be.

The Gestalt two-chair exercise, found to enhance self-compassion, helps an individual to see the two parts of himself that are in conflict and is an intervention that, one might argue, would be even more effective for men who adhere to traditional Western masculinity ideology if implemented somatically rather than verbally. In a dance/movement therapy intervention influenced by this therapy technique, a male client might be encouraged to explore his gender role conflict by having the part of him that is critical of his behavior related to masculinity norms converse physically with the part of him that feels compelled towards or away from the norms. This exploration may support reflection of what his ideal masculinity might be and how his adherence to traditional Western masculinity ideology may prevent integration of his whole being and may keep him from living authentically.

That traditional Western masculinity ideology relies upon the traditional gender dualism of male and female makes the exploration of polarities of movement in dance/movement therapy especially relevant to counseling men who adhere to this ideology. A man who strictly adheres to traditional Western masculinity ideology presumably over-identifies with the traditional gender role norms. Exploring this bias towards a particular polarity and its opposite can help him move towards a more holistic experience of himself. This exploration can take place in dance/movement therapy as the male client finds his authentic way of moving, and the dance/movement therapist identifies movement patterns and polar biases in his movement that are perhaps reflective of his inner state. Exaggeration of these qualities and the subsequent exploration of their opposites, both through direct movement by the client and the reflection of his movement back to him by the dance/movement therapist, may result in integration and understanding of the whole self.

Dance/movement therapy provides the opportunity for the male client to use metaphor to make verbal sense of his bodily-felt experience, which may be a gradual step towards using descriptive words for his feelings. Imagery of restriction to explain their views of masculinity has been used not only by an expert in the psychology of men (“imprisoned by masculinity,” (Levant & Pryor, 2020)) and by an anti-violence activist (“act like a man box,” (Heilman et al., 2017)), but also by a self-proclaimed misogynist (“free the modern man from socially induced incarceration” (Institute for Strategic Dialogue, n.d.)). These individuals’ perceptions of masculinity norms’ restrictiveness differ in that while psychologist Levant (Levant & Pryor, 2020) and activist Kivel (Heilman et al., 2017) seek to free men from the restriction of traditional masculinity norms, toxic male influencer Tate perceives men who live by traditional masculinity norms as being restricted by a society that no longer celebrates traditional masculinity.

Incorporation into a dance/movement therapy intervention of imagery of restriction, such as the creation of an enclosed space or a literal box shape, would be an effective tool for men who adhere to traditional Western masculinity ideology. A dance/movement therapist might instruct a male client to create the restrictive space around him to symbolize his gender role socialization and his corresponding feeling of obligation of behavior. The dance/movement therapist would encourage him to become aware of his bodily sensations as he exists within the restricted space. The client would be asked to come up with ways he might break out of the “man box” and then physically enact that break-out while noticing physical sensations and emotions. Enacting this metaphorical breakthrough might encourage a literal shift away from the restrictions of traditional Western masculinity ideology.

Men who adhere strictly to traditional Western masculinity ideology are in danger of experiencing poor mental health if they feel conflict related to their behavior aligning with or in contrast to the gender norms they have been socialized to believe they must follow. Seeking help for mental health challenges goes against traditional Western masculinity ideology, as does emotional expression, which makes these men especially vulnerable to the negative effects of poor mental health. With its strength-based, humanistic focus, its emphasis on nonverbal expression and emotional awareness, and its use of the group therapy experience, dance/movement therapy is an especially effective mental health counseling modality for these men.

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