Difficulties clinicians experience in appropriately treating men attempting to adopt nontraditional sex roles are discussed and suggestions made to ameliorate these difficulties. While the impact of the women’s movement has made therapists more sensitive to societal influences on the behavior of women, comparable attention has not been paid to societal influences on the sex-role stereotypical behavior or to the price paid by men who violate stereotypical sex-role expectations. Further, clinicians who have been socialized into dominant societal values may have difficulty tolerating men who are trying to abandon higher status “traditional masculine” values for nontraditional ones; such clinicians are unlikely to provide decent treatment for males espousing new sex roles.

During the past decade, a good deal of attention has been paid to the effect of sex-role stereotyping, namely, the circumscribing of individuals’ behavior as a function of their sex. The greatest amount of attention has been placed upon the stereotyping of women. Many women have been or are in the process of changing from a more traditional “female” role to a role in which they have a greater independence, power, and equality with men.

The changes in women’s roles, in turn, create a need for changes in the traditional allocation of work and family roles for both men and women (Hoffman, 1977; Pleck, 1975). Whether these particular changes have, in fact, occurred is at present an open question (Pleck, forthcoming). It is possible that more and more men have been forced or have chosen to become more active in fathering.
and household activities. We think it more likely that while men have been forced to think about the possibility of becoming more involved in the above activities, they have not yet changed their behavior.

THE ISSUES

As a result of increasing interest in the society at large concerning what is appropriate sex-role behavior, the issues which men and women bring to therapy, and which they raise while in therapy, have changed. In dealing with these matters, therapists are faced with three tasks. The first is to deal with the therapist’s own investment in traditional sex-role expectations and standards. Clinicians are part of the culture and they tend to share both the traditional values of the culture and the culture’s resistance to change. Therapists, therefore, may find it difficult to deal with clients who are espousing untraditional gender aspirations, for these clients’ values may threaten the therapist’s own life choices. Secondly, therapists need to understand both the intrapsychic and interpersonal difficulties individuals face when they attempt to expouse nontraditional gender behavior. Third, therapists need to focus on the institutional constraints opposing nontraditional gender behavior. Both the second and third tasks are necessary. However, all too frequently, therapists focus only on the world inside the individual, defining the individual’s problems solely in terms of personal dynamics and ignoring the influence of social institutions on individuals’ feelings, expectations, and behaviors.

This last point is one that has been forcefully stated by feminist therapists (e.g., Chessler, 1972), who have strongly criticized the tendency of psychotherapists to teach female clients that their feelings of unhappiness are unique and caused by their own characterological deficiencies rather than helping female clients to see the influence exerted upon women as a group by social institutions and societal expectations. Indeed, nearly all of the literature on therapists’ sex-role orientations or biases focuses upon therapist attitudes toward women. The existence of some sort of therapist bias with regard to the sex-role stereotyping of women has been asserted in several studies (Broverman, Broverman, Clarkson, Rosenkrantz, & Vogel, 1970; Broverman, Vogel, Broverman, Clarkson, & Rosenkrantz, 1972; Maslin & David, 1975; Rosenkrantz, Vogel, Bee, Broverman, & Broverman, 1968), though some question about these studies has been raised by other researchers (Billingsley, 1976, 1977; Strickler, 1977).

Based upon our experience, we believe that the concern with therapist orientation toward traditional female sex-role behavior has increased therapist sensitivity to the restrictiveness of social structures upon the fate of women. Interestingly, however, this awareness has not been applied to male patients. Scant, if any, attention has been given to the implications of therapist sex-stereotyped expectations upon male clients who are struggling to drop their traditional sex-role attitudes and behaviors and to develop as human beings.