

8

Gender

DIFFERENT SOCIETIES HAVE DIFFERENT GENDER ROLE EXPECTATIONS. Although children are taught that their genes decree whether they will grow into men or women, people are not born socially or culturally female or male. Like race and ethnicity, gender can be thought of as socially constructed. Cultures have different ways of teaching children how to be male or female based on shared norms and values. These agreed-upon patterns of expected behavior often reinforce a dichotomous view of gender and the relative power of men and women. The growing transgender community—a group that may include transsexuals and cross-dressers as well as certain gay and lesbian subgroups, depending upon the definition to which one subscribes—is a reminder of the oppressive nature of these restrictive gender labels, yet the influence of gender roles extends to everyone. Because gender role expectations are contextual, there are great differences concerning these expectations not only between cultural groups but also within groups. Intersectionality plays an important role in explaining some of these differences. Religion, ethnicity, and social class—among other factors—strongly influence how an individual perceives her or his identity and gender roles.

Social work professionals work with individuals of different gender identities and individuals who grew up with different gender role expectations. It is important for social workers to understand how these factors interact with other factors that influence an individual's overall identity and behavior. This chapter explores some of these issues and provides some suggestions for gender-aware social work practice.

GENDER, GENDER ROLES, AND GENDER IDENTITY

The term “gender” refers to the social and cultural patterns associated with women and men; in other words, gender defines what behaviors are expected from men and women and which behaviors are considered out of bounds. Like race, gender is not a biological category but rather a socially constructed one. In fact, one's biological sex does not have to be consistent with one's gender identity. The binary conception of gender reflects a taken-for-granted view of humans as inherently male or female by virtue of their genetic or biological makeup, despite the reality that an appreciable portion of the population has ambiguous primary

or secondary sex characteristics (Fausto-Sterling, 1993).^{*} In actuality, it is through social learning that individuals organize information in gendered terms (Bandura & Bussey, 2002). Ideas about distinctively feminine and masculine behavior have varied widely across cultures and throughout history.

Gender identity is learned at an early age and is institutionally enforced by family, religion, the media, and politics. Those individuals who internalize a gender identity incongruent with their genital configuration typically are subjected to severe sanctions because they do not enact gender in socially prescribed ways. The earliest emergence of gender identity is membership knowledge (“Are you a boy or a girl?”), whereas gender constancy (the idea that sex does not change over time) is achieved later. Studies of gender development provide considerable evidence that young children manifest gender preferences and gendered behavior before they develop an intrinsic sense of their gender identity, and that these preferences reflect social influences rather than an innate impulse to adopt a self-concept consistent with gender stereotypes (Bandura & Bussey, 2002). The problems and lack of acceptance encountered by girls who are “tomboys” and boys who are labeled “sissies” illustrate the social sources of gender identity. Sanctions against gender nonconformity start early in a child’s life. By the age of three, membership knowledge sets in motion intergroup processes that prompt children to interact mainly within same-sex groups; these interactions trigger other dynamics, including preferential treatment of the gender in-group and devaluation of the out-group (Carver, Yunger, & Perry, 2003). In many cultures, including mainstream American culture, female roles are believed to encompass nurturance and emotional expression, while male roles emphasize achievement, control, and autonomy (Barbee, Cunningham, Winstead, Derlega, Grulley, Yankeelov, & Druen, 1993).

Both females and males develop a gender strategy, or a “plan of action through which a person tries to solve problems at hand, given cultural notions of gender at play” (Hochschild & Machung, 1989, p. 15). The kind of strategy that a person chooses depends on her or his learned beliefs about womanhood and manhood. Gender ideology is rooted in early experiences and is the result of internalized messages received at home from one’s family. Gender is an ongoing social creation that can go through radical changes throughout the life span. Because

^{*}The term “intersex” is used to refer to individuals whose sex assignment is ambiguous because they possess a mixture of male and female gonads and/or genitalia. Fausto-Sterling (1993) identifies three main types that nonetheless overlook many variations within each group: true hermaphrodites, who have both an ovary and a testis; male pseudo-hermaphrodites, who have only testes but also some female genitalia; and female pseudo-hermaphrodites, who have only ovaries but some male genitalia as well. Infants and children have often been referred for surgery to make their sex less ambiguous, but this practice is becoming increasingly controversial (Kessler, 1997).

our society views gender differences as natural, individuals rarely question the extent of these differences. In fact, males and females tend to accept such stereotypes even when their own behavior differs from them, because they learn to see their behavior as anomalous if it is not congruent with the stereotypes created by society. As society's ideas about gender identity are systematically reinforced through socialization, gender can become associated with many different attributes and qualities; for example, leadership is often confused with masculinity. Such stereotypes often have a prominent role in shaping reality: the belief that men are more assertive than women results in men occupying leadership positions more often than women. Research shows that the social construction of gender reinforces power differentials between men and women and perpetuates the oppression of women (Kanter, 1977; Kidder, 2002).

In many societies, even the forms of language that are used deny women's importance and represent men's experiences as the norm. It is often argued by traditionalists that male "generic" language (such as "businessmen," "chairman," and "mankind," or the use of "he" to mean "he or she") is gender neutral, but researchers have demonstrated that this type of language is perceived as referring predominantly to men (Wood, 1994). Thus the gender patterns of dominance and subordination that characterize sexism may be reinforced in communication. The gender power imbalance is manifested as well in conversations. Despite the stereotype that women are the talkative ones, communication researchers have shown both in experimental and real-life settings that in mixed-sex groups, men tend to initiate more conversations, monopolize conversations, and talk for the longest time (Edelsky, 1981; West & Zimmerman, 1983).

SEXISM

Sexism involves the negative evaluation of an individual or group of individuals based merely on the individual or group's membership in a particular sexual category. Sexism is the product of norms and expectations that exist in religious dogma, kinship relations, and the laws that assign women a subordinate place in society. Due to the unequal treatment of women in most societies, sexism is usually associated with the oppression of women. Both women and men, however, may be the victims of sexism. Men's organizations such as the National Organization for Changing Men and the National Congress for Men argue that the stereotypes that men are tough, unemotional, and aggressive can subject men to unfair treatment in several arenas, such as in evaluations for certain jobs, and in divorce and child custody proceedings.

Sexism is commonly defined as the subordination of a woman or group of women and the assumption of the superiority of a man or group of men based only on sex. This view of sexism attributes the oppression of women to patriarchy,

which is a whole system of gender inequality that operates throughout society. Such sexism can be encountered at both an interpersonal level and an institutional level. At the interpersonal level, sexism may first be experienced within the home when children witness a gendered division of labor in the tasks performed by mothers and daughters versus fathers and sons, such as assumptions that mothers have sole responsibility for cooking, cleaning, and caring for children while husbands have ultimate authority and control over important decisions. Male chauvinist beliefs, such as the stereotype that women are less competent than men, are also expressions of sexism. Rather than regarding women as the targets of discrimination, chauvinist beliefs support the view that women actually enjoy unearned or undeserved privileges that are denied to men, such as preferential treatment in hiring practices and promotions. Such beliefs may account for the indifference or outright opposition to policies designed to improve women's status in society. Institutionalized sexism is present in all spheres of society and can be more subtle than interpersonally expressed forms of sexism. In the classroom, it exists in the form of stereotypical images in textbooks; lack of recognition of female authors, female historical figures, and women's point of view in standard curricula; teachers' tolerance for sexist remarks; and sexual harassment (Wood, 1994). At work, institutionalized sexism may be either hostile or benevolent: hostile sexism is manifested through dominant paternalism and the idea that women are inferior and unable to do the same work as men, while benevolent sexism reflects the belief that women are better suited to nurturing occupations like nursing or are in need of the protection of male mentors. In addition, many organizations have a masculine culture in place, which means that power is asymmetrically distributed between men while female employees hold lower-status jobs (Bonvillain, 2001). Institutional sexism can also manifest itself in the differential treatment of men and women that results from institutional policies. Those involved in institutional sexism do not need to be prejudiced against women or even intend to be engaging in discrimination, but the effect is the same as if there were blatant discrimination (Kammeyer, Ritzer, & Yetman, 1990).

There are many different forms of institutionalized sexism in the workplace. They encompass a wide array of ways that men benefit from occupational and organizational privileges. These benefits are built into the system so that men reap rewards denied to women without having to actively or consciously discriminate against women (Tomaskovic-Devey, 1993). These privileges become codified within workplace norms, recruitment procedures, the division of labor, and informal networks of information and decision making (Alvarez & Lutterman, 1979; Bielby & Baron, 1984; Feagin & Eckberg, 1980; Reskin & Hartmann, 1985). The norms in place at the office may pressure women to seek advancement by moving into positions in which they supervise other women in clerical jobs rather than those in which they would have to supervise men who are uncomfortable with a female boss. Women who try to ascend the organizational hierarchy face elaborate

screening, not just to guarantee that they meet requirements and have the right credentials, but also to determine if they have social backgrounds and outlooks similar to those of the men already in dominant positions (Blum & Smith, 1988; Kanter, 1977). Men can control the highest organizational positions by spreading word of openings and seeking nominations of promising job candidates through informal male-dominated channels and activities, such as golf games with fellow employees. This kind of gender discrimination allows men to maintain their privileges by keeping jobs requiring the highest levels of skill and offering the greatest authority, status, and remuneration among men.

The magnitude of continuing gender discrimination is suggested by the almost complete exclusion of women from the upper reaches of the workplace pyramid, among top management (Kimmel, 2000; Roth, 2006; Thompson & Sekaquaptewa, 2002). Fewer than 10 percent of all senior executives and only 3.9 percent of the 4,341 top-paid CEOs and directors in Fortune 1000 corporations are women (Krishnan & Park, 2005). Even in professions dominated by female workers, like social work, men appear to have advantages over women in authority and pay. Although women make up an overwhelming proportion of the students who receive MSW degrees and are active social work practitioners, they are much less well represented among social work faculty, and men are still more likely than women to occupy the top rung of positions in social work programs as dean, directors, and chairs (Di Palma & Topper, 2001; McPhail, 2004). Salary studies have shown repeatedly that men in social work tend to make more money than their female counterparts; this is true among social work faculty, social workers employed outside academia, and even social workers in private practice (Gibelman & Schervish, 1995; Landers, 1992; Koeske & Krowinski, 2004; McPhail, 2004; Sowers-Hoag & Harrison, 1991). These gender gaps in salary are not explained away when gender differences in educational degrees or academic rank or differences in setting, auspices, function, experience, and geography are taken into account.

Some people believe that the gender gap in pay has been erased as women have entered the labor force over the last few decades in rates nearing those of men. In fact, although the gap has narrowed somewhat, women's pay continues to lag behind that of men doing the same type of work (Farrell, 2005). Another myth is that barriers to women's participation in politics have been breached. The reality is that women make up 51 percent of the U.S. population but hold only 12.1 percent of the seats in the U.S. 106th Congress (McGlone, Aronson, & Kobrynowicz, 2006).

Much of the workplace gender inequality in pay, authority, and opportunity for advancement persists as a result of gender segregation of occupations and jobs (Bielby & Baron, 1984, 1986; Huffman & Cohen, 2004). A large part of the gender gap in pay is due simply to the fact that so many women are concentrated in low-wage jobs that men rarely occupy and that offer fewer opportunities for advance-

ment. Some of the lowest-paying jobs in the United States are occupied almost exclusively by women; for example, women make up over 95 percent of secretaries, receptionists, and dental hygienists (Lippa, 2005). Although the divergent occupational paths of men and women reflect gender socialization that starts in childhood and continues through the school years, it also reflects our society's evaluations of work that is done by men and women. For example, jobs within companies and agencies are structured—through a system of elaborate job titles and job ladders called an internal labor market—to segregate men and women even more acutely than might result from their preexisting differences in educational and occupational choices. In the 1980s it was established that men and women are so segregated into different jobs within firms that over 80 percent of men and women in U.S. firms would have to switch job titles to make the gender composition consistent across all jobs (Bielby & Baron, 1984, 1986). Furthermore, the gender segregation of jobs is most acute at the top of the organizational hierarchy.

Occupations in which gender composition changes over time also show traces of institutionalized sexism. For example, in its early stages, computer programming was thought to be a suitable occupation for women because it resembled the relatively low-skilled and modestly paid keypunch operations that women generally performed. Only when it was recognized as a highly valuable, marketable, and financially rewarding skill did society begin to see computer programming as a job more appropriate for men. Bakers, on the other hand, have gone from being predominantly male to female, but that transition has witnessed relative declines in wages, as baking increasingly uses semi-automated or routine methods in supermarkets. Labor market studies have also shown that women pay a salary penalty for doing nurturing work that involves caretaking (e.g., nursing, elementary school teaching, and social work), which is not highly valued by society, and that work that becomes female dominated over time loses the ability to command high status and wages (England, 1992). Similarly, even in fields once dominated by men where women have gained a stronger presence, like law and medicine, their pay still lags significantly behind that of men doing the same work (Burstein, 1994; Dixon & Seron, 1995).

Such extreme gender disparities are clearly inconsistent with the widely held view that gender equality of opportunity has been achieved. Researchers have explained this as a form of modern sexism, one that is replacing the “old-fashioned” sexism that defended traditional gender roles and the unequal treatment of women and men based on gender stereotypes about competence and intelligence. Modern sexism is characterized by a denial that women are still targets of sexism; exaggeration of the extent to which women have achieved economic, political, and social equality with men; rejection of policies that aim to help women advance in the workplace and in education; and general antagonism toward women's demands for equality (Swim, Aikin, Hall, & Hunter, 1995). People—both men and

women—who hold this view perceive greater gender equality than really exists and tend to blame individual women for segregation in the workforce and in politics. Women may minimize the impact of sexism on their lives by using as their reference group women in situations similar to their own, rather than men, a strategy that may be a coping mechanism to deal with discrimination.

Women and their lower economic status are affected by sexism outside the workplace as well. For example, reforms in divorce and child custody laws are commonly thought to benefit divorced women and their children. However, research has shown that after divorce, women and their children typically suffer a serious drop in their standard of living, whereas men see an improvement even after paying alimony and child support (Hanson, McLanahan, & Thompson, 1998; McKeever & Wolfinger, 2006; McManus & DiPrete, 2001).

Although most people believe that there is widespread support for women's rights in the United States, the fact is that the Equal Rights Amendment, which was enacted by Congress in 1972 and would prohibit discrimination based on sex, was passed by only thirty-five state legislatures, three short of the required two-thirds of all the states. Sexism continues to affect women's family lives, educational and career plans, and success in the workplace and in politics. Sexist discrimination has been associated with changes in adult identity and identity crises among women and can affect women's physical and mental health (Anthis, 2002). It may be important for social workers to consider how sexism affects a female client's sense of self and help her to reexamine her identity.

THE WOMEN'S MOVEMENT AND FEMINISM

Feminism is the result of the various ways that women have struggled collectively in response to their specific forms of subordination. All versions or strands of feminism are grounded in the premise that differences in women's and men's positions in society are the result of social factors and that women's experiences, ideas, and concerns are as valuable as men's and deserve the same respect. A central feature of feminism is the differences in female access to power, a power differential that is related to class, race, ethnicity, religion, and sexual orientation (Moane, 1999). In the United States, the first wave of the women's movement started in 1848 with the efforts of Elizabeth Cady Stanton and Susan B. Anthony, among others, to gain political equality for women through suffrage during their involvement in the antislavery movement. Anthony focused on economic independence for women while Stanton explored the sexual emancipation of women (DuBois, 1999). During what is referred to as the first feminist wave, the domestic roles assigned to women were not challenged directly, but organizations such as the Women's Christian Temperance Union were formed to fight for child labor laws and female prisoners' rights (Wood, 1994). First-wave feminists were con-

cerned with securing women's access to education and certain occupations such as clerical work (Cohn, 1985). First-wave feminists also worked to secure protections for women in the areas of marital property rights and child custody laws. These feminists were mainly responding to injustices that they themselves had experienced as middle-class women.

By 1960, a second feminist wave was underway, propelled in large part by developments within the civil rights and antiwar movements that revealed the need to address persisting inequities affecting women. Through her activism and now classic book, *The Feminine Mystique*, Betty Friedan (1963/2001) exercised a pivotal leadership role in shaping the modern feminist movement. Her description of the oppression of the "happy housewife" ignited a revolution that radically altered the consciousness and lives of women as well as the culture of society as a whole.

Several branches that emerged from this second wave of feminism have advanced different solutions to discrimination against women while promoting women's rights and identities within the spheres of reproduction, sexuality, living arrangements, and the larger culture. One branch, liberal feminism, has concentrated on reforms that would better integrate women into existing social, economic, and political institutions rather than working to change these institutions fundamentally. Organizations like NOW (the National Organization for Women) have pursued this agenda through antidiscrimination lawsuits, political lobbying, and educational campaigns to increase public awareness of issues affecting women, such as domestic violence. Radical feminism, in contrast, focuses on achieving fundamental change through the rejection of patriarchal institutions like marriage and emphasizes ways for women to support one another in resisting oppression in their personal lives. Radical feminists have explored female-centered redefinitions of the notion of family and new ways to conceptualize the division of labor at home and at work. Another branch, Marxist or socialist feminism, emphasizes the harmful role of capitalism in the lives of both women and men, and the way that sexism undermines the ability of the working class to address their economic exploitation. The different branches of feminism have increased awareness of women's issues in general and have created new ways for women to explore the roots of oppression in their personal lives, allowing them to pursue new avenues for effecting change and to enlist new allies, including pro-feminist men who support the feminist movement (Wood, 1994). Amid the successes of second-wave feminists, divisions also emerged among the different branches of feminism, and the voices of black feminists, Chicana feminists, and lesbian feminists came to the fore.

In the 1990s, amid questions about the identification of younger women with earlier feminist ideals and the co-optation and depoliticization of feminist issues, a third wave of the feminist movement emerged, one emphasizing individual rights and empowerment and focused mostly on women between the ages of

fifteen and thirty. This wave emphasizes intersectionality and has sought to connect women who continue to strive for self-determination in their personal lives and local communities; raise awareness of human rights issues; and increase appreciation for the impact of race, ethnicity, religion, and class in women's lives. Despite the advances made by the three waves of feminism to date, women in the United States retain their lower status in almost all aspects of life.

According to public opinion polls, the majority of U.S. women support feminist ideas like equal pay for equal work; greater opportunities for all women regardless of race, class, or sexual orientation; and prevention of violence against women (Jennings, 2006). However, feminism is often equated erroneously with a hatred of men or estrangement from them, lesbianism, and political extremism. Some women reject feminist ideas because they hold these misconceptions and wish to avoid being associated with them, while others may think that feminism is passé or no longer necessary. In addition, it is commonly (and erroneously) assumed that all heterosexual men who support gender equality or take courses on feminism must be gay (see White, 2006). Being a gay man does not, of course, mean that one is aware or supportive of the women's movement; however, it appears that men who adopt less stereotyped gender roles, regardless of their sexual orientation, are often strong supporters of the feminist movement (Suter & Toller, 2006).

Despite all the differing perceptions of what it means, feminism offers a much-needed perspective. One important goal of feminism is to make information available to women so they can make choices. Social work plays a key role in this regard and as a profession has embraced a feminist agenda, recognizing the unique perspectives of women and their abilities to overcome oppressive conditions. Yet much of the oppression that exists goes unidentified because it constitutes part of women's daily lives—what Slattery (2004) describes as “walking with two-pound ankle weights—impediments that are overlooked until removed” (p. 67).

SEXISM AND INTERSECTIONALITIES

One of the most important contributions of third-wave feminism has been its acknowledgment that gender cannot be considered in isolation; women experience their gender status as it intersects with their social class, race, ethnicity, nationality, immigration status, religion, and sexual orientation. Women from lower socioeconomic backgrounds, for example, face compounded disadvantages in health, education, and employment due to gender and social class inequities in society. Women in Western societies tend to live longer than men but experience more chronic illness, in part because of their longevity. However, lower-class women—those with lower education, income, and occupational status—have

much higher rates of morbidity and mortality than women from the middle and upper classes, and certain groups of poor women are at especially high risk (Feinstein, 1993; Marmot, 2003). Some working poor women earn too much income to qualify for Medicaid and earn too little to purchase private health insurance. Therefore, these women and their children are more likely to receive care in hospital emergency rooms (because they do not have a personal physician) and often do not seek care because they lack transportation or child care. As a result, poor women give birth to more babies with health problems, and infant mortality is higher among this population. In the United States, there is a nexus connecting gender, poverty, marital status, and infant and maternal health because single mothers and divorced mothers are more likely than married women and men to live in poverty (National Center for Health Statistics, 2006; Stewart, Dean, & Gregorich, 2007).

Feminist ideas and feminist organizations have helped to awaken our society to the plague of domestic violence, and third-wave feminists have pointed to ways that a woman's intersecting identities can elevate the risk that she will experience such violence. Intimate partner violence occurs at unacceptably high rates among all ethnic and racial groups because of gender inequities that permeate society. However, the risk of domestic violence is magnified for women whose ethnicity or race places them at an increased disadvantage. While approximately 20 percent of heterosexual couples in the U.S. general population experience intimate partner violence, African American and Latino women experience intimate partner violence at higher rates than whites do (Field & Caetano, 2005). Ethnic minority women experience multiple layers of oppression and may not report intimate partner violence in order to protect their families and their communities from stereotyping and as a result of distrust of the police (Sokoloff & Dupont, 2005).

Immigrant women often face a similar set of compounded disadvantages due to their cultural backgrounds, the isolation they experience following migration, and restrictions imposed by their immigrant status—a form of triple jeopardy. These disadvantages have been described as contributing to an epidemic of intimate partner violence among immigrant women in the United States that affects from 30 to 50 percent of women immigrants from Latin America, South Asia, and Korea (Raj & Silverman, 2002). A number of factors converge to place immigrant women at special risk of domestic violence. They and their partners often have been socialized into traditional gender roles that assign men ultimate authority and power within the relationship and within the family. There may be cultural norms that approve of or tolerate men's use of physical discipline when women stray beyond the limits of their prescribed spousal and family roles. These norms, along with rejection of marital separation and divorce, are sometimes supported both by male perpetrators and female victims, and their immigrant communities (Kulwicki & Miller, 1999; Morash, Bui, & Santiago, 2000). Some members of immigrant communities may not be aware that intimate partner violence is a

criminal offense in their adopted country and, even if they are aware of this, may not accept it (Tran & Des Jardins, 2000). Immigrant women are more vulnerable to domestic violence when they are cut off from family and friendship networks of social support, which increases their dependence on male partners and the in-laws with whom they may be living (Morash et al., 2000). When subjected to violence, their options for seeking information and help can be further limited by their immigration status and insecure economic position. Documented immigrants' immigration status may be tied to their husbands', which would limit their options for obtaining legal employment. Undocumented immigrant women may justifiably fear deportation if they seek help from authorities.

Prompted by a feminist approach that explores how women may face oppression on many levels, practitioners are increasingly recognizing that it is necessary to move away from a culturally neutral approach to intimate partner violence. Social workers, who often encounter clients and families ravaged by violence at home, have begun to acknowledge the importance of racial and social class awareness in the prevention and treatment of intimate partner violence, thus confirming the need for a culturally grounded approach to social work practice (Richie, 2000).

MEN AND MASCULINITY

Robert Connell (1987) introduced the concept of hegemonic masculinity to describe the kind of masculine character that is idealized in Western cultures, an ideal that associates manhood with power and dominance, condones violence, and marginalizes many men. The notion of hegemonic masculinity recognizes the very dynamic nature of cultural ideas about gender, and the fact that gender is socially constructed in everyday life for men just as it is for women. Studies of hegemonic masculinity have emphasized the ways that economic and institutional structures affect the prevailing conception of masculinity and have recognized important variations among groups of men who adopt different forms of masculinity. The concept of hegemonic masculinity is a reminder that it is more accurate to speak of "masculinities" than of a singular "masculinity."

The concept of hegemonic masculinity operates at many levels. When applied to individual men, it describes each man's quest to accumulate and display accepted cultural symbols of manhood. Looking at differences among men based on race and ethnicity, social class, ability status, and sexual orientation, hegemonic masculinity points out that not all men have equal claims to the privileges of manhood. The concept also aims to clarify the roots of gender inequalities in society by describing an overarching cultural system that gives a privileged group of men the power to maintain dominance over all women and many other men (Connell, 1987).

In the United States and many other societies, the defining cultural image of hegemonic masculinity is of men who hold power. Their manhood has been tested in a figurative or literal field of battle—the marketplace, politics, war, or sports—in which they have demonstrated the supposedly necessary masculine traits of aggression, competitiveness, strength, toughness, and success. Their predominant position is reflected in power relations, giving them the upper hand when their interests conflict with those of women and other men. Masculinity is a critical part of the system of gender politics: men who are viewed as economically successful, racially or ethnically superior, and visibly heterosexual sit at the top of a pyramid of privileges. Masculinity is thus not defined in isolation but is constructed in relation to ideas about femininities and marginalized masculinities. In this way, hegemonic masculinity is linked to all the major stratification systems of Western societies, whether economic (rich versus poor), racial/ethnic (white versus nonwhite), religious (Christian versus non-Christian), gender (male versus female), or sexual orientation (heterosexual versus homosexual). The characteristics of hegemonic masculinity can evolve over time and differ from one culture to another, and they actually describe only a small proportion of all men. Nonetheless, all men have to confront and adapt to the hegemonic version of masculinity that governs their particular society.

The cultural ideals of masculinity that men in the United States and other postindustrial societies strive to meet have been aptly summarized by Robert Brannon (1976):

- ◆ “No Sissy Stuff”: Men do not display feminine traits like vulnerability.
- ◆ “Be a Big Wheel”: Men become successful by acquiring power, wealth, and status.
- ◆ “Be a Sturdy Oak”: Men control their emotions, are tough and self-reliant, and never cry.
- ◆ “Give ‘Em Hell”: Men are aggressive and enjoy taking risks.

The social implications of these rules are wide ranging. The repudiation of “sissy stuff” doesn’t simply mean that men have to avoid acting in effeminate ways; rather, men can bolster their manhood by denigrating marginalized groups that our culture places most clearly outside the hegemonic masculine realm, with women and homosexual men topping that list. Men can achieve masculinity by *not* being or appearing feminine or gay, and by expressing approval of homophobic and sexist ideas and behaviors, either implicitly or openly. The second rule effectively weakens the claims of most men to full-fledged masculinity, including those from the working class and men of color, who are less likely to be a “Big Wheel,” that is, to ascend to the top ranks of organizational and political hierarchies. These groups could be seen as being consigned to pursue a form of “failed” masculinity. The last two rules pose difficult dilemmas for all the men who try to follow them. They urge men to lead a constricted emotional life and fear the

intimacy that would provide them with needed social support while also encouraging them to engage in risky behaviors that threaten their mental and physical health.

Could masculinity be hazardous to men's health? The danger lies in the health risks that are associated with aggressive and risky behaviors like drug and alcohol consumption, hazardous occupations, stress-related illnesses, and reluctance to seek preventive medical care (Staples, 1995). Rates of accidental deaths (often alcohol related), vehicular accidents, suicides, and homicides for men are at least double those for women. Among those under thirty, the homicide rate is eight times higher for men than for women. Mortality rates due to disease are higher for males than females at every age, from conception on. Men are more likely than women to die from nine of the ten leading causes of death (diabetes is the exception). Men are almost twice as likely as women to die of heart failure, the number one killer, because they smoke more and engage in more Type A (competitive, impatient, ambitious, aggressive) and Type D (strong, silent, unemotional) behaviors (Heron, 2007). Approximately 356,600 men die of heart disease each year, and approximately 5.8 million men alive today have suffered a heart attack or chest pain (Barnett, Braham, Casper, Elmes, & Halverson, 2007). The role they are expected to perform as providers can lead men not to take time off for health care unless illness is critical and overt. Men are also more likely than women to be the perpetrators and victims of violent crimes (Bureau of Justice Statistics, 2007). Male bodies are expected to be tough, to endure pain and abuse, and to be under the owner's complete control at all times.

Being masculine is also increasingly associated with having a very muscular body (McCreary, Saucier, & Courtenay, 2005). The belief that bigger is better—that muscular males are taken more seriously—may account for the new male syndrome of muscle dysmorphia. This disorder is characterized by excessive exercise and consumption of proteins, great attention to diet, dissatisfaction with body image, and an almost compulsive tendency to check one's body in mirrors (Clark, 2004). Adolescent boys are at particular risk because of anxiety about their stage of physical development relative to that of their peers. The cultural expectations that contribute to their feelings of dissatisfaction and inferiority are reflected in the tremendous increase in the size of male action figures over the last three decades. The 1964 original GI Joe, converted to life size, would have been a 5'10" male with a 32" waist, 44" chest, and 12" biceps, close to average proportions for American males of that time. The more recent GI Joe Extreme dolls have the equivalent of a 30" waist, 57" chest, and 27" biceps—bodily dimensions that are far larger than those of any bodybuilder in history. It may not be surprising, then, that although about 90 percent of all teenagers treated for eating disorders are female, the occurrence of eating disorders in males appears to be increasing (Cassin & von Ranson, 2005).

Cultural ideals about masculinity can also complicate intimate relationships

across gender lines. Strict adherence to the rules of masculinity may undermine men's abilities to form strong and supportive ties with significant others. Men's emotional lives may be stifled by socialization that tells them always to keep their emotions hidden under a shield of calmness, strength, and rationality. They may think that only women explore their inner emotional lives, and that for them to do so would be unmanly. They may approach dialogues with their spouses or romantic partners as another way to establish and protect their superior status, rather than as an opportunity to create rapport and connection. Researchers who observed couples therapy found that men commonly rely on emotionally skilled girlfriends, wives, or partners to help them sense what they are feeling and then name and interpret the feeling (Chodorow, 1978). Men may resist women's desires for more intimacy in committed relationships because they are taught to be independent and are ambivalent about taking emotional refuge or receiving comfort from another. Male emotional inexpressiveness may also be a way for men to maintain power in relationships with women by demonstrating that they are acting rationally (not emotionally). It also protects men from the exposure, shame, and loss of status that may result should they reveal their vulnerabilities.

MASCULINITIES AND INTERSECTIONALITIES

Several decades before the concept of hegemonic masculinity appeared in scholarly explorations of gender, the sociologist Erving Goffman (1963) captured an essential aspect of the idea: "There is only one complete unblushing male in America: a young, married, White, urban, northern, heterosexual Protestant father of college education, fully employed, of good complexion, weight and height, and a recent record in sports. . . . Any male who fails to qualify in any of these ways is likely to view himself . . . as unworthy, incomplete, and inferior" (p. 128).

Hegemonic masculinity creates whole categories of marginalized men whose membership in the masculinity club is denied or who are relegated to second class; these groups include members of racial and ethnic minorities, gay and bisexual men, the elderly, the working class and the poor, and the disabled. These out-groups are seen as feminine or nonconformist, or as "failed" masculinities. Poor and working-class men may fail to live up to expectations that they be successful providers. Yet white working-class men seldom blame more privileged upper-class white men for their plight, perhaps because they think that they deserve these privileges simply because they are men. Asian American men face stereotypes that serve to emasculate them. They are perceived as physically inferior and less attractive than men of European heritage, as well as more polite, nurturing, and exotic; better educated; and better family men. Interestingly, these stereotypical views of Asian men have been found to be held by college-age women

of all ethnic and racial backgrounds—including Asian American women (Espiritu, 1996). For many other men of color, economic marginalization compounds their problems of “failed” masculinity. Among Latino and African American men, the social expectations and the ethnic/cultural requirements for men may conflict. Men are supposed to be competitive, aggressive, and successful, but in African American and Latino culture, men must also promote the survival of the group through cooperation and place the welfare of the extended family and community above individual desires for achievement.

Gender politics—the interpersonal power dynamics between the genders—have an added cultural dimension in relationships between men and women of color. African American men and women have been described as approaching relationships with non-complementary gender role expectations. Because of the legacy of racial discrimination and economic marginalization of African Americans, and the resulting emasculation of African American men, African American women often have relatively high economic power compared to their male counterparts. These women may embrace stereotypical roles of expressivity, nurturance, and warmth but reject the idea that they should be emotionally or economically dependent on men. African American men receive conflicting messages regarding their race and their gender. They may struggle with a sense of emasculation in the face of a history of racial subordination, feelings of powerlessness, and the messages they receive from society that tell them they are inferior. With fewer opportunities than white men to display a successful masculinity through dominance at work or career success, they may express their masculinity in relationships with women through sexual dominance and physical aggressiveness (DiPiero, 2002). Similar dynamics have been described in heterosexual Latino couples and attributed to the hypermasculinity known as machismo. However, there is disagreement about the source of the conflicts introduced by machismo. Working-class Latino males may adopt domineering and patriarchal attitudes and behaviors within their families not only or even principally for cultural reasons but rather, like African American men, in reaction to their loss of economic status in mainstream U.S. society (Baca Zinn, 1982).

The myriad ways that cultural ideals about gender are translated into real people’s lives suggest that men are at least as diverse as women. One can argue that the concept of hegemonic masculinity fails to capture the experience even of most white men in the middle class. Hasn’t popular culture become increasingly comfortable with the ideal of the sensitive man? Perhaps, but Robert Bly (1990), a leading representative of the men’s movement that seeks to liberate men from oppressive socialization, has pointed out that even the expectations society has of the sensitive man can be a burden. Because of the stereotype that men are unable to express their feelings as articulately as women can, these expectations can become a source of shame for the sensitive man, another way to manifest a “failed” masculinity. Some men’s movements, called mythopoetic movements, seek ways

for men to (re)discover a more primeval sense of deep masculinity allegedly lost in the face of industrial society's insistence that men be competitive. The appeal of these movements, which are popular mostly among middle-class men, has been attributed to their vague suggestion that men and women are essentially different and that men are not brutish and domineering but the actual victims of hegemonic masculinity (Schwalbe, 1998).

THE TRANSGENDER COMMUNITY

A person's identification as male or female is established very early in life and is highly resistant to change. Most people who are born with female bodies have a female gender identity, and most individuals born with male bodies have a male gender identity. Sometimes, however, there is a conflict between physical sex and gender identity. The word "transgender" describes a growing array of people whose gender identity does not fit into a simple binary system in which genitalia dictate a clear turn down one of only two identity paths. Traditionally, the transgender community has been mistakenly grouped with the gay, lesbian, and bisexual community. However, in reality, a transgender person can be heterosexual or homosexual. The word "transgender" was often used early on to distinguish between gender nonconformists and homosexuals, or between cross-dressers and surgically reassigned transsexuals (Wilchins, 2004). However, a much broader definition of transgenderism has since gained acceptance; this definition encompasses the experiences of all people who live outside normative sex and gender relationships, among them transsexuals, cross-dressers, masculinized women, butch lesbians, effeminate gay men, drag queens and drag kings, and intersexuals. According to this broad definition, the transgendered can include those who engage in same-sex relationships, have sex with both males and females, prefer clothes and adornments used by people of the opposite sex, or seek a new identity as members of the biologically opposite sex through surgery. Many members of the transgender community share the experiences and challenges of homosexual men and women because they face society's negative reactions to those who have same-sex relationships. Nevertheless, these individuals may not identify themselves as gay men or lesbians, preferring an identity focused on their sense of gender identity rather than their sexual orientation. This is also the case for many members of the transgender community who have only opposite-sex relationships.

Regardless of their sexual behavior, transgender individuals often face rejection, as indicated even by the terms used to define them: "Tellingly there is not a single word for people who don't fit gender norms that is positive, affirming, and complimentary. . . . Because all our language affords are strings of insults, it is impossible to talk about someone who is brave enough to rebel against gender

stereotypes without ridiculing or humiliating them at the same time” (Wilchins, 2004, p. 38). Historically, many societies, including the United States, have considered transgenderism an aberrant form of “gender confusion.”* From this perspective, transgenderism might be viewed technically as a problematic medical and mental health condition. The American Psychiatric Association and the medical profession have designated some forms of transgenderism “gender identity disorders,” and some members of these groups argue that these conditions require treatment. Rather than pathologizing transgender individuals, one can consider the alternate viewpoint that Western society considers transgenderism deviant or disordered primarily because it does not conform to the dominant culture’s expectations that gender and sex be congruent. Because of this strongly held belief, individuals whose gender does not match their sex have little social, organizational, or institutional space in which to live comfortably with themselves and without fear of psychological and physical assault. As a result, some transgender individuals undergo hormone therapy and sexual reassignment surgery to change their physical sex and alleviate the emotional conflict and pain they experience owing to their unmatched anatomical sex and gender identity. Other gender nonconformists who in the past felt pressured to align themselves with conventional gender expectations are coming forward in increasing numbers in a transgender rights movement to claim their right to enact a gender identity that feels authentic to them. About one in seven cases filed with the federal Equal Employment Opportunity Commission now involves men claiming harassment by other men, mostly for perceived gender nonconformity such as transgender identities (Clair, Beatty, & MacLean, 2005). These claims are challenging society’s thinking about gender-based discrimination.

The emerging transgender community has found important allies among feminist, gay, and lesbian movements but has also raised some uneasy questions. Some feminists may be uncertain how to interpret the role of patriarchy in a female-to-male sex reassignment surgery or may question how much gender solidarity a male-to-female transsexual shares with other women (Stryker & Whittle,

*In contrast, many Native American cultures hold transgender individuals in high regard. For example, the Lakota *Winyanktehca* (from *Winyanktehca*, meaning “two-souls person”) is believed to possess a special spirituality and have unique abilities to fulfill community needs. The source of these special capacities is thought to be their ability to adopt the perspective and draw on the insight of both sexes. In both Zuni and Diné (Navajo) culture there are two-spirited deities who are revered for their ability to help make peace and ensure the survival of the tribe. The Europeans who first encountered two-spirited people in the Americas recoiled at what they interpreted to be simply same-sex sexual behavior and reacted with cruel brutality. During the Spanish Conquest, two-spirited people were sometimes burned to death. The societies that embraced two-spiritism were viewed as meriting enslavement under religious law because they demonstrated the irrationality and immorality of the people.

2006). In the gay and lesbian activist community, the *B* and *T* have been incorporated into the mission of most GLBT organizations. However, there continues to be discussion and dissension about how to prioritize and align the interests and special forms of discrimination that the many different types of transgender people face relative to each other and gay men, lesbians, and bisexuals. For example, should the transgender movement champion the rights of the large “silent majority” of cross-dressers (men, often heterosexual, who dress as women but do not consider sexual reassignment) who lead lives that are more conventional? Should it focus its energy on what is probably a much smaller number of transsexuals (those who have gone through sexual reassignment or are in the process of doing so)? One interesting development that has emerged from the alliances among these movements is that as gay and lesbian organizations are increasingly emphasizing that homosexuality does not dictate gender identity, the transgender movement is making the case that gender identity does not necessarily dictate sexual orientation.

As the meaning of transgenderism evolves and acceptance of transgender individuals in our society—along with the number of groups claiming an identity under that umbrella—grows, it is likely that people will increasingly identify as having a transgender identity. The number of transgender people cannot be gauged precisely and varies greatly according to different definitions. Some rough estimates place the number of transsexuals (both pre- and post-operative) alone at one in every three to five hundred people in the United States and the United Kingdom (Roughgarden, 2004). In addition, even though intersexed individuals—those whose gonads, genitalia, and hormonal development are neither unambiguously male nor female—may not adopt a transgender identity, they may account for as many as 4 percent of the population, or one in every twenty-five individuals (Fausto-Sterling, 1993).^{*} Another group that may claim membership in the U.S. transgender community—cross-dressers—has been estimated to number in the several millions (Wilchins, 2004).

As societal and self-awareness of transgender identity grows, social workers are increasingly likely to encounter transgender clients who bring with them unique narratives and life challenges. Personal narratives and reports from therapists indicate that many, and perhaps most, transgender individuals sense some

^{*}The rates of different forms of intersexuality vary greatly across different ethnic, racial, and geographic groupings. Roughgarden’s (2004) review of the various studies concluded that true hermaphrodites, who have both an ovary and a testis, are rare—only one in 85,000 people worldwide. The chromosomally intersexed, individuals with chromosome configurations other than the typical XX or XY pairings, are far more common (approximately one in 1,000 people). Even more common are people who have typical sex chromosomes but other genetic variations that influence sex hormones, such as those with congenital adrenal hyperplasia or androgen insensitivity syndrome.

inconsistency between their bodies and their gender identity from an early age, well before puberty. They feel intense pressure from their parents, families, playmates, and teachers to conform to stereotypical gender expectations. Many develop—at least for a time—ways to pass as normatively gendered but continue to feel that they do not really fit in; at some level they may secretly hope to outgrow their nonconforming gender identity. To the extent that their gender nonconformity is on display in their behavior or personality, transgender individuals—especially effeminate boys and very masculine girls—are targets for bullying and violence. The onset of puberty is often especially traumatic for transgender teens, who may feel acute anxiety or disgust at the emerging signs of their sexualized bodies (Pauly, 1990). In navigating typical adolescent development and identity struggles, transgender youths are likely to experience especially acute uncertainty and confusion about who they are. They may be unaware of the range of transgender people in society and may not understand the concept of a transgender gender identity or even have words to describe it. Contacts with physicians, counselors, therapists, and social workers may represent their first encounters with the notion of transgenderism. Unfortunately, until recently the medical professional subscribed to a highly stigmatizing disease model of transgender identity. Some psychiatrists continue to view transgender youths and adults as suffering from a gender identity disorder or transvestite fetishism, for which they sometimes claim they can provide therapy (Winters, 2005). The persistence of these views within professional circles is a sobering reminder of the power of our society's negative stereotypes about transgender people.

Because their transgressions of gender role stereotypes are often quite evident, transgender individuals are especially vulnerable to blatant social rejection, public ridicule and harassment, and physical and sexual assault. The term “transphobia” has been coined to describe prejudice and discrimination against transgender individuals. Transphobia is an emotional fear of, aversion to, or sense of revulsion toward people who express an internal gender identity that does not conform to society's expectations (Hill & Willoughby, 2005). Many hate crimes commonly categorized as anti-gay violence actually involve transgender prejudice. Brandon Teena, whose life, rape, and murder were recounted in the movie *Boys Don't Cry*, was sometimes portrayed by the media as a cross-dressing lesbian but actually had the gender expression of a male (Halberstam, 2005). The persecution and violence directed against Teena were prompted by extreme reactions to perceived transgressions of gender boundaries. Similarly, Barry Winchell, an army private murdered on an army base in 1999 by another soldier for allegedly being gay, was actually dating a transgender woman whom the media misidentified as a gay man (Belkin & Bateman, 2003). While public sentiment has at times been effectively mobilized to publicize and condemn anti-gay violence, as in the case of the 1998 murder of Wyoming college student Matthew Shepard, violence against transgender individuals has yet to evoke high levels of widespread public outrage.

In addition to being aware of the extreme prejudice that transgender individuals confront daily, as well as their vulnerability to harassment and violence, social workers with transgender clients need to consider how lives that do not strictly follow polarized gender roles can be made healthy and fulfilling. The ever-present possibility of rejection for a life led openly and the need to maintain a separate secret life both create stress that may lead to depression, coping through substance use, and risk of suicide. Like some gay men and lesbians, transgender people are likely to have to navigate a coming out process that begins with denial and ends with acceptance, a process that has been described as similar to grieving (Emerson & Rosenfeld, 1996).

A policy statement on transgender/gender identity issues put forward by the National Association of Social Workers states that social workers can support and empower transgender individuals in coming out; dealing with family, friends, and coworkers; and finding ways to face societal stigma (Lev & Moore, 2000). Historically, research, assessment, and treatment in social work and allied professions have tended to pathologize transvestites, transgender individuals, transsexuals, and transqueers (lesbians and gay men who openly defy gender conventions). Through courses in degree programs or continuing education, practitioners can increase their awareness of the transgender community. Acquiring knowledge about the differences between sex, gender, and sexuality will give them more familiarity with the issues concerning transgender, queer, and intersex populations. Practitioners can learn much by simply adopting the attitude that people are who they say they are, and by accepting the identity that the client presents. Considering their high risk of isolation and exposure to violence, this population may benefit greatly from information about how to become involved with transgender-friendly organizations.

Overall, gender is a multilevel system: at the individual level, it consists of identities and roles; at a mezzo level, it involves the ways in which people interact with one another and the influence of the gender composition of groups; and at the macro level, it is an influential component of cultural beliefs and societal institutions for distributing power and resources. A working understanding of the intersection of gender with race, ethnicity, sexual orientation, and social class is at the core of a culturally grounded approach to social work practice.

Key Concepts

Gender the culturally and socially constructed expectations of behaviors for male, female, and transgender individuals

Sexism the subordination and oppression of women based on the assumption of the superiority of men based solely on their biological sex

Hegemonic masculinity the type of masculinity idealized by a particular culture,

156 Cultural Identities

for example, the stereotypical view in the West of men as domineering, un-emotional, and violent

Transgender a spectrum of gender identities that include pre- and post-operative transsexuals, transvestites and cross-dressers, and a growing population of people who identify as intersex or as not fitting any traditional notions of gender