Negative Aspects of Masculinity in Psychiatric Practice as Illustrated by ABC’s The Bachelorette

Allison Cowan1* and Meera Menon2

1Department of Psychiatry, Wright State University, Dayton, OH, USA
2Department of Psychiatry, Counseling and Consultation Service, The Ohio State University, Columbus, OH, USA

*Corresponding author: Cowan A, Assistant Professor, Department of Psychiatry, Wright State University, 627 S. Edwin C. Moses Blvd, Dayton, OH 45417, USA, Tel: 937-223-8840; Fax: 937-223-0758; E-mail: allison.cowan@wright.edu

Received date: June 18, 2018; Accepted date: July 6, 2018; Published date: July 10, 2018

Abstract

"I'm here for the right reasons" is a common mantra among contestants in The Bachelor reality television franchise. Use of this phrase is often questionable, as patterns of stereotypical masculinity are frequently adopted by various contestants. Repeatedly, the only acceptable male emotion expressed is anger. Feminine attributes in men are devalued. Group dynamics often punish displays of weakness with mockery and derision. There is often a greater emphasis on competition to win rather than being present for the "right reasons," which is a long-term, committed relationship. While these attributes are celebrated on television, they also exist within the community (university, military, and prison) and prove to be a barrier to mental health treatment. In this article, we will learn more about these patterns by cataloging illustrative vignettes from The Bachelor, describe methods to recognize and address barriers to care, and outline steps to counteract the negative aspects of stereotypical masculinity.

Keywords: Hegemonic masculinity; Health and gender disparities; Popular culture; Mental health; Clinical applications; United States; The Bachelor

Introduction

Sociologist Raewyn (R.W.) Connell brought the term hegemonic masculinity to the forefront around 1987 [1,2]. This term describes the set of masculine characteristics needed to rise to a position of dominance in a sociopolitical hierarchy. It has led to the idea that in order to be a man, one must be above all other things strong. The recipe for a strong man consists of several ingredients: a thirst for competition, expression of emotions as anger, devaluation of femininity, concealment of weakness, pursuit of status, merit placed on risk taking, and an assumption of heterosexuality [2-4].

While these traits are not inherently bad, unwavering adherence can create problems in a man’s life. Aspects of hegemonic masculinity are prime reasons as to why men exhibit less help-seeking behavior for treatment of mental illness [5]. Heath et al. posit that emotional control is jeopardized when one speaks of their mental suffering to another and that seeking help from another is in direct conflict with striving towards self-reliance [6]. If emotions are considered feminine, then the act of expressing emotions is far from masculine. Two studies indicated that an increase in conformity to masculine norms is associated with an increase in mental health symptoms and a decrease in the rate of help seeking [5,6]. Lack of treatment of mental health symptoms leads to greater morbidity and mortality and impedes the ability of an individual to achieve success in his career, family life, and academic pursuits [6]. It is important to note that not all aspects of hegemonic masculinity are associated with lack of help seeking behavior. For example, seeking treatment can be seen as taking a risk, and risk-taking behavior is valued as a part of the hegemony [6]. Men are also less likely to be recognized as suffering from depression [7]. Emslie et al. show that the healthy integration of masculinity is an important part of recovery from depression [8].

Stereotypical and negative characteristics of hegemonic masculinity are exemplified in ABC’s reality television series, "The Bachelorette." In this show, approximately 20-30 male bachelors are introduced to a single female bachelorette. The men and woman get to know each other through group and individual dates and each week more men are eliminated by the bachelorette if the relationship is not progressing. Finale episodes typically end in a proposal of marriage. While the goal of this show is for one man and one woman to build a loving and lasting relationship, there is a value placed on the negative aspects of hegemonic masculinity which is rewarded with more broadcast time and more notoriety. These negative aspects, in turn, impede the ability of the male contestants to focus on their ultimate goal of building a lasting relationship.

Study Aims

This novel investigation seeks to evaluate the role of television and popular culture by the examination of three consecutive seasons of ABC’s The Bachelorette. Negative...
encounters were noted and are described herein with regard to the theories of hegemonic masculinity. These encounters exemplify the negative aspects of hegemonic masculinity and serve to demonstrate a not-yet-elucidated connection between conformance to stereotypical masculinity, interpersonal dysfunction, and the potential barriers in mental health treatment.

**Methods**

Three seasons of The Bachelorette were viewed by the two authors of this study. Encounters were evaluated with the following criteria in mind: devaluation of femininity, anger as the only acceptable expressive emotion, dominance over women, competition, and risk taking. The most salient example from each season is described in detail in regard to hegemonic masculinity and the impact on the individuals involved.

**Findings**

Over the course of the past three seasons of ABC’s The Bachelorette, several patterns of negative aspects of masculinity emerged. Much of the broadcast content is the interactions and competition between the men. In 2015, Bachelorette Kaitlyn Bristowe had 25 contestants competing to propose to her in the final episode. Her season was characterized by the performance of masculinity and femininity and how deviations from the culturally accepted norm are punished by the peer group. The 2016 Season featured Joelle “Jojo” Fletcher as the Bachelorette. During the course of her season many examples of this phenomenon were demonstrated, most prominently with one individual. Rachel Lindsay’s season premiered in 2017 and appeared to be an attempt to correct charges of lack of diversity that plagued the Bachelor franchise by having the first Bachelor or Bachelorette of color [6]. Her season illustrated the intersection of race and masculinity. Here we describe encounters from each season that describes the negative aspects of masculinity.

Kaitlyn Bristowe’s season of Bachelorette had several instances of negative aspects of masculinity including the prohibition against close male friendship and the stereotypical masculine need for dominance over women. Featured in this season was Ian, described as a 28-year-old executive recruiter. His appearance on the show included demonstrations of the ideas that a man must have power over women, that he does not display weakness, and that he wins competitions. He reports, “I need to get my confidence back because it just got... run over by a train here” [9]. Under this perceived loss of status and the guise of “sharing his feelings,” he seeks an audience with Kaitlyn. When he appeared to realize that he was not winning the competition, Ian lashed out at Kaitlyn, impugning her sexual desires with apparent rehearsed vulgar terminology. He also excoriated the other contestants of the show as being shallow and unserious. His suggested remedy for his situation was that he “need(ed) to have some sex” presumably with another woman [10]. Loss of dominance or feeling insufficiently masculine can increase the risk of interpersonal violence [11].

Kaitlyn’s season also features the friendship of two male contestants. These men were winking portrayed as being too close of friends, spending too much time alone in the hot tub together, and too interested in each other to be considered heterosexual. This threat of being assumed to be homosexual can pose difficulty letting men be close friends and emotionally supportive to each other [12]. One of the contestants appeared to be so upset about the stress of his friendship ending that he was seen to forcefully slap himself in the face on camera [13]. This deviation from stereotypical masculinity is clearly punished both from external societal pressures as well as internal expectations of gender norms.

Jojo Fletcher’s season demonstrates the power of amplification of gender roles. From the outset Chad, a contestant described as a 28-year-old luxury real estate agent, bucks the conventions of the show. Episode 2 features a group date wherein the men compete in a Sports Nation event that concludes with the men professing their feelings for the bachelorette. When called upon to tell her why he loves her, Chad refuses and says that she is “a little naggy” [13]. The premise that the men describe their love to Jojo defies the common masculine stereotype of being demonstrative about positive, tender feelings. His refusal to do so reinforces his hyper-masculine presentation. He is rewarded with more screen time on the show. Chad is also physically aggressive in the third episode with another contestant and threatens most of the other contestants in episode 4 [13]. At one point, security is brought onto the show as another contestant felt unsafe [13]. He was not asked to leave the show as are some contestants in reality television. For example, in cycle 21 of America’s Next Top Model, a contestant was disqualified from the show after getting into a physical altercation with another contestant [14]. When Chad is eliminated, it is only through the typical format of the show. In addition to solidifying his being a stereotypically strong man, it illustrates that physical violence between men is somehow considered acceptable, whereas this would have been considered absolutely unacceptable if it were to have occurred between a man and a woman. The franchise then immediately cast Chad on the next show in the franchise called Bachelor-in-Paradise. He was finally ejected from that show after threatening to throw a female contestant under a bus and tie her up with duct tape, calling that contestant a “bitch,” insulting another female contestant about her physical disability, trying to assault a male contestant, drinking alcohol presumably to the point of unconsciousness and implied bowel incontinence, and using other vulgar terminology to “everyone” off screen. These episodes demonstrate several aspects of masculine gender roles including the societal rewards of being the most masculine including extra opportunities and screen time, intrigue and curiosity that most contestants showed in the initial episode of Bachelor in Paradise [15]. His use of substances is another example of the negative aspects of masculinity in that reliance on alcohol as coping is a commonly acceptable as a stereotype of masculinity.

Rachel Lindsay’s season of The Bachelorette exhibited the interplay between the negative aspects of masculinity and race. This season was considered to be one of the most diverse in Bachelor history, with the first black Bachelorette and with
approximately one third of the season's contestants being black. This is a significant increase from the prior season, when only 3 of 26 contestants were black. Despite what viewers may have expected, the challenges of interracial relationships were not emphasized on this season. Instead, racial differences clearly impacted the interpersonal dynamics between the male contestants. Lee, a white singer-songwriter from Nashville, was cast on the show a few years after Tweeting, "When is the last time you actually saw a pretty feminist?" and "What is the difference between the NAACP and the KKK? One has the sense of shame to cover their racist ass faces" [16]. It is conceivable that the producers of The Bachelorette would have seen these tweets, posted in 2015 and 2016, and thus cast Lee hoping that it would lead to friction between cast members. Indeed, during the season Lee falsely accused Kenny, a black single father working as a wrestler, of being "violent" and "aggressive." Lee specifically accused Kenny of pulling him out of a van, a claim that was disputed several episodes later by other cast members as well as camera footage [16]. Lee utilized stereotypes that black men are more violent and dangerous in order to get ahead and bait fellow black cast members. During the "Men Tell All" reunion episode, cast members inquired as to why Lee sought conflicts exclusively with black cast members. Despite many trying to elicit an apology for racist and misogynistic statements that Lee made, the closest Lee came was "I'm sorry for saying things when I was not educated and ignorant on those subjects" [16]. This friction received a great deal of airtime in the season, with many contestants expressing that it impeded their abilities to form a romantic relationship with the bachelorette. In encouraging this feud with more air time, it emphasized the importance that society places on competition and aggression as aspects of masculinity. It devalued the expression of feelings and the development of romance, as was the expressed goal of many contestants. More concerning is the attempted provocation of the black men on the show, as Lee attempted to pull them into conflict. It is even more problematic for a black male to be heavily associated with negative aspects of masculinity such as aggression, as this stereotype has led to black men being more feared in society.

Clinical Relevance with Recommendations for Clinical Practice

Vignette 1

Mr. A, a 67-year-old United States military veteran, presents to an outpatient clinic seeking treatment only for “a sleeping pill to help with insomnia.” He reports that drinking multiple beers daily is “the only thing that helps.” His wife, who is also present for the appointment, reports that he has never talked about his military history to her. When his psychiatrist screens for post-traumatic stress disorder, Mr. A denies symptoms and instead boasts about his years of service. Over the course of the treatment for the alcohol use disorder, he discloses the traumatic nature of his combat experience as well as his symptoms of avoidance, flashbacks, and nightmares.

Discussion: Socialization within the military fosters the development of stereotypical and negative masculinity [17]. Value is placed on physical and emotional toughness, stoicism, self-reliance, tolerating hardship, and being action-oriented [18,19]. Despite struggling with symptoms of post-traumatic stress disorder, the man in this vignette attempts to minimize mental health symptoms, instead reporting the more socially acceptable symptom of insomnia and utilizing alcohol to self-medicate. Military culture rewards combat experience and high rank, both of which are visibly displayed on one’s uniform. In this vignette, the veteran attempts to de-emphasize perceived feminine qualities of tending to emotional distress by instead boasting his military accomplishment and emphasizing sleep disturbance above all other PTSD symptoms. While he does indeed have much to be proud of, these actions lead to a delay in proper treatment of PTSD. Proposed solutions include knowledge of the social structure when treating active-duty or former members of the military, open disclosure, and acknowledgement of privilege and confidentiality limitations in service members [17-19].

Vignette 2

Mr. B is a 37-year-old man in the prison system who has been receiving treatment to address depression and violence against other inmates. He was approached by his male psychiatrist, who heard that Mr. B had been raped by another inmate but denies this allegation. Months later, Mr. B resumes psychotherapy with a female psychologist and reveals his history of being raped by a former cell-mate.

Discussion: In 2015, of the 1,526,792 individuals in the U.S. prison system, 92.6% were male [20]. In order to exert dominance, prisoners may engage in negative and stereotypical aspects of masculinity. Violent acts including prison fights, assaults on officers, and prison rape serve as ways to assert dominance through displays of aggression [19]. In this vignette, the patient was a victim of rape, but hesitant to report due to his desire to avoid being seen as gay or a victim. In the prison system, homosexuality is tantamount to femininity and thus seen as an undesirable [21]. Vulnerability is seen as unsafe, and thus there is a low rate of reporting mental health issues [21]. It is notable that the prisoner found it easier to disclose his history of trauma to a female provider rather than a male provider. This aligns with the stereotypic belief that women are more empathic than men, and thus a safer recipient of emotion-laden content. The desire to gain dominance in the prison hierarchy serves as a barrier to receiving mental health treatment. In wanting to not be seen as weak, Mr. B avoided disclosing to his mental health provider and instead attempted to promote his reputation of being violent towards others, as it was more likely to ensure his safety within the prison system. Possible solutions include honoring resistance to treatment in that is a necessary defense. As discussed previously, the acknowledgement and disclosure of confidentiality limitations is important in building therapeutic alliance. Other proposed solutions include setting realistic goals and the clinician being prepared to advocate for the patient.

© Under License of Creative Commons Attribution 3.0 License
Vignette 3

Mr. C is a 20-year-old college football player who develops depression following a break-up. He uses drugs and has multiple sexual encounters following the break-up. He reveals his mental health symptoms to his coach only after failing a drug test. He is encouraged by his coach to not disclose his problem to his teammates, and his psychiatric care is intentionally established off-campus.

Discussion: According to one study, approximately 70% of college age men who are experiencing mental health concerns will not seek out counselling [3]. Despite having developed depression symptoms following the end of a relationship, Mr. C did not seek mental health treatment but instead minimized his emotional response by attempting to bury his emotions through use of alcohol and sexual encounters. At the urging of his coach, he does ultimately seek treatment. However, insistence of his coach to not disclose his mental health symptoms to his teammates prevents Mr. C from relying on an important source of social support. This supports the false belief that mental illness is weakness, and weakness must be hidden. On many college campuses, football players are celebrities. Celebrities can have a profound effect on a community’s medical decision making [22]. When celebrities speak out on their mental health symptoms, they encourage others to seek treatment. While utilizing an off-campus provider serves to maintain Mr. C’s privacy, there is a missed opportunity to reduce stigma. On college campuses, many college counseling centers are attempting to increase access for men. Among many interventions, they are hiring therapists specialized in working with men and formulating men’s groups [23]. As with other populations, education and awareness of the negative aspects of masculinity is an important solution.

Vignette 4

Mr. D is a 54-year-old male seeking therapy for depression following his decision to take early retirement after 30 years working at a major company. He was transferred from a female to male therapist following derogatory, aggressive sexual advances to the female therapist. Prior to transferring care, he had been discussing his increased stress and feelings of loss since his retirement from a high power position. After a transfer to a male provider, he reported that he was too embarrassed to tell his female therapist that he had been having sexual side effects to his medications.

Discussion: Devaluation of women remains a dangerous aspect of hegemonic masculinity. This example demonstrates the peril of devaluing women, that when women are objectified and devalued, they are at increased risk of aggression [24]. Additionally, in order to maintain masculinity, weakness cannot be demonstrated. Mr. D has also recently lost status, as he retired from a high-power job. Moreover, his sexual prowess was threatened as a result of the side effects of the medications he was prescribed for depression. To reaffirm his dominance, it is not surprising that this was the time he chose to demonstrate power over his female therapist [22]. The treatment impact is that Mr. D lost valuable time in recovery and the breach of a therapeutic relationship. Proposed solutions include the clinician’s awareness that such a time in a man’s life could be particularly vulnerable, education to the patient about what is and what is not appropriate in the therapeutic relationship, and shared introspection into the patient’s actions.

Conclusion

ABC’s The Bachelorette franchise provides many examples of the negative aspects of masculinity. These can impact interpersonal relationships and seeking treatment for mental health. While it is widely known that so-called “reality” television can be scripted to generate more drama or edited in a misleading way, the public continues to consume this style of media regardless of the veracity. Since its inception in 2002, The Bachelor franchise continues to garner a massive following. Season 11 of The Bachelorette averaged 7 million viewers per episode [25]. The season finales of Seasons 12 and 13 amassed 8.1 million viewers and 7.5 million viewers respectively [26]. A close evaluation of the finished product is an important addition to the body of literature available regarding hegemonic masculinity and the potential impact on the culture.

Awareness and acknowledgement of the negative aspects of masculinity remains one of the biggest hurdles to the treatment of mental illness. Negative aspects of masculinity can be limited help-seeking, increased use of substances, and avoidance of stereotypical feminine traits such as the expression of emotions. These can impact treatment and impact the accessing of resources. These stereotypical beliefs about what it means to be a man are ingrained in the culture. Thus, acting out these beliefs is largely automatic, and their meaning and impact remain unconscious. When mental health care providers are aware of the negative aspects of stereotypical masculinity, they can be addressed in treatment, which allows patients to move past barriers to care.

References


