WHILE THE COVID-19 (CV-19) PANDEMIC is having a horrific bearing on the physical, emotional and economic health of people of all genders and identities, it is uniquely impacting boys and men of color (BMOC). Beneath the Masks: Men, Masculinities, and COVID-19 was a June 12, 2020 webinar designed to lift these concerns. It featured Wizdom Powell, PhD; Y. Joel Wong, PhD; Brian Smedley, PhD; Derek Griffith, PhD; and Ron Levant, EdD, MBA. This fact sheet reflects a review of some key ideas from these content experts with selected references and resources for follow-up information.



Beneath the Masks: Men, Masculinities, & COVID-19



Men's Health and CV-19

CV-19 kills more men than women, this is consistent with the broader finding that men have shorter lives than women and higher rates of many health conditions and higher risk of preventable death

Disparities in men's health are believed to be associated with two factors:

- A biological "survival disadvantage" men face from birth/due to biology
- 2. Many men's social norms, when rigidly adopted, can contribute to negative health outcomes including:
 - Toughness (projecting image of strength and control)
 - Risk-taking (reluctance to engage in healthpromoting behaviors and guidelines)
 - Avoidance of seeking help
 - · Fears of being seen as vulnerable

Men of Color, Health, and CV-19

In US, CV-19 rates are 2–4 times higher than expected for Latino and Black men

Disparities based on race and ethnicity illuminate a "shadow pandemic":

- In the US, Black men have the shortest life expectancy of all men, and face increased risk for hypertension and sickle cell disease
- 2. Latino men face increased risk for diabetes and cancer

If CV-19 disparities were rooted in biology, rates would be more evenly distributed across racial and ethnic groups

BMOC are Disproportionately Harmed by CV-19 because of increased likelihood of:

- Living in multi-generational housing arrangements, proximity to "hot spots" and residency in neighborhoods with higher levels of pollution (i.e., CV-19 impacts lungs)
- Overrepresentation in front-line essential work
- · Higher rates of unemployment
- · Reduced access to medical care
- Systemic gaps in listening to and responding to BMOC distress signals
- Disproportionate criminalization, policing, and involvement in the legal system
- Chronic psychosocial stressors (e.g., racism microaggressions, and discrimination)

Challenges Unique to Boys of Color (BOC)

- Adultification biases (Epstein, Blake and Gonalez, 2017)
 - Treating BOCs as if they are adults
 - Setting higher standards and responding with harsher treatment
- Expectations for BOC to leap over systemic individual experiences of oppression in single bound suggesting an empathy gap
- Black boys and men face greater risk of being killed by police
- BOC are (and have been) bearing witness virtually to race-based trauma events
 - Repeated media exposure contributes to secondary trauma
 - Impacts learning/achievement and in turn opportunities for social mobility

#EquityHattensIheCurve #HoldingSpace4BMOC

"Despite the odds stacked against them, the majority of boys and men are resilient and oriented towards personal growth"

- Dr. Wizdom Powell



Masculinities (see APA 2018 Guidelines) are:

- Shared cultural expectations or standards about how men should behave
- Multidimensional, plural, situational, precarious, interactional, and socially constructed
- Not rooted in biology or personality characteristics

"Boys and men of color have tremendous and untapped potential to contribute to our nation and economy. Their potential is undermined by structural disadvantage and systematic dehumanization."

- Dr. Wizdom Powell

Theory on Racism and Discrimination

- Emerging research proposes dominant society engages in types of "proto-typical thinking" anchored in two concepts [see Wong CITATION]:
 - Hypo-prototypical (i.e., perceived to be lacking or not to be prototypical of dominant group).
 - Example: Asian American men are stereotyped as feminine, which contributes to experiences of marginalization (i.e., gender role stress and emasculation).
 - Consider common race and gender-based stereotypes Asian American men face.
 - Hyper-prototypical (i.e., perceived as exaggerated or excessive attributes of prototypical member of dominant group).
 - Example: Black men are stereotyped as hypermasculine, which contributes to experiences of dehumanization (i.e., views they lack intelligence, or animalistic stereotypes)
 - Consider police brutality, lack of medical attention / reports some providers are not taking Black men's self-report of CV-19 symptoms seriously
- People who appear Asian are racistly labelled "carriers of CV-19" and there is a lack of media attention on this problem.
- Black men don't have the same benefits or context for choices as it relates to their safety and CV-19 (e.g.

access to medical care, wearing a mask can feel unsafe for a Black man due to racism).

- Being a Black man impacts how others see you, even if it is not how you see yourself.
 - Black boys and men must be prepared for this (i.e., by "armoring" to protect self)
 - · Contributes to racial battle fatigue.
 - Impacts ability to engage in health-related behaviors (e.g., wearing a mask could put safety at risk).

Men's Response to CV-19, Trauma, & Stress

- Targeted interventions for men in medical and mental health contexts are needed.
- The pandemic is traumatizing. Community members need attention to their psychological concerns as well as their medical symptoms.
- Trauma includes direct experiences, but also wounds to spirit including secondary and vicarious trauma based on identity and network.
- Patterns in men's trauma responses:
 - Fight or flight (differential activation of hyperarousal systems than women)
 - Problem-focused coping and withdrawal from social support
 - More irritability, angry outbursts, and impulsivity
 - Masculinity norms encourage men to minimize and repress traumatic events

 al, 2010) involves helping boys and men envision who they want to become in the future, with consideration of what their families and society needs from them.

By nurturing a sense of belonging and therefore responsibility to others, PM encourages them to become healthier versions of themselves, and helps create safer

communities while promoting social justice

Selected References and Resources

 $\# Equity Flattens The Curve. \ \underline{https://pages.apa.org/equity-flattens-the-curve/}$

Smith, J., Griffith, D., et al., (2020). COVID-19, Equity and Men's Health. *International Journal of Mens Social and Community Health*, 3(1), e48-e64.

Levant, R. F., & Wong, Y. J. (Eds.). (2017). The psychology of men and masculinities. American Psychological Association. https://doi.org/10.1037/0000023-000

Powell, W., Richmond, J., et al., (2019). Medical mistrust, racism, and delays in preventive health screening among African-American men. *Behavioral Medicine*, 45(2), 102–117.

Wong, Y. J., & McCullough, K. M. (2020). The intersectional prototypicality model: Understanding the discriminatory experiences of Asian American women and men. Manuscript submitted for publication.

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