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#DivergentGroup: Gender transformative programme for the construction of healthier masculinities and femininities in adults

[#GrupoDivergente: Programa de intervención psicoterapéutico grupal para la construcción de masculinidades y feminidades más saludables en adultos]

Final Master's Project

Master's Degree in General Health Care Psychology

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Abstract: Gender equality as a goal set by the United Nations in 2015, even today requires sustained and multidisciplinary efforts in order to be achieved. This project proposes a psychotherapeutic group intervention with a gender approach, dedicated to question and transform attitudes, beliefs and behaviors in relation to stereotyped, feminine and masculine gender norms in adults. This initiative aims to offer alternatives to hegemonic roles that are detrimental to mental health, by promoting actions that empower the participants, to transform rigid behavior patterns into healthier ones. The ultimate goal is to help them develop and practice coping and relationship skills that are based on the premise of equality and respect.

Keywords: Gender transformative programme, Gender equality, Femininity, Masculinity, SDG, SDG 5, Sustainable development.

Introduction

Equality, although historically a human aspiration to ensure that all people enjoy the same rights and opportunities, remains an unresolved dilemma today. Various international commissions have worked over time to bring change and reduce social inequalities. In 2015, the member states of the United Nations developed 17 Sustainable Development Goals (SDGs), among which is equality. The different goals represent an universal call to action to end poverty, protect the planet and ensure that all people enjoy peace and prosperity by 2030 (UNDP, 2020).

Sustainable Goal number 5 (SDG 5) in particular, makes reference to gender equality. As today, according to the United Nations, systematic discrimination that prevents women from having the same opportunities as men, continues to be a global reality. At work, women earn only 77% of the salary of their male counterparts, constitute only a minority in the executive management of the private sector, and their representation in national parliaments remains only 24%. Also, another issue of most recent concern is the disturbing numbers of

violence against women. It is currently estimated that 1 in 3 women worldwide have experienced physical and / or sexual violence (UNDP, 2020).

The World Health Organization, since its Commission on Social Determinants of Health (2009), has been warning us for some time now, about the impact of these imbalances on the population's health and well-being. Being the educational disadvantages, poverty and poor working conditions, the variables that affect mostly women, and the ones with greatest impact on the morbidity and mortality of the population. In fact, a wide range of research worldwide has shown that the health of men and women is different and unequal. Different, because there are biological factors (genetic, hereditary, physiological, etc.), which are manifested differently in health and disease risks (García-Vega, 2011). Unequal, because there are other factors that are partly explained by gender and that unfairly influence people's health (Braveman & Gruskin, 2003; Heise et al., 2019).

That's why, for the present project we consider an approach to health with a gender perspective. Which implies on the one hand the concept of health, for us understood as a dynamic concept with bio-psycho-social dimensions. On the other hand the gender approach, which refers to the attributions, representations and social prescriptions, that are built from the differences between the sexes (García-Vega, 2011).

Far from being an innovative approach, women's rights movements, activists, feminists and related academics, have long been campaigning for gender equality for decades (Heise et al., 2019). Especially feminist sociology, have done great efforts to distinguish the concepts of sex and gender, in order to show that differences between the sexes do not necessarily imply per se different abilities, attitudes or aptitudes between individuals. But that these, when manifested, are largely social constructions that are determined by gender (Berga i Timoneda, 2005).

Therefore, it is important to clarify the difference between these two concepts. We understand by the sex of a person, everything that refers to the biological state as a man, woman or intersex, and the physiological differences that characterize them by nature. In this case, being the differential indicators of biological sex, their sex chromosomes, hormones, internal reproductive organs and external genitalia (American Psychological Association, 2012). On the other hand, when we talk about gender, we refer to the roles, responsibilities, attributes and rights, which are socially and culturally attributed to a person, by the fact of being a woman or a man in a given environment (Heise et al., 2019).

In this sense, the sex / gender system is considered a central cultural and psychosocial factor and is understood as a *power device* (Pujal i Llombart & Amigot, 2010). Since, what is considered feminine or masculine reflects a deep hierarchy, in which for generations, the masculine has been superior to the feminine, and neither can be understood separately from the gender system that configures both of them (Heise et al., 2019).

Multiple studies from different disciplines have research about the reason for these disparities and how persistent they can be. From psychology, for example, it has been shown that gender norms are especially persistent, because they trigger deeply ingrained cognitive schemes, that associate different roles, gestures and status with the different sexes (Heise et al., 2019).

Starting from infancy, as boys and girls grow up, they absorb subtle and not so subtle messages, about what it means to be a man and a woman, about how they should behave, about what is valued in each one, about the relationships they establish between them, and more so, about who has power in certain aspects than others (Pearse & Connell, 2015).

This constant exposure to gender norms, is what has been called *gender socialization*. Which begins in the family and is later reinforced by teachers, religious leaders and the media (John et al., 2017).

More recently, a study by Blum et al. (2017), warns us about gender norms that dictate what's normal for boys and girls during childhood and puberty. According to their surveys from 15 different countries, children between 10 and 14 years old are taught that: (1) boys are constantly encouraged to be strong and independent, while girls are seen as vulnerable and in need of protection; (2) with the onset of puberty, boys are expected to demonstrate their sexual toughness and prowess, while girls are responsible for attracting male attention; (3) concerns about female sexuality and reputational risk lead parents to strictly control their daughters' behavior and freedom of movement; (4) boys who do not meet local standards of masculinity are intimidated and ridiculed by their peers, while girls who violate local norms of sexual propriety are shamed and severely punished; And what is more important, (5) boys should never display traits or emotions associated with femininity.

Other theories compatible with this gender perspective and based on these mandates, point out that today in our societies, we can observe four social models of gender, that right now coexist and interact with each other. It is the *traditional model*, the *transitional model* and the *egalitarian or contemporary model*, described in greater detail by Velasco (2009).

In our case, if we focus strictly on western culture, we find three main characteristics that currently support a sexist organization of society and that undoubtedly affect the health status of the population. These are, the sexual division of labor, the imaginary, symbolic and material construction of gender subjectivities, and the social relations that are consequently mediated by these differences (Pujal i Llombart et al., 2017). Hence, for both women and men, the sexist organization of social life, generates specific sources of vulnerability and fragility, differentiated according to their sex and gender (Mora, 2005).

For women, the overload of caring for other people, reproduction mandates, unpaid tasks, subordination situations, little sense of agency regarding family decisions, abuse and gender violence; as well as the double working day, competitiveness, the body ideal and

eternal youth strongly emphasized by the patriarchal system, mean serious risk factors for their well-being and health (García-Vega, 2011; Heise et al. , 2019).

However, although it is women and girls who are significantly more affected in each of these areas, it should be clarified that gender inequality affects us all. Gender norms that arbitrarily determine the acceptable behaviors of girls and boys, women and men: how they should act, look and even think or feel, harms health and limits life options for everyone (Levy et al., 2020).

In the case of men, the maintenance of power relations, the ideal of success and competitiveness are explanatory of their way for falling ill (García-Vega, 2011). At the same time, it has been discovered that a collective imaginary about what masculinity means, could be behind automobile mortality worldwide. From Brazil to Norway, men tend to be more prone to speeding and are more likely to drive under the influence of alcohol or other substances (Schmid-Mast et al., 2008; Sengoelge et al., 2018; Snow & Wells- Parker, 2001).

In the relational sphere, the fact that most notions about masculinity promote mastery, skill and experience in sexual relations, increases their tendency to take risks; such as seeking multiple partners, not using condoms, and having sex while intoxicated (Ragonese et al., 2018). Which, at the same time, contributes to forced sex, the spread of sexually transmitted infections, and unwanted pregnancies (Jacques-Aviñó et al., 2018; Masters et al., 2017).

Therefore, it is logical then to ask ourselves about the repercussions of these data on the psychological well-being of the population. In the case of women, the prevalence rates are markedly higher, and often approximately twice that of men, in depressive and anxious mood disorders, and three times more in what are Borderline Personality Disorders (Wittchen et al. , 2011). On the contrary, men show higher prevalence rates in antisocial personality disorders, alcohol and drug dependence, and even more worrisome, are their higher suicide rates (WHO, 2014).

The hypotheses about the reason for these differences are varied and controversial, we may find both theories based on physiological and hormonal differences, as well as psychological and social explanations. On the one hand, certain investigations from the biomedical model, explain a greater hormonal vulnerability in women to suffer from mood disorders, due to the constant fluctuation of the hormones progesterone and estradiol throughout the menstrual cycle (Graham et al., 2018).

At the same time, more recent neuropsychological studies, also highlight the stage of pregnancy and postpartum as a period of special vulnerability for any type of psychiatric disorder, as it is a period of complex neurological changes. Which include, at a structural level, a reduction in the volume of gray matter in the brain, and consequently, important behavioral changes similar to those of adolescence (Carmona et al., 2019; Hoekzema et al., 2017).

Nolen-Hoeksema et al. (2008) on the other hand, from a psychosocial perspective, argue that greater depression and anxiety in women, are due to a greater tendency to rumination as a result of three main beliefs in which they differ significantly from men: negative emotions are difficult to control, a positive emotional tone in interpersonal relationships is a personal responsibility and negative events are difficult to control. Eaton et al. (2012) conclude that these differences are due to functioning models that are implicit in the symptoms. Being rumination, for example, a characteristic symptom of internalizing functioning (predominant in women), and substance abuse an example of externalizing functioning (predominantly in men).

McLean and Anderson (2009) also argue that these different styles of functioning are expressed not only in symptoms, but also in different coping strategies, which are highly determined by parenting and sociocultural contexts. In girls, strategies focused on emotions and how a problem makes them feel (internalizing functioning), are predominately promoted.

While in boys, solving strategies focused on how to solve the problem (externalizing functioning), are the ones more promoted.

Now, as we have seen, certain strategies that are promoted socially from stereotypical conceptions of masculinity and femininity, can become harmful to one's health, psychological well-being and also to the quality of interpersonal relationships. Therefore, at this point it is necessary to ask ourselves what type of interventions exist in this regard.

Currently in Spain, we find different types of programmes that are encouraged, both from the health system (Velasco-Arias, 2008), as well as the educational (Cáceres et al., 2020; Sachis & Atable, 2018) and the community (CONEXUS; Emakunde; Homes en Diàleg; Women's Institute for Equal Opportunities; WWP European network).

That's why, before continuing, it is pertinent to use the conceptual framework coined by Gupta (2000), in order to clarify two terms that are often confused: *Gender-sensitive programmes*, which refers to programmes that acknowledge existing inequities, but they may fail to actively seek to change gender norms and power relations; and *Gender Transformative Programmes*, which aim to transform gender roles, norms and power relations, to create more equitable results, promoting constructive roles for men and women.

Levy et al. (2020) make an excellent compilation on the characteristics of the most successful gender transformative programmes, which are being carried out right now throughout the world. An example of pioneering programmes in this area are Program H and Program M in Brazil. Due to their methodology, in which they combine activism and group education sessions among young people, they have come to be successful among the community. *Figure 2*, summarizes some of the characteristics of the most successful programmes, the most important being: multiplicity, sustainability, propagation capacity and scalability.

Programme activities	Gender-related measures	High-quality gender-transformative programmes features:
Community events - Local health fairs - Theater or drama - Prayer meetings - Video, radio or television Community participation or social support - Sports - Male engagement - Social integration or life skills curriculum - Mentoring - Role playing game - Discussion sessions - Peer interaction	Attitudes related to: - Restrictive gender norms - Mobility or freedom of movement - Age at marriage - Violence - Female genital mutilation - Division of domestic work Internal locus of control - Self-confidence - Ability to negotiate for oneself or self-efficacy - Freedom of movement or mobility - Age at marriage Social and intra-family support - Family support - Social media - Communication with partners - Equitable division of labor	Multiplicity: influences vital areas beyond medical health. Sustainability: shows measurable change at the individual, community, or institutional level that promises lasting improvements in health and gender equality. Propagation capacity: addresses gender-related discriminatory attitudes and behaviors that damage health and directly or indirectly disseminate the change or outcome to people outside the intervention. Scalability: has been, or is about to be, expanded or replicated to cover a larger geographic region or population.

Figure 2 adapted version from Heymann et al. (2019).

If we look in our closest environment, what we find predominantly in the Spanish and European healthcare context, are interventions that would fall within the *Gender Sensitive* typology. Most of the interventions and studies currently carried out, are aimed at studying male violence and developing programmes to reduce and stop it (Hearn, 2013).

In Barcelona, from the mental health public system, the most work that has been done in recent years, has been about creating programmes for abusers (SAH), and also about protection programmes for women against marital violence, with information and orientation points (PIAD) and with centers specialized in caring for victims of sexist abuse (SARA; UNADOM). However, in parallel, a growing number of research groups have organized around the critical questioning of gender, as does the Centre Joan Rivière en Psicologia i Gènere, at Universidad Autònoma de Barcelona.

Now, as suggested by Levy et al. (2020), the fact that most intervention programmes are currently designed to reduce violence against women (although essential), is problematic

for us, given growing evidence that gender norms influence many other important areas such as mental health.

As a result of our research, and in order to promote a gender approach in the psychological field, we set ourselves the goal of designing a new intervention project aimed at Spanish Mental Health Adult Centers (Centro de Salud Mental para Adultos, from now on CSMA for its acronym in Spanish), which questions rigid patterns of gender socialization in the adult clinical population.

Analysis and detection of needs

Given the goal of the project, in the first instance it was decided to carry out a study with qualitative phenomenological methodology, in order to interview key informants (professionals) who would allow us, through their testimony, to analyze the social phenomenon of our interest (gender approach) and its current status in the Mental Health Centers (CSMA).

It was possible to conduct an interview with one of the primary care psychologists at the CSMA of Sant Andreu. Who was considered suitable for this project due to his active role in preventive care, health promotion and educational interventions. Among his tasks, in addition to individual attention, he conducts group therapies, institutional and also socio / communitarian interventions, both towards users and towards professionals, thus working for the depathologization of psychological problems (López-Méndez & Costa, 2013) .

Once the interview was carried out, to analyze his responses, an in-depth reading was carried out that allowed to proceed to the categorization of the information, its codification and the extraction of results. For this, a semantic analysis was carried out, based on the categories detailed in *Figure 3*, which correspond to the content of the interview questions and their coding (see Annex I).

Analysis Categories	Needs
Incorporation of a gender approach in clinical practice	<ul style="list-style-type: none"> - Make explicit the presence of variables that have to do with the identity of the therapist and at the same time the patient (age, gender, ethnicity ..) - Recognise the impact of the gender of the therapist and the patient in the alliance therapy - Make explicit the presence of prejudices on the part of the therapist and the patient - Give the patient the option to choose the gender of their therapist
Depathologization of sociocultural issues	<ul style="list-style-type: none"> - Acknowledge the impact of gender on psychological well-being - Acknowledge the impact of gender on the construction of personality - Acknowledge the impact of gender on the ability to express emotions - Cover psychoeducational deficiencies - Demedicalize the female experience - Put society as a subject of study and subsequently promote responsibility for change
Making visible realities that gender socialization makes invisible	<ul style="list-style-type: none"> - Different types of expression of the same pathology according to gender - Emotional needs differentiated according to gender - Vulnerability in men
Need to promote male adherence and prevent dropouts	<ul style="list-style-type: none"> - Make mental health services more accessible to men - Adapt materials and techniques to their needs - Build a vocabulary that allows them to express themselves emotionally - Respect their preferences -Cultivate comfort to express vulnerability - Disprove the myth of weakness

With the data provided by the interviewed professional, we were able to confirm that according to his criteria, it is currently necessary to incorporate a gender approach in the clinical practice. Not only to make explicit the impact of gender (among other personal variables) in the therapeutic alliance, but also to become aware of socio-cultural issues in order to avoid bias when evaluating or diagnosing “*a world in which that would not happen would be ideal, but the reality is what happens, then the important thing is to keep it in mind, to know that it is an important factor that is there (gender bias), and that sometimes denying it or denying its importance can be a failure*”.

In the interview, he also makes special reference for the need to make visible issues that are behind violence against women, at the same time as the need to involve men in this type of interventions. Since, as he comments, their needs tend to be invisible, either because of the self-sufficient role promoted by traditional masculinity or because of their difficulty in linking with a psychotherapeutic process that is aligned with their specific preferences or

needs “*the usual thing in mental health patients is that they are mostly women, so I think there is already a bias in relation to where women seek help and where men seek help (...) and I believe that it does have a lot to do with conceptions of masculinity and femininity*”.

Consequently, once the receptivity of the professional to the proposal raised by this project was verified, in a complementary way, it was decided to carry out a modest quantitative study, to determine exactly what are the gender norms and stereotypes that need to be questioned and transformed.

Method

A group of users was chosen and two questionnaires were administered to evaluate their beliefs and behaviors associated with male and female gender roles. This was a psychotherapeutic group already existing in the CSMA of Sant Andreu (Barcelona), destined to the attention of Adjustment Disorders (AD). Which was valued as suitable, due to the lack of severe pathology that could alter the results.

Sample

Group of 10 people (5 women and 5 men), aged between 29 and 54 years old in the case of women and between 30 and 65 years old in the case of men; all with early clinical pictures, for whom their current state does not exceed the Adjustment Disorder diagnosis.

Instruments

To evaluate the beliefs and behaviors associated with female gender roles in women (N = 5), the CFNI-45 questionnaire was used, which is the spanish and reduced version by Parent and Moradi (2010), of the questionnaire (CFNI-84) by Mahalik et al. (2005). It is a questionnaire with 45 items measured on a 4-point Likert scale (0 = totally disagree, 1 = disagree, 2 = agree, 3 = totally agree), with which the degree of conformity/disagreement was measured according to attitudes, beliefs and behaviors in relation to female gender norms. Each norm is measured with a subscale, and these are: *Care for relationships*; *Sweet and*

kind; Care for children; Home Care; Modesty; Romantic in relationships; Sexual fidelity; Thinness; Appearance.

To assess the beliefs and behaviors associated with male gender roles in men (N = 5), the Mahalik et al., Male Gender Norms Conformity Inventory (CMNI) (2003), was used, in its Spanish version by Cuéllar-Flores et al. (2011). In this case we measured the degree of conformity and nonconformity with attitudes, beliefs and behaviors in relation to male gender norms. The questionnaire contains 94 items that must be answered using a 4-point Likert scale (0 = totally disagree, 1 = disagree, 2 = agree, 3 = totally agree). Each norm is measured with a subscale, and these are: *Winning, Emotional Control, Risk Behaviors, Violence, Power over women, Dominance, Playboy, Self-sufficiency, Primacy of Work, Disdain for Homosexuality and Search for status.*

Results and analysis

In the results obtained for the conformity of women (N = 5) with the female gender norms (CFNI-45), our results indicate a medium to high conformity with all the gender norms evaluated. Taking into account that the maximum score for each subscale is 15 points and the minimum score is 0. The scores obtained in the different subscales ordered from highest to lowest are: *Romantic in relationships (X = 10.4); Care for relationships (X = 10); Modesty (X = 8.4); Home care (X = 8.2); Sweet and kind (X = 7.6); Appearance (X = 6.6); Care for Children (X = 5, 8); Sexual fidelity (X = 5.6); Thinness (X = 5).*

Therefore, in the case of women, more significantly and in line with Nolen-Hoeksema et al. (2008), with our results we can highlight that the norms to which the women in the sample show greater compliance, are those that have to do with caring for relationships, whether they are romantic relationships or not. This is followed by a medium-high conformity with the attitude of modesty, which again reflects an inhibition on their behalf to

appreciate their own qualities or talents, most likely also due to an obligation to put others first.

The other scales, although with lower scores, also reflect a medium conformity with stereotypical norms of the female gender, that have to do with taking care of the home, as well as with their physical appearance, their sexual freedom and a mandate to be mothers. Therefore, being demonstrated with these results the need to question these norms through the intervention programme.

Regarding the results for compliance with male gender norms (CMNI), for the men in our sample ($N = 5$), for which the maximum score of each subscale is 15 points and the minimum score is 0, the scores obtained in the different subscales ordered from highest to lowest, were: *Winning* ($X = 14$); *Search for status* ($X = 11.8$); *Risk taking* ($X = 10.4$); *Emotional control* ($X = 9$); *Disdain for homosexuality* ($X = 8.2$); *Playboy* ($X = 7.8$); *Primacy of work* ($X = 5.6$); *Self-sufficiency* ($X = 5$); *Violence* ($X = 3.8$); *Dominance* ($X = 3.6$); *Power over women* ($X = 1$).

In this way, in the case of men, our most notable results are those that have to do with the need for *Winning* and the *Search for status*. This being in line with García-Vega (2011), who finds an explanation for the way men fall ill in these attitudes. Next, and like Jacques-Aviñó et al. (2018), in the *Risk taking* subscale, the men in our group obtained the third highest score. Also in line with other studies (Schmid-Mast et al., 2008), which suggests that men in general, tend to be more prone to putting their life in danger, before acknowledging any fear about it, which may question their masculinity.

In reference to the other subscales, the results in the *Emotional Control* and *Disdain for homosexuality* subscales, stand out as two of the subscales that surprise the most today, but which most probably have to do with a social mandate that for years has penalized emotional and sexual expression in traditional masculinity (Velasco, 2009). Consecutively,

these results are followed by the *Playboy*, *Primacy of Work* and *Self-Sufficiency* subscales, which again reflect conformity with these values that have also been historically promoted by traditional masculinity.

Finally, our results show significantly low scores, compared to the other subscales, for those referring to *Violence*, *Dominance* and *Power over women*. Therefore, demonstrating that in relation to this group, harmful gender norms have repercussions beyond violent attitudes against women. Our results show that it has more to do with the values, beliefs and attitudes that are imposed in a hegemonic way on what it means being a man (Velasco, 2009), and the consequences that this may have on their psychological well-being and on their interpersonal relationships.

Upcoming, we make an in-depth description of our gender transformative programme, which addresses the needs set out above. Being this a complementary proposal for the groups that are already carried out at the CSMA of Sant Andreu and their users.

Objectives

The general objective is to carry out a psychotherapeutic group programme with a gender approach, dedicated to questioning and transforming attitudes, beliefs and behaviors in relation to stereotypical feminine and masculine gender norms that harm the mental health of individuals. Specifically, it seeks to promote a critical perspective on traditional socialization norms and to improve the mental health of men and women, who adhere to rigid patterns of behavior due to gender mandates.

Our intervention methodology will have three modules, the first dedicated to questioning gender socialization; the own introjects in this regard and their impact on self-concept. The second, aimed at offering alternatives to traditional gender roles. And the third, aimed at promoting psychotherapeutic actions, that empower the participants to transform stereotypical beliefs into healthier ones. To accompany this last objective, the

members will be provided the possibility of participating in a virtual community, through a website. Through this virtual community, they would have access to resources and community entities that promote healthy role models, being the ultimate goal to guarantee that the changes implemented in the group are sustainable and scalable, once the intervention is completed.

Description of the intervention

Social context: It has been decided that the sessions will be held in the facilities of the civic center of the Sant Andreu neighborhood, to avoid the pathologization of the group's theme. A resource that has been available to other CSMA psychotherapeutic groups.

Professionals: Two therapists specialized in gender perspective (psychologist), a woman and a man with the aim of promoting diversity of models.

Users: *Inclusion criteria:* Over 18 years old patients from the CSMA Sant Andreu, who show rigid attitudes, beliefs or behaviors based on gender stereotypes. With early or temporary clinical pictures, who can benefit from a complementary intervention to their current treatment. As long as they show motivation, availability and commitment to the thematic proposal of the group. For now, the programme is intended as a group for people with a diagnosis of Adjustment Disorder, however, depending on the professional in charge, it could be extended to a larger population, clinical or not.

Exclusion criteria: Any person whose culture, values or religion does not agree with the group's objectives. Any other clinical profile that, due to its symptomatic configuration, intensity and / or evolution, requires more specialized care; cognitive impairment or any other condition incompatible with sufficient use of psychotherapeutic approaches; difficulties with impulse control and aggressiveness; personalities with great difficulties to tolerate the group setting; severe mental disorder; personality disorders.

Setting: 16 weekly sessions with a duration of 90 minutes each. As for the participants, an indicative number of 12 people (6 women and 6 men) is proposed, in a closed group context.

Module 1: Questioning gender socialization

Session 1: Introduction day (Álvarez-Merino, 2013).

Objective: To introduce the group and its contents, while getting to know the participants motivations. Administration of pre-intervention tests.

Materials: Questionnaires CFNI-45, CMNI. Support PWP (see Annex II)

Methodology: It will begin with the presentation of the group, the name, the objectives, the structure and the website (<https://lclinis.wixsite.com/grupodivergente>) that will be explained (with support of our PWP). Later we will ask each participant to introduce themselves by means of a wordless gesture. After doing a gesture-only round, there will be a supplemental round in which to officially introduce yourself. It will be important to compare the attributions they have made in the round of gestures with the second round. Also, it would be important to ask each one, for an explanation for their motivations and expectations when participating in the group, in order to take notes and add the information of interest to the website. Before finishing we will do the pre-intervention evaluation.

Tags: #Divergent Group #Group Dynamic

Session 2: Gender backpack (Cáceres et al., 2020).

Materials: Paper and pens. Blackboard or flip chart.

Objectives: Identify the prevailing mandates of masculinity and femininity. Reflect on their relation to families beliefs and throughout their own biography.

Methodology: We will ask the participants to draw a line on a sheet of paper and create a chronological axis of their lives, marking periods of 7 years (20 min). The objective is for them to identify in each age group how they have been filling their "Gender Backpack",

placing on the chronological axis words that represent what they have been learning about gender since birth. Including their first relationships and their family references until the present. That is, everything they have learned about what it means to be men or women, about masculinity or femininity: it can be exemplified by objects, but also written by values, feelings, ideas, ways of behaving, attitudes, activities, games, prohibitions, obligations, etc.

In the second part of the activity (40 min), we will ask the men to meet in one group and the women in another and comment on the chronological axes they have constructed. We will ask them to reflect on which experiences are shared, which are unique to their families, and which they believe are generational; while they organize the different elements that they have introduced in their backpacks into three sections: a) ideas, values, beliefs; b) emotions, feelings; c) behaviors, physical attitudes, movements and body postures. Finally, we will do a discussion with the whole group (30 min), in which the therapists will construct a summary on the blackboard with what each group has written.

Tags: #GenderSocialization #Gender Backpack #Femininity #Masculinity

Session 3: Gender Shield (Sachis & Atable, 2018).

Objectives: Become aware of the impact of advertising on the definition of what is masculine and feminine. Reflect on the collective imaginary that dictates how a man and a woman should look like and its impact on the definition of themselves.

Materials: Magazines of different themes. Jenner, M. [@michellejoyjenner]. (01/22/2016). *Imperfect woman* [Thumbnail with attached link] [Instagram feed]. Instagram. <https://www.instagram.com/p/BA2ycFFuuCt/>. Discussion questions for the final conclusion (see Annex III).

Methodology: Individually, using magazine clippings, we will ask the participants to make a collage on one page of what masculinity represents and on another page what femininity represents (30 min). We will also ask them to write around the images, words that

define or identify these models, for example: sexy, strong, muscular, thin, etc. Then in groups of 3-4, we will invite them to comment on the results and we will give them the text written by actress Michelle Jenner, published on her Instagram account, in which she talks about the burden of beauty canons on women. We will give each group some questions to stimulate their reflection (30 min). To finish (30 min), we will put the collages together and we will ask some final questions.

Tags: #Bodies #Gender Intolerance #Masculinities #Feminities

Session 4: *Behind his and hers mask* (Sachis & Atable, 2018).

Objectives: To become aware of the repercussions that adherence to rigid patterns of masculinity and femininity, have on the psychological well-being and physical integrity of men and women.

Materials: The representation project. (2015, January 25). The mask you live in [Video]. Youtube. https://youtu.be/t_VjaI3xxkI; IES Diego de Siloé. (2017, March 29). Now or never [Video]. Youtube. <https://youtu.be/IX---4oLr2U> (see Annex IV for the transcripts of both videos).

Methodology: We will watch both videos (or read the transcripts), of the documentary *The Mask You Live In* and the short *Now or Never*. In the first, the norms of traditional masculinity are questioned and in the second, feminine norms are questioned. At the end, we will ask the participants to organize themselves in couples and comment on both situations, and then share their thoughts with the whole group.

Tags: #masculinities #feminities #male chauvinist #gender roles

Session 5: *What I think of myself* (Cáceres et al., 2020).

Objectives: To question oneself and begin to identify those aspects that have been introjected from gender socialization and that they would like to change. Become aware of how gender influences aspects of our self-concept.

Materials: Paper and pens.

Methodology: To begin, we will distribute papers and pens and we will ask the people in the group to get into couples and designate who is person A and who is B, and then sit facing each other. Taking turns, we will invite them to repeatedly complete the phrase "I am not ...", trying to focus not only on physical issues, but also on unobservable issues, that is, emotional, attitudinal, etc. A will start, while B simply listens to what A says and writes it down without intervening. After about 1 or 2 minutes, we will change the shift, and now B will speak while A takes notes without intervening. If someone goes blank during their turn to speak, it is recommended that they simply repeat "I am not" until something occurs to them to complete the sentence.

Then, we will tell A to give the list they made to B, and vice versa, and we will invite them to take turns reading their list but omitting the "not" in each sentence. For example, if someone has said "I am not cruel", he will now say "I am cruel" and then give an example: "I am cruel every time I ridicule my co-worker". A will start for 3 or 4 minutes and then we will change the shift for B to do so. Once they have finished, we will ask the couples to comment on the activity. Finally, we will open the discussion to the whole group. The last phase can be dynamized by asking the group if they have realized how gender intervenes in our self-concept and what we allow ourselves to do or not, we will also ask if they have realized something new about themselves or something they would like to change.

Tags: #Self-reflection #self-concept, #self-esteem, #acceptance, #equality

Session 6: The freedom to feel and express emotions (Cáceres et al., 2020).

Objectives: To question the influence of gender norms on one's ability and freedom to express emotions.

Materials: Discussion questions. Triángulo Foundation. (2011, February 5). Test of masculinity [Video] .Youtube. <https://youtu.be/bBY9Zf9NGWI> (see Annex V).

Methodology: This session is about expressing various emotions with your hands and with your eyes closed. They will be put in couples. One person will be A and the other B. They should sit in a relaxed way, one person facing another. They should close their eyes and breathe calmly. After a few short moments, person A will express the emotion of friendship and joy, holding the hands of person B; then they will subsequently express understanding and empathy, fear, anger, sadness and love, successively. Each emotion has to be expressed as if the hands spoke for at least two minutes. When the person has finished, they say goodbye to B, and it will be B's turn to express the same emotions.

The person who leads the session will explain the dynamics and will name the different emotions to interpret every two minutes. When the couples have played both roles, they will explain how they felt. At the end, we will share the sensations experienced and propose some questions accompanied by the video *Test of masculinity* to comment on the importance of being able to express the full range of emotions.

Tags: #Communication #Emotions #Body Dynamic #Listening

Session 7: Listen, recognise and dialogue with fear (Sachis & Atable, 2018).

Objectives: Allow participants to feel fear without having to hide it, something that has been denied specially by traditional male gender roles. Promote dialogue and empathy.

Materials: Step by step of the visualization. Explanation of body dynamics and final discussion questions (see step by step in Annex VI).

Methodology: This activity offers a way of working to transform fear by externalising the character of fear, in order to observe it, listen to it and act on another plane of consciousness. We will guide the participants in a visualization in which they identify one of their fears. Later they will be asked to share the exercise with a partner trying to simply listen and empathize with the fear of the other person. Finally, a body dynamic will be done to close the session.

Tags: #Emotions #Fears #Listening #Body Dynamic #Visation

Session 8: Breaking myths of romantic love (Lillo, J., 2014).

Objectives: Question one's own romantic attraction and become aware of society's own introjected stereotypes and myths (usually directed at women). Question the implications of these myths for psychological and relational well-being.

Materials: Paper, colors, rope and clips. Music. List of myths (see Annex VII).

Methodology: To begin (20 min), we will ask the participants to draw what love as a couple means to them, accompanied by a phrase that describes it. Then we will ask them to hang their drawing with a clothespin on a string that should be attached to a wall. It will be important to number the position of each drawing. Then we will put on music and ask everyone to dance freely. When the music stops, each participant will expose the drawing they made to another person. If the person likes and agrees with that definition of love, the drawing will go one step forward on the rope, if the person does not agree, the drawing stays where it is. This will be repeated three times, so that each one presents the drawing for three different people. At the end, the following questions will be asked to discuss among all: What drawing do you prefer the most? Did you dislike any drawing?

The second part of the session (45 min), we will use it to disprove myths of romantic love. We will ask them to split into two mixed groups, in which they will read a list of myths about romantic love and we will ask them to think of arguments to refute each one. Finally we will put in common those most controversial myths.

Tags: #Myths #Romantic Love #Critical Thinking # Self-Reflection

Module: Alternatives to traditional roles***Session 9: Exploring shame and its alternatives*** (Cáceres et al., 2020).

Objectives: To question rigid socialization introjects based on stereotyped gender roles, that dictate what is proper for a woman and a man. Seek therapeutic alternatives to stereotyped behavior patterns even if they cause shame.

Materials: paper and pens.

Methodology: We will invite each person in the group to draw the silhouette of one of their hands on a sheet of paper. On each finger they will write “I’m ashamed to” and they will complete the sentence with a situation that makes them feel ashamed. To help the participants, we can give some examples, such as: I am ashamed to ask for help, I am ashamed to say no,... Once they have completed all the fingers of the hand, we will ask them to write the mandate or prejudice, that they believe is behind every fact that embarrasses them. For example: asking for help means I’m incapable, saying no means that I’m disrespectful ... Finally, we will share in a group all the annotations, the feelings they may have felt and what we think would be the benefits of overcoming those introjects, that have to do with rigid postures tied to traditional gender roles. For example: if I was not ashamed to ask for help, I could_____.

Tags: #Shame #Vulnerability # Empathy #Empowerment

Session 10: Feminist Alternatives (Sachis & Atable, 2018).

Objectives: To know the social movements that actively fight in favor of equality. Understand and provide tools to combat the difficulties for equality between men and women.

Materials: TEDx Talks. (2017, February 6). Feminism and new masculinities [Video]. Youtube. <https://youtu.be/jRhR1HCWORE>. Discussion questions (see Annex VIII).

Methodology: To begin we will watch the *TED* conference, where the main values of feminism and the need to build new ways of being male are explained. At the end, in groups of three, we will ask them to share their thoughts on the matter and answer some questions that we propose. Later, we can open the discussion for the whole group. The questions are intended to encourage reflection on the issues proclaimed by feminism as a political, cultural, economic and social stance for equality.

Tags: #Feminism #Egalitarian Men #New Masculinities #Activism

Session 11: Alternatives to masculinity (Sachis & Atable, 2018).

Objectives: Question and offer alternatives to traditional masculinity.

Materials: Blackboard or flip chart. Comparative table for the different models of masculinity. Discussion questions (see Annex IX). TEDx Talks. (2019, February 13). Masculinity in Crisis [Video]. Youtube. <https://youtu.be/kLqEuguq56w>.

Methodology: We will present the different categories for masculinity described by Flecha et al. (2013). Later we will ask them to point out the masculinity model with whom they most identify. In the case of girls, if they recognise any of the models in their partners, brothers, friends ... We will create a debate with the proposed questions and we will ask the participants to point out examples from movies or series that represent the different characters. Finally, we will make a comparative table in which we will distribute the characters previously presented, among the categories of *Dominant Traditional Masculinity*, *Traditional Oppressed Masculinity* and *New Alternative Masculinities*. If there is time, we suggest ending the session with the viewing of the *Masculinity in Crisis* TEDTalk (10min).

Tags: #Masculinities #New Alternative Masculinity #Gender Roles

Module: Actions for change***Session 12: Co-responsibility, essential for change*** (Sachis & Atable, 2018).

Objectives: Question the distribution of work. Assess the domestic work and / or care necessary to sustain life. Show new models of masculinity and co-responsibility. Empower women.

Materials: Worksheets. SEFHVIDEOS. (November 11, 2014). *Superheroes* [Video]. <https://youtu.be/SJ5ZWua5Czg>. Discussion questions (see Annex X).

Methodology: We will give the participants two charts in which various situations related to housework are presented to them and we will ask them to answer who does what, so that it is visible what women do and what men do. Once they have finished, we will share the conclusions and guide the session towards the importance of the collaboration of all family members, in the tasks that facilitate daily life and make us feel good. Finally, we will watch the video *Superheroes*, in which is shown the co-responsibility of a couple in raising their child, and how they find balance between the professional and family life. We will close with a few last questions.

Tags: #Gender Roles #Co Responsibility

Session 13: Assertiveness, an indispensable skill for equitable relationships

Objectives: Learn to defend one's rights and personal opinion without attacking the other person or submitting to the will of others. Create skills and give psychological tools to maintain healthy relationships with other people.

Materials: Explanation about the concept of assertiveness (PWP). Circumstance to be staged as role play (see Annex XI).

Methodology: We will begin the session with an introduction to the concept of assertiveness, explaining it not only as a communication technique, but as an indispensable ability to express thoughts, opinions and emotions, in a suitable way that allows us to build

and maintain equitable relationships. We will explain the difference between a passive position (mostly promoted in women), aggressive (mostly promoted in men) and assertive, and we will provide an example on how to resolve a conflict assertively. For the second part of the session, we will ask the participants to meet in couples and we will give each one a situation that they will have to resolve through a role play using assertive communication skills.

Tags: #Assertivity #Communication #Assertive Rights #Role play

Session 14: Care and self-care as an ethical position towards well-being (Sachis & Atable, 2018).

Objectives: Promote the balance between self-care and caring for others. Promote care as a vector axis of a healthy and equitable ethics, in order to maintain caring habits and caring relationships.

Materials: Discussion questions (see Annex XII).

Methodology: We will start with a self-reflection exercise about self-care, for which we will give the participants a sheet with some questions and we will give them some time to answer individually. Once the first questions have been answered, we will move on to the second part of the exercise, dedicated to reflecting on caring for others. On this occasion, the questions are aimed at assessing the balance between what we receive from a relationship and what we contribute. Later we will open the debate for those who want to share their thoughts and from our behalf, we suggest to direct the discussion towards why care has been mostly delegated to women and the consequences of this imbalance.

Tags: #Love(s) #Self Care #Care #Wellness #Health

Session 15: Love as a transforming element (Sachis & Atable, 2018).

Objectives: Become aware of the various loves, beyond the romantic myths. Promote a definition of healthy and equitable love between men and women. Value what has been socially typified as feminine.

Materials: Reading *There are many kinds of love*, from the Vietnamese Thich Nhat Hanh (see Annex XIII). Discussion questions.

Methodology: For this session we will read the text *There are many kinds of love*, by the Vietnamese Thich Nhat Hanh, in which a concept of healthy love is promoted. We will do a reflection first individually and then in couples. Finally, we will open the debate to the whole group with the proposed questions.

Tags: #Love #Equality #Goodness #Compassion #Joy #Equanimity #Freedom

Session 16: Equitable rights and duties from now on (Sachis & Atable, 2018).

Objectives: Laying the foundations for lasting and sustainable change. Administration of post-intervention test.

Materials: Text *Rights* (see Annex XIV). Implicit Association Test (TAI).

Methodology: We will ask them to create groups of four people. They will have to make a document, with the essential human rights for good coexistence (including those they have learned throughout the intervention) (20 min). Later we will give each participant the text *Rights* and ask them to compare those they have made and incorporate them into the text. Finally, we will ask them to write down the duties corresponding to each right, with which they will commit from now on (30 min). We will say goodbye and encourage the group to continue participating in the virtual community. Before leaving, we will administer the Implicit Association Test (TAI), in order to make a post-intervention assessment.

Tags: #Human Rights #Duties #Communication #Listen #Emotional Health #Equality

Conclusions

According to the United Nations forecast for the year 2030, the goal of achieving gender equality requires continuous and multidisciplinary efforts in order to become a reality. Activists and academics related to the cause, have made efforts for decades and there is still a long way to go (Heise et al., 2019). This is why this project intends to create a bridge between the gender perspective and psychology as a scientific discipline; which we consider has a lot to contribute, as far as the transformation of beliefs, attitudes and human behaviors is concerned.

This intervention is based on three modules, which conform to the recommendations outlined by Heise et al. (2019) in their research. The first one dedicated to the critical questioning of gender norms and their impact on self-concept, becoming aware these are not mandates, but social constructions open to change. The second, aimed at offering alternatives to hegemonic roles, in order to make visible movements that actively fight in favor of equality and set an example of equitable actions. It will be important to bear in mind for this module that the sessions instead of being didactic, should be problem posing, in order to avoid dogmatic positions. Finally, the third module will be aimed at promoting concrete actions for change, through psychotherapeutic activities, that aim to develop and practice coping and relationship skills, based on equality and respect.

From the outset, a duration of four months is expected as a suitable proposal. However, knowing that we set ourselves ambitious objectives in a very limited time, the research shows the need to complement the intervention with structured efforts of media mobilization, both on website and social networks.

We know that an evident difficulty in the face of our goals, is the fact we are questioning what has been normal for society throughout generations. The literature in this regard, shows us that it is often easier to promote a new norm in a positive way (even if it

deviates from the status quo), than to dismantle a negative one (Mackie, 2015). It is for this reason that we emphasize the importance of our intervention cultivating healthy role models, identifying and exemplifying those who deviate from stereotyped gender norms in a positive way (hence the name #Divergent), encouraging public statements and when possible invite thought leaders and influencers to participate (Heise et al., 2019).

In short, our programme prioritizes the psychological well-being of the participants, by questioning norms that limit freedom of expression, relationship and conflict management (Nolen-Hoeksema et al., 2008). In our study we have been able to show that beliefs such as romantic love in women, or the need for winning in men, are still very present in the collective imaginary and require a space to be questioned, given their harmful consequences for psychological well-being.

We would have liked to have been able to interview someone who is an expert in clinical gender approach, to contrast the theoretical information with the practice, but it was impossible for us due to time constraints. In the future, it will be necessary to actively encourage the participation of mental health professionals in these types of interventions, in order to promote a greater psychosocial perspective for the clinicians practice.

Knowing the consequences of gender norms on our population's health and well-being, it should be a priority from now on, to promote more gender transformative initiatives and not only gender sensitive ones. Our aim with this initiative is to continue questioning rigid patterns of socialization, which negatively affect mental health, physical integrity and the quality of interpersonal relationships.

For future lines of research, it will be fundamental to carry out further empirical studies, which could truthfully reveal the correlation between stereotyped gender norms with psychological well-being, therefore encouraging the scientific community to take action in this matter.

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Annexes

Annex I: Interview

Interview for primary care psychologist at CSMA Sant Andreu (Barcelona)

1. There is a study that states that women mostly use coping strategies focused on emotions and men focused on solving the problem. Is this something that you have been able to verify? In your opinion, these different ways of dealing with problems can be related to conceptions of masculinity and femininity?
2. According to my research I have also found that women are more prone to depression and anxiety due to a greater tendency to rumination than men, and in the case of men they have a greater tendency to abuse substances and in general to assume risky situations due to a greater tendency to externalize. Is it something that you have been able to verify and is it something that you work on in your interventions?
3. We have seen that when they get out of this pattern, they receive less social support and take longer to ask for professional help, for example, women with addictions or men with depression tend to suffer more as they receive less recognition from their environment about what is happening to them. Is this something you have? been able to check?
4. Currently the population of men is underrepresented in mental health centers, 60% of the adults who attend are women. Do you think that certain conceptions about masculinity can intervene when seeking professional help in psychological matters? Men find it more difficult to ask for professional help and they dropout from treatments faster. Is there any type of intervention, activity or technique that you have found more attractive to them? Are there some in which they are especially resistant? And in the case of women, are there some more attractive and others not?
5. What can we do as psychologists to incorporate a socio-cultural vision into the intervention without the person feeling their individuality neglected?
6. What resistance have you encountered when applying this kind of cultural approach?
7. Do you think that in the Adjustment Disorder group in which the main topic to be discussed is coping strategies, it would be appropriate to dedicate a few sessions to question the conceptions of masculinity or femininity of the participants?

Coding of responses:

Categories:	Quotes
Gender approach in clinical practice implies:	<p><i>“From my opinion, introducing the gender perspective from the professional side means being aware that this is there (...) it means assuming that prejudice will always be ahead, so if you (as a professional) are not aware of it, probably getting carried away by prejudice (...) we tend to think that women are going to show greater sensitivity, greater receptivity to symbolic and metaphorical questions ... and that men are going to be waiting for something more pragmatic about what to do, and in reality we see that that is not so ”.</i></p> <p><i>“I think that there, more than you do something in particular, you stop what you would do automatically, stop the automatism and wait and observe a bit from there”.</i></p> <p><i>“The most problematic thing is that we as professionals see it later (depression in men), the problem is that you have it in front of you and do not see it, which may be due to</i></p>

prejudices that are present there, I believe for example that with the depression happens a lot (...) on the subject of eating disorders I feel the same thing happens ”.

“Yes, in fact, it has already emerged spontaneously within the participants to talk about their gender and their education, then in that sense as professionals it would also be pertinent to be able to open a space for reflection on the subject and the AT group could be a good place in which very severe pathologies are not involved ”.

Género del
terapeuta

“What is the implication for the patient of the gender of the professional they consult, which I believe also removes certain aspects, it is not the same for a man to find himself a male therapist, than a female therapist, and well that among many other factors (age, ethnicity, sexual orientation...) ”.

"Probably or I tend to think that most men would prefer a female therapist, I think ... well that will be my prejudice (...) It is also true that it is a very cool experience, I think for a man to open issues of greater vulnerability with another man”.

"In my case, for example, I have also noticed that the issue of age marks a lot (...) the feeling is that hierarchically you are below and you are telling me what to do or you are giving me solutions, as they instinctively need to show a little above ... this does not happen with women or at least I have not experienced it in that sense, so that is where I would also say that the gender of the therapist influences ”.

“It may have an impact on women at the level of traumatic experiences, for example, it has happened to me, with a woman who had suffered many violence and abuse experiences, who felt in my presence as a practitioner a feeling that something instinctive did not allow her to be completely calm and vulnerable with me or other men therapists...well because in the end in that case I represent a possible aggressor in her imagination ”.

“Being able to choose some of the issues that have to do with the identity of the therapist (...) not so much thinking about whether the patient will be more comfortable or not but rather how certain characteristics may be acting as a trigger for traumatic experiences, ... but of course this can be true in many ways, either by gender, sexual orientation, ethnicity ... bringing this aspects to the table and allow the patient to choose those characteristics of the therapists they know would make them feel more comfortable”.

"Being able to choose gives you the opportunity to legitimize it as something that can be talked about, and it is also good on a private level, if you are looking for a psychologist, it is very normal that you think about their gender and choose according to your preferences."

Alianza terapéutica:
vínculo, acuerdo de
objetivos y de tareas

“It is a bit what you put there (transfer), and I think it is also something that has to do with everything that we attribute to the person just because of their appearance, that we could suppose that a world in which that did not happen would be ideal. , but the reality is that it happens, so the important thing is to keep it in mind, to know that it is an important factor that is there, and that sometimes denying it or denying its importance, I think it could be a failure ”.

"Prejudices are present in both directions and will always be there, they are not named but they are in the middle, we prejudge patients based on gender among many other things and they prejudge us."

"With women, I think that in general it tends to be easier to access from there from the sensory, from the physical, that is, I don't know if it is easier, but at least it doesn't feel invasive that you ask them" and this is how you feel in the body and where do you notice it? " this kind of things more to connect with the experience, even things more from the metaphor from the symbolic, as they are a little more open to this more reflective part ".

"Rushing the expression of emotions in men, in my experience, from what I have seen, is not that good either, they do not experience it as liberating but on the contrary (...) I think it is more to cultivate as that expectant part gradually creates a safe space ".

"The complaint from masculinity is more, give me guidelines, give me instructions so I can solve it and perhaps on the other hand it is not so, although it is true that our society is more about seeking solutions, but when you stop this trend in a woman He accepts it easier, in a man it is more difficult to stop this, because then he also attributes things to you as a therapist, like you have no idea what you are doing or you do not know what you are doing, or that kind of thing ".

"Being able to choose (the gender of the therapist) gives you the option of going to a position that will initially be more comfortable for you because perhaps initially it wakes you up less anguish or connects you more with feelings of care."

Despatologizar

"To consider being a woman as a risk factor for certain pathologies is to introduce into the field of the pathological something that perhaps has more to do with the field of education and socialization, than probably in the way in which education is made these situations appear (depression, anxiety, eating disorder, BPD ...) ".

"It is one thing for you to say that because of your biological sex you are more prone to such, but when you mix there what makes you more prone, being a man biologically or having developed a masculinity within what your culture considers hegemonic There it is a lot to think about because there the risk factor is not being a man or being a woman, but what this culture attributes to being a man or being a woman ".

"According to the DSM I believe that there are many pathologies in which gender plays a transcendental role, at least in what has to do with personality, there it is very differentiated (...) such as antisocial personality disorders and BPD, for example here at the CSMA it is very noticeable (...) it is like an almost impossible complementarity to create, which is 75% of women in BPD and 75% of men in antisocial disorder. "

"Being very very critical, I would say that psychopathology is specially designed to indicate as pathological aspects of femininity or what is attributed to femininity, which is where we also find these certain paradoxes, in which certain aspects of the feminine, which at the same time are valued from health as pathological, for example thin body-TCA ".

"The man perhaps has a personality trait of dysregulation but he is going to become deregulated in those emotions, that we say society allows him to feel, so they will do it through anger or the most extreme impulsivity, at a more behavioral level because that

it is allowed (...) at least masculinity is safeguarding it, and something similar happens on the feminine side ”.

Visibilización de realidades que la socialización de género invisibiliza

“This more social dimension makes certain situations, in both directions (men and women), become more or less visible. In the end, the man who is either in a situation of violence or who is the victim of something, it is assumed that he must have the ability to get out of that situation and if he does not do it it is because he is stupid, not because he does not can ”.

“If we specifically stop at depression, in men it is seen that more than sadness is expressed from irritability (...) the symptoms of apathy, irritability pass the filter of masculinity and then the symptoms of sadness, vulnerability, remain a little more hidden, I do not think they are not, I think it is that they cannot even be named ”.

“Women can allow themselves to show their vulnerability more and do it from that position of need, of help, and the man has to do as a slightly more subversive strategy and I suppose that's why also later, where these problems end up manifesting are more on issues of addictions, of course on more behavioral issues ”.

“When men allow themselves to show their vulnerability, it is a space that is generally based on humor, jokes, irony... it is not a space, or it does not give the impression that it is a space, in which men feel safe showing that vulnerability ”.

“The fact that most of the interventions are focused on violence and especially violence against women, is also due to the fact that we professionals find it hard to imagine a man in a situation of violence (...) in our culture we have a name specifically to make this invisibilize, which is a blow job, and there are situations that tell you and it is difficult for you to label them as violence because it is, let's say, like the opposite paradigm, which is rare, but it is there ”.

Necesidad de favorecer accesibilidad del género masculino a servicios de Salud Mental y prevenir sus abandonos

“The usual thing in mental health is that they are mostly women, so I think there is already a bias in relation to where women seek help and where men seek help (...) and I think that it does have a lot to do with conceptions of masculinity and femininity ”.

“I say this thinking about primary health, which is where I am, and I could imagine that statistically surely more women than men consult their family doctor, so in that sense the relationship they have with their doctor is closer, then I could imagine that the entrance to certain health issues seems more likely and more accessible for women ”.

“In men this imposition of not complaining, solving it alone, is more present and this part of seeking help is a little more stigmatized in men than in women (...) because it means that you are no longer that man who can handle everything and everything. change you have needed someone ”.

“We cannot ignore that this is happening (the majority of patients are women) and that this is part of what happens here in consultation, it is also our fault not to adapt that work, those materials or the techniques in such a way that they also favor the adherence of the masculine gender, because it is true that most of the dropouts are men ”.

Recomendaciones *“It is not the same that you raise a group in which we pose as a society the gender to which you raise a group of men who question masculinity within a society that differentiates by gender, the first would be a structural questioning and the second one of identity, of how you build your identity within this structure that society gives you ”.*

“In a group format, perhaps this risk (neglecting the individuality of the patient) is minimized, because the subject of study is no longer me but society, so I am reflecting on society and then I realize that I am of that society, from there it could be a less aversive front door ”.

“I many times believe that these types of interventions for new masculinities are being worked on in many associations, they are the ones that most help the men's collective to be able to develop a greater sensitivity to the problems that machismo exerts on women, because first they have seen it as their own problem ”.

“When I realize that machismo also impacts me, because it makes me mismanage my emotions or that it falls on me to always show myself in a certain way, then of course that does lead you to realize that the problem is not only of women and men who do bad things to women, but the problem is broad and impacts each person in a certain way, so it is a bit of everyone's responsibility to change it ”.

“It is not fighting against men who are violent, but rather questioning this system that values violence in a man and the responsibility of care in a woman and I do believe that in a group format it is easier for that reflection to be given (...), The focus is not my behavior, but reflecting on how society works ”.

ANNEX II

Session 1: Introduction day

Support PWP for presentation.



#Divergent Group

A group for people who question gender norms and stereotypes




#Gender differences worldwide

- (1) Boys are constantly encouraged to be **strong and independent**, while girls are seen as **vulnerable and in need of protection**;
- (2) with the onset of puberty, boys are expected to **demonstrate their sexual toughness and prowess**, while girls are responsible for **attracting male attention**;
- (3) concerns about female sexuality and reputational risk lead parents to strictly control their daughters' behavior and **freedom of movement**;
- (4) boys who do not **meet local standards of masculinity** are **intimidated** and ridiculed by their peers, while girls who violate local norms of sexual property are **shamed and severely punished**;
- (5) boys should **never display traits or emotions** associated with femininity.



Blum et al. (2017)



#What do you think?

**This mandates
have been part of your
upbringing?**

**Is there something in particular
with which you feel indentified?**

#Gender differences in mental health

For each man there are:

2.5 women with anxiety disorders

2.3 with depression

4.5 with anorexia and 8.0 with bulimia

3 with Borderline Personality Disorder



For each woman there are:

5 with antisocial disorder for every woman

**Substance use is 2 to 3 times higher
and the suicide rate is between 3 and 4 times higher in
men than in women**

(OMS, 2014; Wittchen et al., 2011)

#Group objectives

Question and transform attitudes, beliefs and behaviors in relation to stereotyped male and female gender norms that are detrimental to psychological well-being.

Modules:

- Question gender socialization, one's own introjects in this regard and its impact on one's own self-concept
- Offer more equitable alternatives to hegemonic gender roles
- Promote actions through psychotherapeutic exercises that allow participants to make gender roles more flexible and allow them to relate more equitably.



*Create a **community** which encourages these changes

Why Divergent?



Why Divergent?

Gender norms have long dictated what is
"normal" for men and "normal" for women.

What was normal 20 years ago is no longer normal now ...
And although we have come a long way in terms of equal opportunities,
there are norms and stereotypes that are worth questioning because
even today they **harm both our health and our psychological well-being**

*"Sometimes, to reach a solution, the problem must be analysed in a
#Divergent way"*

**With this program we invite you to question "Normality" and transform
it with the support of a community that accompanies you.**

Why Divergent?

We have the right to say NO
to stereotypical Gender norms.

We have the right to diversify normality

**WE HAVE THE RIGHT TO CHOOSE FOR OUR WELFARE
EVEN IF FOR SOCIETY IT SEEMS #Divergent.**

We have the right to **#TRANSFORM** the rules
for a better future.

We have the right to **accompany** us in this process, it is **everyone's
responsibility!**

#For whom?

Do you dare to question normality?

This group is for you if you dare to question your role as a woman or a man in this society and want to seek more equitable and healthy alternatives to build relationships based on equality and respect.

This group **is not for you** if because of your culture, values or religion you do not agree with the group's objectives.

#Where?

Centro cívico del barrio de Sant Andreu

#How?

Module	Sessions	Content
Question gender socialization and our own introjects	1. Introduction day	Recognise norms not as mandates, but as social constructions open to change.
	2. Gender backpack	
	3. Gender shields	
	4. Behind his and hers mask	
	5. What I think of myself	
Alternatives to hegemonic roles	6. The freedom to feel and express emotions	Become aware of how gender influences our self-concept and freedom to express emotions. Disprove stereotypes and introjected myths of society
	7. Listen, recognise and dialogue with fear	
	8. Breaking myths of romantic love	
Promote changes	9. Exploring shame and its alternatives	Know the movements that actively fight in favor of equality and offer us alternatives to hegemonic gender roles.
	10. Feminist alternatives	
	11. Alternatives to traditional masculinity	
	12. Co-responsibility, essential for change	
Promote changes	13. Assertiveness, an indispensable skill for equitable relationships	Create skills and give psychological tools to maintain healthier and more equitable relationships.
	14. Care and self-care as an ethical position towards wellbeing	
	15. Love as a transforming element	
	16. Equitable rights and duties from now on	

**"What is Utopia for?"
 "Utopia is on the horizon ... I walk
 two steps, it moves two steps away
 and the horizon moves ten steps
 further. So what is utopia for?
 For that, it serves to walk "**

**-Fernando Birri
 Argentine filmmaker, director and actor**



Annex III

Session 3: Gender Shield (Source: Sachis & Atable, 2018)

Imperfect Woman. Tap to take photos. You have to prepare! Shave. You are imperfect. All those hairs shouldn't be there. In the head yes, you will never have enough.

Today they touch photos. Your partner is ready in two minutes. He's a man, he doesn't need all that, he's handsome just like he is. Your? You may be presentable in an hour and a half.

You know, you are a woman, imperfect. Cover the dark circles, unify the skin, hide that embarrassing grain, oh that wrinkle! Paint the eyebrow, put more lashes on the lashes, curl them with a torture device, more eye-liner to mark the eye, blush, perfect mouth, highlighter in strategic areas, mascara like there is no tomorrow.

The hair, so straight and so graceless. More volume, more loops, more extensions, more more.

Now yes, you already look a little better. Because you need it, because you want it. Because you feel imperfect. Clothes. What a small chest! Is that cellulite? Something that is sexy, feminine, sophisticated, and of course as uncomfortable as possible. It doesn't matter if it's cold. And heel, you're short and you have to style. It doesn't matter if you're about to fall or your feet bleed.

You are a woman, imperfect.

Now smile, natural.

Now look at that magazine: "We like real women", but not that one, which has cellulite and is horrible. That one either, you've seen what toes! And that one over there has her ass a little saggy. How can he not be ashamed to go out like this. But, uh, we like real women. Love yourself as you are. But do not have dark circles, or wrinkles, or hair where it does not touch, or fat, or small tits, or many years (if you have them, it does not look like it), or a very big or very small ass, or bitten nails, or posts, too many ideas. But love yourself.

And tomorrow you work and you will get up an hour and a half earlier of your own free will because you have to wax, put on makeup, comb your hair, get dressed. Because that way you look good, and pretty, and feminine. Because you want it. Because if you don't, you feel naked, weird, ugly, bad. Because that's how you'll feel for a while how you're supposed to be. Because you don't know why or how, but you have it engraved to the core. Because you are a woman. Imperfect.



Jenner, M. [@michellejoyjenner]. (01/22/2016). *Mujer imperfecta* [Miniatura con enlace adjunto] [Instagram feed]. Instagram. <https://www.instagram.com/p/BA2ycFFuuCt/>

Small group questions:

1. Do you think that aesthetic pressure affects women more than men?
2. Has the belief that women are "imperfect" become naturalized?
3. Could you write a text like the one the actress did, but in this case criticizing gender stereotypes that affect men?

(For those who want to (it is voluntary), we will give them the option to publish their text on the group's Instagram account [@grupodivergente].

Questions for the whole group to close the session:

1. What are the most common characteristics of the masculinity and femininity model?
2. Is it the same model for the whole group or is there diversity?
3. How does it make us feel like the model?
4. How does being alternative people make us feel?
5. Is it important to consciously oppose the model?

Annex IV

Session 4: Behind his and hers mask (Source: Sachis & Atable, 2018).

Transcript of the trailer for the documentary The Mask You Live In

Stop crying. Enough, tears. Do not Cry. Get up. Enough, of emotions. Don't be a coward. Don't let anyone disrespect you. Be calm and be a little arrogant. He always keeps his mouth closed; nobody wants gossip. Friends go before girls. Don't let your girlfriend run your life. Have sex! Do something! Be a man! Have balls ! Be a man!

From the team that created "Misrepresentation" comes a search for American masculinity. The three most destructive words a man hears as a child are: "Be a man." In the United States, an idea of masculinity is built that does not allow boys to feel safe with their masculinity; this makes them have to show it all the time. In the group of equals, each one adopts a pose in relation to the others, who also adopt a pose. And in the end, what they end up lacking is what everyone wants: privacy. As soon as all goes well, friends are great; but if the situation worsens, you are left alone.

Since high school I have had four close friends. When I went to school, I had a hard time finding people to talk to because I felt like I couldn't ask for help. Our children get up every morning and have to prepare their masks to go to school. Many of our students don't know how to take it off. Why don't you let people see you? Almost 90% of you write "pain" and "anger" on the back of this sheet. If you never cry, you will always have all these emotions inside you. And you won't be able to get them out of there.

They have grown up in a society that does not value what is feminized. If we live in a culture where understanding is not valued, relationships are not valued, or empathy is not valued ..., boys and girls, men and women will go crazy.

He had anger issues in high school. I felt like an outcast. I've been expelled at least once a year since I've been here. We just look for trouble and so we try to fight. Boys are more likely to get on badly, to be more aggressive. Most people think of it as a depression or a behavior problem, or just a bad child. Less than 50% of boys and men with mental problems seek help.

I felt like I passed out of life, you know? I had suicidal thoughts running through my head in sixth grade. I felt lonely for a very long time, and in fact, I thought about committing suicide. Every day, 3 or more boys commit suicide in the United States. Whether it is homicidal or suicidal violence, men resort to this desperate behavior only when they feel ashamed and humiliated, or they think they will feel this way if they do not show that they are real men. If they tell you from the outset, "Don't let anyone disrespect you," and "This is the only way a man can manage," respect is related to violence.

If I become a man, why be less than that, do you understand me? It is an instinct. As a society, where are we failing? So be a man. Be a man. Be a man. Have balls! Be a man. Be a man! This is it, guys. Here ends my hyper-masculine tale. "

Video transcript "Now or never"

"What a beautiful girl! You're a princess. Make a kiss to mom's friend, she gives me that she doesn't want to. Don't worry if the children throw you on the floor, they like you. How funny, the children, lifting their hands. skirts!

They are children's things. Don't be such a beast playing, you look like a boy. Older girls don't cry. You have to be good. The ladies don't call. Shut up. Look how pretty, with your hair combed. If they see you play with the boys they will call you big man. You're beautiful. Girls are very complicated. Don't worry if they treat you badly, they are envious of you. Girls tend to be smarter: they always play, while you study. Stop complaining.

Video games are for boys. Cars are for boys. The kitchens are for girls. Judo no, better rhythmic gymnastics. Girls are always more polite, so quiet. Computing?

Don't you prefer to dance? So pretty that you are wearing a skirt! Don't go with anyone other than us. Be careful. You don't take anything from anyone. There are very bad men. Have a boyfriend? Already? Don't you have a boyfriend yet? You are always surrounded by boys, calfabraguetes. They told me that she sucks off your boyfriend, bitch. She calls when you get there. Ask your friends to join you. Be careful. Don't come back alone. Dressed like that, you look like a pious woman. Dressed like this, you look like a whore. If you didn't want me to look at you, why cleavage doors? If you didn't want me to touch you, you wouldn't have warmed me up. What's up, do you have your period? You dance like that to excite me, you walk like that to excite me, you look at me like that to excite me.

Do you vomit to lose weight? How superficial, the beauty is on the inside. Hey man, go get the fat friend, they are easier because they are desperate. You fuck everyone, bitch. Although virgin, frigid? You look great. Don't even touch yourself. Be a mother? Weren't you too young? Are you not too old? Do you have no ambition? Don't you want to be a mother? You are too young to know.

You are going to miss the most important thing in a woman's life. You wear too much makeup to come to class. Oh, if you fix yourself a little! You have it easier, with teaching the tit everything is done. What's for dinner? What is there to eat? Where are the tablecloths? Did you iron my shirt? There is nothing left in the fridge! Now I can't speak, I have to do things. You should be grateful they looked at you. What any man would give to have this power. If he looks at you again, hit him.

After so long, you tell me that you don't want anything with me? Men and women cannot be friends; they always think of the same. This guy treats you well, what more do you want? You were so hard because you lack a good fuck. Don't be hysterical, it was a joke. How quickly you get offended, you can't take a joke. Stop crying now, fig, you were older. Don't tell me that in front of my friends. You don't wear this skirt if I'm not fucking around. Don't go out until this late.

Don't argue with me in public. Did he rape you? And what did you say to him? What were you wearing? They must have done something. Fuck, I can't tell you anything. Hush, I'm talking to my friends. Don't you want sex again? If it weren't for me, you wouldn't have anything. If it weren't for me, you would be nothing. I love you, girl, that's why I protect you. I love you girl, don't leave me. You are a bad mother. You are a bad wife. You are a bad friend. Don't leave me, or I'll do something crazy. I'm sick of your moves. Stop getting hysterical. You treat me so badly that I get nervous. That you do not leave me, fuck, or kill you.

She appears dead. "

The representation project. (2015, 25 de enero). The mask you live in[Video]. Youtube. https://youtu.be/t_Vja13xxkI; IES Diego de Siloé. (2017, 29 de marzo). Ahora o nunca[Video]. Youtube. <https://youtu.be/IX---4oLr2U>

Annex V

Session 6: *The freedom to feel and express emotions* (Cáceres et al., 2020).

Discussion questions about at the end of the activity:

1. How have you felt?
2. Have they been able to relax?
3. Which emotion has been the most difficult for you to express and which is the easiest? Why?
4. Which emotion is the most difficult for you to express in words and which is the easiest?
5. Do you think it has something to do with the mandates imposed by society on how men and women have to behave?
6. Do you think that in this case they are mandates that mainly affect men?
7. Watch the In and Out video. *Test of masculinity. Males don't dance?* (Link: <https://youtu.be/bBY9Zf9NGWI>) And to make a final reflection on the limitations of expression that society has imposed on masculinity for a long time.

Annex VI

Session 7: Listen, recognise and dialogue with fear (Source: Sachis & Atable, 2018).

Visualization to read step by step to the group:

This activity offers you a way of working to transform fear by disidentifying the character of fear, in order to observe it, listen to it and act on another plane of consciousness, for these we will follow the following steps:

1. Close your eyes, breathe slowly and deeply, with your jaw and mouth relaxed. Relaxing music can be played at low volumes.
2. Identify a fear that wants to work. What or which beings are you afraid of? What situations (of rejection, criticism, abandonment, loneliness ...) do you fear? How do you react to these situations?
3. See fear on a screen. As if you were in the cinema, imagine that the image of your fear appears. Observe the shape, color, movement, and sound of that image. Also observe the one that occurs within you.
4. Recognition. Imagine that you can lie down to this image of fear. Acknowledge it, accept it and give thanks for everything it does for you, since it alerts you to a problem or danger and the necessary resources to overcome it.
4. Recognition. Imagine that you can lie down to this image of fear. Acknowledge it, accept it and give thanks for everything it does for you, since it alerts you to a problem or danger and the necessary resources to overcome it.

6. Negociación. Pídele que esta imagen del miedo te dé también algo. Reconoce la energía que tiene y la que guarda en su interior y dile que tú la necesitas para emplearla en tus proyectos. Imagina que esta energía recorre ahora tu cuerpo. ¿Cómo te sientes?

7. Farewell. Say goodbye to fear, thank him for what he does for you and leave the dialogue until another time.

8. Image drawing. Open your eyes and try to draw, in silence, the image with the colors with which it appeared. Once drawn, write the following question under the image: "What do you need?" Silently watch and find out the sensations, emotions, and ideas that are presented.

9. Share in couples. Choose a person you trust and do a listening exercise. Stand in front of this person, choose who will speak first, and pay attention to their story. Don't interrupt them at all. Try not to judge or interpret their fear or what they say in relation to it.

Listen with empathy, as if you were that person and it happened to you and you feel the same as them. Try to observe their emotions and thank them for sharing this experience with you. When done, switch roles.

10. Share with the group. Group sharing helps us to accept other people and to realize that we all have similar emotions, which we express in a particular way. Exercise helps us move to another level of consciousness, because sharing our emotions in a group increases solidarity among people, helps us to accept the situation and find resources to satisfy our needs, thanks to the help and clues that we receive. The other people offer. Knowing how to ask for help makes us live more fully, to feel gratitude and connection with others.

11. Individual and group body expression. Stand in a circle with the pictures on the ground and try to represent expressions and movements similar to those in the pictures. Imagine a sound and move your body imitating the movement of the image, but without moving from the place, like on the treadmill in a gym. Later, when there is movement, some steps can be taken in the room. Once this is done, move into two rows. One row will advance towards the other making the movements and sounds of fear. There is always focusing on the movement that comes out of the interior. The other row will listen. Then the roles will be exchanged. The circle will be finished with the hands or arms linked, emitting its particular sound.

12. Group discussion about the exercise.

Annex VII**Session 8: Breaking myths of romantic love** (Lillo, J., 2014).

Stories about love are a set of prejudices, clichés and platitudes that leave a stale taste in the mouth. It happens this way because our idea of love is very old. Plato proposes the opposite figures of lover and beloved in 380 BC. And romanticism is a 19th century invention. But, due to constant repetitions these lies have taken on the appearance of truth. Are you able to distinguish them? In small mixed groups of 3 to 5 people, read and think of arguments to refute the following romantic myths.

Prince and Princess	Only the young, beautiful and innocent are meant to find true love
Better half	Is destiny. Someone special. Your better half.
Opposites attract each other	Real love happens between opposites: men and women.
Kings and Queens	You should show love with acts of service and overprotection.
The air I breathe	If that person is not beside you, you feel like you can't breathe. You NEED their company.
Desire	Heart over reason. Don't think the love is mindless.
Jealousy	If your partner doesn't get jealous is because they don't really care about you.
Abnegation and sacrifice	First above all are the needs of your partner. Your needs are secondary.
The ones who fight are the ones who care	Passion brings conflict. Is normal to fight between couples.
Pain and suffering	Are proof of your loyalty and your love for each other.
Everything for you	Life's problems are solved with love.
Happily ever after...	Happiness is being in love and in a relationship. Without love you can't be happy.

Lillo, J. (2014). Laboratorio: Prevención de la violencia de género en la adolescencia (Preguntas, juegos y actividades). Gobierno de Navarra a través del Instituto Navarro de Deporte y Juventud, y del Instituto Navarro para la Familia e Igualdad.
<https://www.navarra.es/NR/rdonlyres/8346E44F-1C60-4850-AAC8-7934034AB5C6/307347/laboramorioweb.pdf>

Annex VIII

Session 10: Feminist Alternatives (Sachis & Atable, 2018).

Discussion questions after viewing the conference

TEDx Talks. (2017, 6 de febrero). Feminismo y nuevas masculinidades[Video]. Youtube.

<https://youtu.be/jRhR1HCWORE>.




1. How would you define patriarchy or patriarchalism?
2. Discuss the global data showing gender inequality.
3. What ideas of your grandparents and their parents no longer make sense to your generation? What macho ideas still survive among young people?
4. Elbaum proposes the construction of another way of being a man. What can men do to make this change?
5. Define the terms Elbaum speaks of: machismo, hembrismo, misogyny, feminism, and feminism.
6. Elbaum points out 8 pillars of the inferiorization of women: education (weakness, strength); language; advertising; sexuality; work and economy; partner (care, financial resources ...), citizenship, and sexual and reproductive health. Give examples of each pillar.
7. Explain inequality in the field of sexuality.
8. Comment on the phrase: "A rapist is not sick; he is a healthy son of the patriarchy."
9. Comment on Angela Davis' phrase: "Feminism is the radical idea that holds that women are people"

Annex IX

Session 11: Alternatives to masculinity (Sachis & Atable, 2018).

Models of masculinity described by Flecha, Puigvert and Ríos (2013) to write on the blackboard:

Traditional dominant masculinity (MTD)	Oppressed Traditional Masculinity (MTO)	New Alternative Masculinities (NAM)
"The bully" or "The humorist"	"The confused" or "The defender of justice" * This boy only needs a reinforcement, a reference group or a key person who encourages them to build an alternative masculinity to the traditional one	"The boy with criteria"

<p>DESCRIPTION:</p> <p>Men in this masculinity have affective-sexual reactions based on power and dominance over women.</p> <p>These men even learn to suppress their emotions in order to maintain their dominance and avoid being vulnerable.</p> <p>These men feel an obligation to show their sexual desire for most women and have frequent and impersonal sex with diverse women to defend their masculinity.</p> <p>Not all BATs are violent. However, it is true that all violence against women is generated by an MTD.</p>	<p>DESCRIPTION:</p> <p>Within traditional masculinity, but on the opposite side of MTD, is the Traditional Oppressed Masculinity (MTO).</p> <p>The boys who are in this masculinity are those who are not aggressive or sexist and who do housework, but who lack attractiveness, do not arouse desire and are oppressed by BATs.</p> <p>This masculinity represents that person with whom it is convenient to be ethically, but who does not awaken affective-sexual desire.</p> <p>The power and violence on which the previous model is based are also sustained by this masculinity, since although they do not act in the same way, they do nothing to question the power and dominance of the BAT and change it.</p>	<p>DESCRIPTION:</p> <p>The New Alternative Masculinity (NAM) is totally opposite to the MTD and the MTO. Men who belong to this model combine good values and attraction, that is, sexual desire in women. For this reason, they seek affective-sexual relationships based on desire and love, thus distancing themselves from people with non-egalitarian and / or violent values. For this reason, his model of affective-sexual relationships is considered alternative.</p> <p>These boys are characterized by rejecting negative attitudes such as sexism, racism and double standards.</p> <p>They are characterized by: self-confidence, bravery and courage. Likewise, they emphasize that when NAMs support and help each other, an atmosphere of attraction and equality is generated.</p>
<p>FILM EXAMPLES:</p> <p><i>Twilight</i></p> 	<p>FILM EXAMPLES:</p> 	<p>FILM EXAMPLES:</p> 

Discussion questions:

1. What model do (men) think they looked like when they were teenagers?
2. And the women, do they have a friend, brother ... whom they can identify with one of the models?
3. Which one do you think is the most egalitarian? And the less?
4. Is there a predominant type of masculinity in the media?
5. What influence does advertising have on the imaginary we have of how a man should be or how attractive he is?
6. Women, is there one that usually turns out or has been for a long time especially attractive? Has the media sold it to us as attractive?
7. What kind of pressure does this imaginary exert on men?
8. Why have movies separated love from sexual attraction? Is it something you can identify in everyday life? Can't the guy who openly shows you love him be the one who attracts you sexually?

9. Are there enough role models of alternative masculinities? And that they are attractive?
10. Do you know any (whether they are public figures or close people)?
11. What do alternative masculinities need to cope with dominant traditional masculinity?
12. Do women find an alternative man attractive? What exactly would this type of man have to have to be attractive?
13. The need to be brave and to find a support network that shares the same values will be promoted among the group, since it is very risky to face what has long been considered desirable and admired in a man without a network of support for.

Annex X

Session 12: Co-responsibility, essential for change (Sachis & Atable, 2018).

SHEET 1: In the situations listed below, write who carries the different tasks at home

Laundry	
Encourage and comfort someone who is sad	
Wash the floor	
Iron	
Buy clothes	
Wash the car	
Help with homework	
Accompany the elderly or sick	
Spread the clothes for drying	
Help solve personal problems	
Take the car for maintenance	
Take care of children	
Go to the school meetings	
Keep bank accounts	
Talk to the teachers	
Buy food	
Take someone to the doctor's appointment	
Cook	
Fix the plugs	

SHEET 2

Use the following table to express what you give and what you receive from your family. They do not have to be material aspects ...

My family gives me	I give my family

Once both sheets are filled out, watch the Superheroes video (7 min)

(<https://youtu.be/SJ5ZWua5Czg>)

Discussion questions:

1. Have you noticed that the video is titled superheroes but it is actually about a superheroine? What kinds of associations do we immediately make to hero and which to heroine?
2. What do you think of the father's attitude?
3. How do you think the fact of not sharing the attention of the house and of the children influences a relationship?
4. The father teaches his son that his mother is a hero because she saves lives. He explains that she does it thanks to teamwork. What idea will this child get from his mother and what a heroine is?
5. General discussion in the whole group.

Annex XI

Session 13: Assertiveness, an indispensable skill for equitable relationships

Supporting PWP to explain the concept of assertiveness

ASSERTIVENESS

We understand by assertive behavior: expressing and adequately defending one's own opinions, feelings, requests and rights, especially in those social situations in which it is likely that one or more interlocutors may object.

ASSERTIVITY = SOCIAL SKILL

- Social skills are a set of behaviors learned naturally and therefore **capable of being taught.**
 - Social skills are **learned, they are acquired through experiences,** they are not an innate gift. They are not a personality trait, but a pattern of specific behaviors in specific social situations.
 - Any social skill is **mastered through practice.**
-

Communication styles

Inhibited

Assertive

Aggressive



INHIBITED	ASSERTIVE	AGGRESSIVE
They allow themselves to be dominated by others because they think they are right or for fear that they will be offended	You know yourself, you are aware of what you feel and want	Is self-assured and direct but inadequately
Allow others to involve you in situations that are not to your liking	Unconditional acceptance for themselves	It can feel good to be hostile but in the medium-long term it has bad consequences
Quiet, low voice and insecure, nervous, avoids eye contact, showing discomfort when interacting	Knows how to properly understand and handle their feelings and those of others	Does not sufficiently respect the rights and feelings of others

INHIBITED	ASSERTIVE	AGGRESSIVE
You do not feel in control of your feelings, experiencing emotional outbursts	Congruent and authentic person image	Relies too much on violence or imposition to resolve conflicts
Believe that you need to be appreciated by everyone and that if you stop being submissive, you will not get their approval	Does not demand the things he wants, but does not fool himself into thinking that they do not matter to him	Express their emotions and opinions in a hostile, demanding and threatening way
Does not face conflict	Accept your limitations and strive to realize your possibilities	Take conflicts as fighting, to give in is to lose
Afraid to express their feelings	True to himself, responsible for his life, active attitude	You do not feel responsible for the bad consequences of your aggressive behavior

INHIBITED	ASSERTIVE	AGGRESSIVE
Does not defend her rights by not respecting herself, believes that the rights of others are more important	Values and respects herself and others	Justify aggressiveness with sincerity and consistency
They excessively adapt their behavior to the rules and whims of others	Gets to choose who are friends and who are not	
You do not adequately express what you feel and want, you expect others to guess, and you feel bad when they do not respond	Express your opinions, wishes and feelings appropriately instead of waiting for others to guess them	

Negative consequences

Inhibited behavior
They do not express their thoughts, opinions and wishes or do so in a defeatist way
They do not recognize their qualities or potentialities, they feel inferior
They have unsatisfactory interpersonal relationships due to their resigned habits, with fear of rejection
They justify their passivity and fear
They experience unpleasant emotions: failure, blocking, inhibition, insecurity, guilt, dissatisfaction, anxiety, depression, repressed anger, resentment
They have trouble relating, those around them don't understand what they want, they feel uncomfortable
They are offended by what others say or do, but do not discriminate when they are exploited or belittled
Their submissive behavior attracts dominant people who treat them badly
They bow to the wishes of others and lock their own within

Negative consequences

Aggressive behavior

Emotional disturbances: tension, frustration, dislike, anger, hatred, and low self-esteem

Labor problems

Physical health problems (heart and circulatory)

Violence (family abuse)

Deterioration or loss of interpersonal relationships: those who live with aggressive people tend to hate them, withdraw or return their attacks

Sandwich technique

X - Y - Z FORMULA :

X - what the other does / does not do

And - take possession of the negative feeling ("it is ME who feels angry, it is not you who irritates me)" **When you ..., I feel ... "**

Z - request that can improve the situation.

- a. change any word / action in present or future.
- b. help solve any problem.
- c. comment on such issue at another time

Example

Negative expression of anger:

"You are selfish, why do you have to decide what we are going to do on the weekend?"

Constructive expression of anger:

"When you decide what we are going to do on the weekend without consulting me, I feel like you don't care and you don't take me into account. I would like you to consult me before or for us to decide between the two of us ... "

Assertive rights

1. Right to have and to change your mind.
 2. Right to express opinions.
 3. Right to make your own decisions and to decide what to do with your own body, time and property.
 4. Right to make mistakes and to be responsible for them.
 5. Right to be treated with respect and dignity.
 6. Right to behave assertively, even if the other person feels hurt, as long as you do not violate the basic rights of others.
 7. Right to say NO and not feel guilty about it.
 8. Right to stop and think before acting.
 9. Right to have and express your own thoughts.
 10. Right to ask for what you want (taking into account that the other person has the right to say no)
-

Assertive rights

11. Right to request information.
12. Right to be independent.
13. Right to feel good about yourself.
14. Right to talk about problems with the people involved and try to solve them.
15. Right to have your own needs and that are as important as those of others.
16. Right to have rights and defend them.
17. Right to be heard and taken seriously.
18. Right to be alone when you choose.
19. Right to do anything as long as you do not violate the rights of others.

Circumstances to be staged through role playing:

1. You're queuing to get on the bus and someone sneaks up on you. You get angry but you don't dare to say anything. How could you resolve this situation in a more assertive way?
2. A friend asks you if you can pick him up at the airport. Even though you are doing badly because you have a lot of work, you say yes. You don't want him to get mad at you. How could you resolve this situation in a more assertive way?
3. You've been thinking for a long time that you deserve a raise, but you don't ask your boss about it. How could you resolve this situation in a more assertive way?
4. Your partner wants to go out with friends but you want to stay at home resting, although you do not want to go, you agree because you have not gone out with your friends for a long time. How could you solve this situation in a more assertive way?
5. Your mother wants to come and stay home for the holidays but your partner does not want to. How could you resolve this situation in a more assertive way?

Annex XII

Session 14: Care and self-care as an ethical position towards well-being (Sachis & Atable, 2018).

1. SELF-CARE

Taking care of yourself is taking care of the body, food, rest. Also taking care of the emotional world, listening to it and respecting it and taking care of thoughts and beliefs, developing critical thinking and feeding it good readings and time to reflect. After thinking on the following questions, they can share them with a couple and, finally, have a discussion with the group-class.

Discussion questions

1. What does taking care of yourself mean to you?
2. What do you do to take care of yourself? Do you take care of yourself regularly?
3. Do you take care of yourself emotionally, physically and mentally? How do you do it?
4. Do you listen to your emotions and your needs? One way to listen to yourself is through breathing and silence.
5. What care do you give to other people? Do you take care more than they take care of you?
6. Do I feel cared for? What am I missing and what would I ask for? Do you ask others to take care of you when you need it?
7. After reflecting individually, share your reflections with one person. Then you will have a debate in the whole group.

2. CARE FOR RELATIONSHIPS

1. Describe the five most important relationships that you feel comfortable with and that nurture you emotionally. You can answer these or similar questions:

What do I get?	What do I give?	How do they treat me?	How I feel?	What am I missing?	How can I get what I am missing?

2. Describe some important relationships for you in which you do not feel completely comfortable because you are missing something or have some type of conflict and you can answer the same questions in the table above.

3. Discussion questions

1. In what relationships do you feel that you have more freedom and that they accept you as you are?
2. In what relationships do you feel that you lack freedom or that you are not fully recognized?
3. In what relationship do you feel that they protect and help you?
4. In what relationship do you feel that they do not fully protect you and do not help you?
5. In what relationship do you feel that you are listened to and can you speak confidently or express your emotions and feelings?
6. In what relationship do you feel that they do not listen to you or that you do not dare to say what you think and express your emotions and feelings?
7. When you have finished filling in the table, you can share your reflections with the whole group, if you want!

All people have needs and the right to be respected, heard, taken into account and, in general, to be treated well. We all need affection, protection and help in confidence, without threats or blackmail. Notice if any of the relationships you have are not good for your well-being, by you or the other person, and try to get out of these relationships. Demand good treatment and reject relationships that do not respect your needs and your boundaries. Find friends and relationships that satisfy you. If you don't have and don't know what to do, seek help.

Annex XIII

Session 15: Love as a transforming element (Sachis & Atable, 2018).

Read the text, *There are many kinds of love*, by the Vietnamese Thich Nhat Hanh and reflect on the following questions:

There are many kinds of love

There are many kinds and types of love: love of oneself, love of nature, love of brothers / sisters, friends, mother, father, son / daughter, partner, love of animals, to humanity ... Love can be found in different places and even everywhere. Why is love characterized? What ingredients does love have? How is love cultivated?

Love is understanding, it is tenderness, it is trust, it is valuing, it is caring, it is accepting each one as they are, it is freedom, it is compassion, it is sharing my happiness and wishing the happiness of the other.

In the words of Thich Nhat Hanh, true love has four characteristics:

- **Unconditional kindness or benevolence:** Ability to bring joy and happiness to the person you love. Learn to observe who we love because if we do not understand it, we will not be able to estimate it. Understanding is the essence of love. Take time to be present and attentive and observe deeply.

This is called understanding.

- **Compassion:** The desire and ability to alleviate the suffering of another person. To know the nature of her suffering and help her change, you also have to look deeply into it. To do this, meditation is necessary. Meditation is observing in depth the essence of things.
- **Joy:** If there is no joy in love, it is not true love. If we are suffering and crying all the time or if the person we love is made to cry, that means that it is not a true love, it can even be something contrary to love. If there is no joy in the relationship, it is surely not true love.
- **Equanimity and freedom:** True love does achieve freedom. When you truly love, you give the other absolute freedom. If not, it is not true love. The other must feel free, not only on the outside, but also on the inside.

Source: True Love, Thich Nhat Hanh, 2004

Discussion questions:

1. What is love for you?
2. What do you think of the four characteristics Thich Nhat Hanh talks about?
3. After reading the text and reflecting individually, get into mixed couples and share your reflections. Don't forget to listen, just listen carefully, when the other person is speaking. Don't interrupt her or interpret what she says. Each person speaks from what they think and feel. You don't have to convince anyone. You can only ask the other person questions when they have finished speaking. This it is also love.
4. Discussion in the group.

Annex XIV

Session 16: Equitable rights and duties from now on (Sachis & Atable, 2018).

Add the rights that you consider essential and once your list is finished, add a duty to each right (as seen in the first example).

Rights:

I have to live according to what I think and not according to the beliefs or expectations of other people. (I have a duty not to pressure anyone to act against their beliefs or their way of being).

I build my life independently of my family or group of friends.

My family has its life, its beliefs, its feelings, and I have my own.

I can choose. My life belongs to me.

I am not totally independent from other people, but I can accept what is best for me and reject what is harmful to me.

I have to save myself. No one can save me, but I can ask for help.

I have the right to ask for and receive help.

I have the right to be heard.

I have the right to express my opinions, feelings and wishes.

They can try to blackmail me, but I can avoid bending over.

I can express my discomfort when I feel that I am treated badly.

I say "no" when I want to say "no".

I acknowledge that other people can help me.

I have the right to be angry, sad, happy, etc.

I have the right to laugh and cry.

I am a valuable person. I trust myself.

I make mistakes and I can amend them.

I have problems, but I can ask for help to solve them.

I accept all my feelings and acknowledge them.

I have the right to my sexuality.

I have the right to pleasure, respecting the wishes of other people.

Declaration of authorship

The present document is the English version done by myself, for the original project: #GrupoDivergente: Programa de intervención psicoterapéutico grupal para la construcción de masculinidades y feminidades más saludables en adultos.

I declare that this work is original and has been made by myself, without having used other sources or aids other than those referenced. I have also indicated the origin of the literal fragments, or of content, that I have taken from third parties.

A handwritten signature in black ink that reads "Lina Camacho". The signature is written in a cursive, flowing style.

Lina Camacho Libreros.