

ADDRESSING ETHICAL ISSUES IN STUDYING MEN'S TRAUMATIC STRESS

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ABSTRACT

Like many human experiences, traumatic stress is highly gendered. Over the past several decades, a substantial number of empirical studies have explored ethical issues in traumatic stress research. However, these studies have typically reported female samples or failed to account for the influence of gender in their analyses of mixed-sex samples. By extension, ethical issues that are relevant to male participants in traumatic stress research are poorly understood. After briefly exploring why the vulnerabilities of male participants are under-explored in traumatic stress research, this article highlights many ethical issues that are important to address when men participate in traumatic stress research, concluding with some suggestions for how these might be taken up to advance the field.

Keywords: men's traumatic stress research; research ethics; men's mental health

Research estimates that 60.7% of men will experience a major traumatic event in their lifetime,¹ and of these, between 3.2% and 65% will develop post-traumatic stress disorder (PTSD).² Trauma often poses unique challenges to men's sense of self³ and has been shown to disrupt culturally prescribed masculine ideals of strength, resilience, and invulnerability.⁴ The spectrum of effects is illustrated in data that shows that 65% of men who are raped develop PTSD, whereas only 3.2% of men who experience a motor vehicle accident develop PTSD.⁵ That is, trauma context heavily mediates damage to men's gendered identities and practices.²

Within the last several decades, a significant number of empirical studies have focused on ethical issues in traumatic stress research, to assist researchers and Institutional Review Boards/Research Ethics

Boards (IRBs/REBs). Topics have included risks and benefits,⁶ beneficence and non-maleficence,⁷ and informed consent.⁸ To date, however, these studies have focussed on female-only samples⁹⁻¹¹ or have not accounted for gender in their analyses of mixed-sex samples.^{12,13} By extension, some ethical issues that are ever relevant to men's traumatic stress research remain poorly understood. After briefly exploring why ethical issues in men's traumatic stress research are under-explored, this article details several evidence-based ethical issues that should be thoughtfully considered and addressed to advance the field.

By way of background, for this article, *men's traumatic stress research* refers to studies that explore the psychological impact of traumatic life events, including sexual abuse, war trauma, and bereavement on men. This article focuses on men's gender

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or masculinities¹⁴ to interrogate the ethical issues that can emerge in men's traumatic stress research. The goal of this article is to highlight ethical issues to be addressed by researchers and IRBs/REBs when men participate in traumatic stress research and comprises two sections: (1) a discussion of why ethical issues have been under-studied in men's traumatic stress research, and (2) a discussion of ethical issues that can arise in men's traumatic stress research. The article concludes with recommendations for conducting ethical studies to advance understandings about men's traumatic stress experiences.

WHY ETHICAL ISSUES IN MEN'S TRAUMATIC STRESS RESEARCH HAVE BEEN OVERLOOKED

There are diverse reasons why ethical issues have been overlooked in men's traumatic stress research. For example, this oversight may reflect the general lack of scholarship on men's traumatic stress experiences. Indeed, men have received little attention in gender-focused trauma research, a knowledge gap highlighted in a recent review of the refugee trauma literature, which found that only 5% of the gender-focused studies focused on men.¹⁵ Similarly, traumatic stress remains under-explored within the nascent field of men's mental illness, which to date has largely centered upon depression and mental health help-seeking practices.¹⁶

The most likely reasons for why ethical issues in men's trauma research are overlooked flow from over-arching gender norms that define vulnerability and psychological/emotional distress as the antithesis of idealized masculinities.¹⁷ Here, Connell's masculinities framework offers a valuable interpretive lens wherein gender is conceptualized as socially constructed and replicated through the social relations operating between individuals, groups, institutions, and cultural systems. Related to vulnerabilities in the context of men's traumatic stress, gender norms position emotional and psychological vulnerability as weakness, running counter to the power, toughness, and control synonymous with idealized masculinity. As a result, concealments prevail wherein men are unlikely to reveal psychological and emotional vulnerability, and outsiders are blinded to the existence

of vulnerabilities in men – or the likelihood that they could be disclosed. Examples of this concealment can be found throughout the literature. For example, within the family, men's mental health issues are less likely to be detected compared to females.¹⁸ Similarly, within healthcare settings, clinicians are less likely to detect mental illness symptoms,¹⁹ and less likely to diagnose mental illness in male patients.^{20–22}

Ironically, in the specific context of men's traumatic stress research, the tendency to overlook ethical issues may also be perpetuated by ethics guidelines. The concept of "vulnerable population" for example has existed in ethics guidelines since they were first formulated in the *Belmont Report*.²³ The concept is used to identify and give special consideration to those less able to safeguard their interests in research. This, of course, is important: some individuals are more susceptible to harms and being taken advantage of than others, and it is morally incumbent upon investigators and Institutional Review Boards/Research Ethics Boards (IRBs/REBs) to protect the interests of these participants. However, as we outline below, how the concept of vulnerable populations is operationalized in research ethics guidelines can be problematic, particularly in the context of men's traumatic stress research. The predominant assignment of vulnerability in research ethics guidelines attaches the label as categorical to sub-populations.²⁴ This approach begins from the position that there are ideal research participants who are mature, clear-thinking, educated, socially privileged, and economically self-supporting. 'Vulnerable' populations are by differentiation defined in opposition to these idealized participants.²⁴ The result is a type of binary essentialism in which participants are categorized as either "vulnerable" or "not vulnerable", based on their membership in a specific sub-group. Because of their social and economic advantages, men, as an overarching category, are often assumed "not vulnerable" unless they explicitly belong to vulnerable sub-populations (e.g., homeless, prisoner, Indigenous, gay). Research ethics guidelines exert an influence on how research problems are conceptualized, and by extension, how they are investigated and addressed. The result of the binary essentialism is that those who are assumed 'not vulnerable' can be underserved.²⁴ This danger is further compounded because

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sub-population approaches fail to recognize contextual vulnerabilities (i.e., those that arise specifically as a result of participating in the research).²⁵

ETHICAL ISSUES IN MEN'S TRAUMATIC STRESS RESEARCH

Having briefly examined why ethical issues in men's traumatic stress research are overlooked, the following section, drawing on published research, outlines two ethical issues in men's traumatic stress research: (1) risk assessment and (2) informed consent. While each of these issues is discussed separately, they often overlap. In other words, issues and concerns about risk assessment iteratively connect with informed consent in an array of complex configurations.

Risk Assessment

Having a favourable risk-benefit ratio is one of the conditions of ethical research.²⁶ This criteria entails the minimization of risks, enhancement of potential benefits, and the establishment of a favourable proportionality between risks and benefits. Ethics codes and government regulations similarly require researchers to anticipate and identify all pertinent risks in research to ensure that participants are not exposed to an unnecessary or disproportionate likelihood of harm.^{27,28} To determine the level of risk in traumatic stress research, investigators have diversely employed risk-benefit analyses,²⁹ the minimal risk approach,³⁰ and often a combination of the two.¹² Generally, the level of risk has been assessed as tolerable with benefits of participation outweighing the risks, and traumatic stress research posing no more than minimal risk.⁶ However, evidence suggests that the risk-benefit ratio for men's traumatic stress research may be less favourable.

Distress as a result of discussing traumatic experiences is the primary risk in traumatic stress research.⁶ As we outline below, research suggests that some men may experience high levels of risk and low levels of benefits from speaking about their traumatic experiences. Clear evidence for this comes from the work of Martin and Doka^{31,32} who, working within the field of bereavement, outlined a spectrum of grief responses between *intuitive* and *instrumental* styles of grief. Those on the intuitive end of the spectrum tended

towards an outward and affective expression of grief, while those on the instrumental end were more intellectual and inexpressive. Herein, grief was considered to be one kind of traumatic stress.³¹ Intuitive grievers gained strength and solace from openly sharing and speaking at length about their experiences, and actively sought out opportunities to do so (therapists, support groups). Instrumental grievers, on the other hand, desired to master their feelings, gain strength through the completion of practical task-oriented activities, and tended to avoid speaking openly about their experiences. Unlike intuitive grievers, instrumental grievers often found speaking about their traumatic experiences stressful and emotionally threatening, and they did not enjoy talking about their traumatic experiences nor access potential benefits associated with talking through traumatic experiences.³²

Differences in grieving patterns are highly correlated with gender. In general, those on the intuitive end of the grief spectrum tend to be women whereas those on the instrumental end tend to be men.³¹ The roots of this distribution are believed to lie in gender socialization. In essence, boys and men are socialized to control their emotions, learn active and problem-focused solutions for emotional problems, and value self-reliance. Indeed, solving one's problems and facing one's difficulties alone have long been defined as hallmarks of masculinity.³³

Doka and Martin's^{31,32} work is confirmed by recent psychological research. For example, experiential avoidance strategies, such as avoiding or suppressing unwanted emotions and not talking about emotional distress, are central to many men's psychological experiences.^{34,35} However, here a note of caution is required. Gender influences but does not determine an individual's style of traumatic processing and expression; many men can present with an intuitive style of grief and can both enjoy and gain benefit from talking through their traumatic experiences.³² This diversity is confirmed by depression research that has found some men prefer talk therapy over other treatment modalities,³⁶ and that some men who participate in research find benefit from discussing emotionally sensitive topics.³⁷ There is also emerging evidence to show that traditional masculine norms around emotional restraint and stoicism, though still

dominant, are beginning to change.³⁸ Young men in Western countries appear to be becoming more open to discussing emotions than previous generations.^{39,40} Thus, while Doka and Martin's work on intuitive and instrumental grief patterns may be a guide to understanding some men's trauma experiences, it should not be used as a predictor. It is important to recognize the plurality of masculine experiences surrounding emotional expressions.⁴¹

The distinction between intuitive and instrumental grief patterns has implications for risk assessment in traumatic stress research. For men who are instrumental grievers, high levels of emotional and/or psychological distress from participating in in-depth interviews about their traumatic stress experiences might occur. Likewise, they may be less likely to draw benefits, such as cathartic release from discussing their experiences.⁶

This also has implications for the determination of minimal risk, which is defined by the Common Rule as "The probability and magnitude of harm or discomfort anticipated in the research are not greater in and of themselves than those ordinarily encountered in daily life or during the performance of routine physical or psychological examinations or tests."⁴² Because of the potential for men to align with the instrumental grief patterns, some participants may be unlikely to talk in-depth about their traumatic experiences, and choose instead to avoid situations in which they might feel obliged to directly confront their experiences. This may help to explain, at least in part, why some men are uncomfortable with mental health care services⁴³ and why, normatively, men are often reticent to volunteer for mental health research studies.⁴⁴ In the context of traumatic stress research, the level of distress and discomfort that accompanies participation will probably be higher than some men experience in every-day life or routine medical examinations or tests. This possibility challenges assumptions that traumatic stress research constitutes a minimal risk for men, a leap of logic that is based on research that does not consider gender diversity in its processes.³⁰

Another central tenant of risk assessment is that researchers continuously monitor the wellbeing of their participants to take appropriate steps when necessary, such as withdrawing the participant and referring him/her to appropriate health or social

services.²⁶ However, in the case of men's traumatic stress research, emotional/psychological risk may be more difficult to identify. This is a consequence of men's unique pattern of mental health behaviour.

Many men embody distinct health and illness behaviours. For example, men are known to risk rather than promote their health, self-monitor and treat symptoms, and deny or downplay illness.⁴⁵ Like other aspects of their experience, men's health behaviours are linked to masculine norms that the expression of vulnerability is inappropriate, that only 'weak' or 'feminine' men respond to stress, and that it is 'manly' to ignore symptoms of ill health.⁴⁶ This can result in the widespread denial of suffering and the suppression of affect, especially surrounding emotional and psychological issues.⁴⁷ Within research, male participants have been found to employ a type of masculine performance whereby they exaggerate qualities that align with idealized masculinity such as stoicism, rationality, and control and downplay qualities that challenge this ideal, such as emotionality and vulnerability.^{37,48} The risk of masculine performance can be heightened in research exploring emotionally sensitive questions or topics, which can threaten the masculine credibility that a participant is attempting to project.⁴⁸ This holds particular relevance for the study of traumatic stress, the powerlessness of which directly challenges the masculine identity.⁴ The identity of the researcher can also affect masculine performance. Issues of race, class, age, gender, and sexuality, in combination with certain topics, can heighten the masculine threat posed by research.⁴⁸ Within an interview, for example, the threat potential is likely to vary if a young gay man asks other young gay men about sexual abuse, as opposed to an older straight man asking the same questions.⁴⁹ Relevant to ethics in men's traumatic stress research, masculine performance can result in participants suppressing, denying, or dismissing emotional and psychological stress that results from research. Participants may also be less likely to stop the interview or choose not to answer certain questions out of a fear that they will be deemed 'unmasculine' for doing so.⁴⁸ Such behaviours can challenge traumatic stress researchers to recognize when male participants are experiencing distress, and consequently fail to take appropriate actions.

INFORMED CONSENT

Related to risk assessment, ethics codes and government regulations require researchers to assess if potential subjects can make informed judgments about their participation. In terms of informed consent, one of the central requirements in research ethics is that the decision to participate be voluntary and that participation should not be coerced by outside parties, regardless of the anticipated benefits or minimal risk. Coercion can come from several sources, including financial and medical incentives and power differentials between the researcher and the participant. Family members can also be a source of undue influence. This was recognized by the Belmont Report,²³ which stated that: “undue influence includes actions such as manipulating a person’s choice through the controlling influence of close relatives and threatening to withdraw health services to which an individual would otherwise be entitled.” In the case of men’s traumatic stress research, the pressure to participate in research may not come from “controlling” relatives but rather from loved ones who are concerned about a man’s emotional and psychological wellbeing. Influenced by the cultural ethos that links psychological healing to verbal expression, loved ones often worry that because a man is not openly talking about his traumatic experiences, he is not ‘properly’ dealing with it – and therefore healing from it.⁵⁰ Out of this concern, and a desire for reassurance, there is a danger that loved ones will pressure men to speak about traumas to a research ‘expert’, as a cleanse or closer to what occurred. Rosenblatt⁵¹ described such a scenario:

They [participants] would not have said yes had they not been pressured by a family member... One example of what I considered coercion by a family member began when a woman who I was going to interview told another woman about the study. The latter woman and her husband had lost a child in a farm accident a few years before. This woman called me while I was interviewing her neighbours and asked me to visit... she told me that he (husband) had never talked about the accident. I came to her farm as soon as I was free, and followed the husband from cow to cow, telling him the things stated in the advertisement for the study. He

was hurting as we talked, using jokes and laughter to hold back tears, but he eventually said he would do it.⁵¹

While Rosenblatt was convinced that in the end, the experience of the participant talking through his grief was helpful, he conceded “[t]his man would not have participated if he had not been so pressured by his wife.”⁵¹ In other words, challenges to the voluntary nature of consent can occur because, in this case, the risk-benefit ratio assessment was based on the assumption that talking would be the elixir for the man’s trauma – rather than a trigger for re-injury.

BEST PRACTICES

Having identified some ethical issues faced by male participants in traumatic stress research, there are several steps through which they can be addressed.

First, before data collection begins, investigators should take the time to adequately understand the nuance and complexity of men’s emotional and psychological distress experiences, expressions, and help-seeking behaviours. This can allow researchers to better recognize any discomfort and emotional difficulties that arise as a result of participation and take appropriate actions. Particular attention should be paid to how masculinities are performed in the context of traumatic stress research and how power dynamics (real or imagined) between the researcher and the participant can influence the information that is shared. To further monitor wellbeing, investigators should also consider screening potential participants using male sensitive instruments (see Rice et al 2013;⁵² Magovcevic and Addis, 2008⁵³). Such measures are specifically designed to detect issues of emotional and psychological distress in men, which may be overlooked by more generic measures. These measures can help investigators determine if a participant can safely participate in traumatic stress research. Considering Martin and Doka’s^{31,32} research on intuitive and instrumental grief, it is likely that men will experience diverse levels of benefit from discussing their traumatic experiences. When undertaking men’s traumatic stress research, researchers should anticipate diverse styles of trauma processing and expression. Lastly, researchers and IRB/REB members should be aware of the effect

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that gender roles, relations and identities have on the voluntariness of participant's consent and ability to withdraw from research. As part of the intake assessment, investigators should consider explicitly asking about potential participants' motivations and expectations for taking part in the study. In this way, instances, where a man may be unduly pressured by family members to participate in traumatic stress research, could be identified and addressed.

In conclusion, the ethics in men's traumatic stress research demands attention to fully apprehend the nuances of this critically important work. The processes by which men are recruited, the role of researchers in co-constructing what is shared by participants, and the analyses of that data demand fulsome accounts. These practices extend beyond efforts and avenues for good research ethics to embrace the qualitative enterprise.

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