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# INTRODUCTION: WHAT IS THE POINT OF THIS BOOK?

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This is a fair question, especially given the ever-increasing media, policy and research attention devoted to men's health issues over the past twenty years or so. Of course, this attention to men's health is long overdue, considering enduring sex differences in mortality and the overrepresentation of men in statistics concerning major killers such as heart disease and cancers (see Box 1). While these trends can be partly explained through recourse to social class indicators (e.g. income, postcode, education), and biological factors can also be implicated (e.g. genetic predisposition), the role of gender remains significant. In other words, problems in men's health can and have been widely attributed to 'masculinity'. This thesis that masculinity is bad for men's health can be traced to Harrison's (1978) influential paper, 'Warning, the male sex role may be dangerous to your health', and it is a thesis which remains popular today, with, for example, dedicated media campaigns urging men to look after their health (see Gough, 2006). However, this pathologisation of masculinity masks the complex and sometimes contradictory nature of masculinity – or masculinities – which has been demonstrated in the wider literature on men and masculinity studies (e.g. Connell, 1995; Connell & Messerschmidt, 2005). It is only very recently that some researchers working in the field of men's health have taken on board this literature to produce more critical analyses of men's identities and lifestyle practices in relation to health contexts (see Robertson, 2007) – and we have invited a number of those people to contribute to this book. This book, then, is designed to showcase a range of contemporary theoretical and empirical contributions, emanating from a range of disciplinary (and interdisciplinary) settings and geographical locations (the UK, Canada, Australia) which foreground issues

**Box 1 Men, mortality and morbidity: some headline figures**

- Average life expectancy for men in the UK is approximately four years less than it is for women (Office for National Statistics, 2006).
- There are significant inequalities in life expectancy between men in terms of social class and geographical location (White *et al.*, 2005).
- Men's deaths exceed women's across a number of serious diseases; for example, men are twice as likely than women to develop and die from the ten most common cancers affecting both sexes (Men's Health Forum, 2004).
- Men in the UK are significantly more likely to be overweight and obese than women (Office for National Statistics, 2003).
- Men in the UK are less likely than women to consume the recommended five daily portions of fruit and vegetables, and are more likely to have a higher than recommended salt intake (Office for National Statistics, 2006).
- Men in the UK are more likely than women to drink above recommended amounts, to binge drink, and to take illicit drugs (Office for National Statistics, 2006).

of masculinities in diverse health-relevant arenas. Thus we have chapters from sociologists, social psychologists and media and cultural studies scholars as well as from former health professionals who have subsequently pursued research careers. As such, this book is aimed at a number of constituencies, including social and health scientists researching topics to do with gender, health and inequalities, health professionals involved in designing and enacting health promotion interventions with male client groups, and students and lecturers participating in courses where gender and/or health feature as key themes.

In explicating the various nuances and tensions pertaining to men's negotiation of health phenomena, qualitative research

methods have been privileged by our contributors – in common with the wider men and masculinities literature. Of course, survey and experimental studies can be valuable in providing general information (e.g. sex-difference statistics on health service use) but the great strength of qualitative work lies in its capacity to illuminate lay understandings and practices within specified social contexts and therefore to complement and/or challenge quantitative data. Not surprisingly, interview methods are particularly in evidence in this book – as they are across qualitative research in health and social sciences – and yield fascinating, grounded and rich insights into men's constructions of health issues. Mass media representations of men and health, and health promotion generally, are attracting more research attention, and some authors focus on select media resources to underline points about contemporary masculinities within health contexts (Buchbinder in Chapter 2, Gough in Chapter 7, Lee in Chapter 9). A range of analytic methods, including thematic analysis, grounded theory and discourse analysis are deployed across the chapters, and Oliffe (Chapter 4) explicitly addresses key issues facing qualitative researchers working in the field of men's health. We think this variety makes for a stimulating and engaging text.

Rather than offer a consistent textbook perspective, then, our book is designed to showcase diverse theoretical and empirical contributions concerning the complex relationship between men, masculinities and health. We do not, for example, offer a once-and-for-all definition of 'masculinity'. Instead, we recognise that the term 'hegemonic masculinity' has been used in a range of ways – an issue which has attracted some criticism of the concept (see Connell & Messerschmidt, 2005). As editors, we were therefore left with two options relating to the use of the term: (1) to agree a definition ourselves in advance and have contributors utilise this definition within their chapters, or (2) to allow contributors to utilise the term as they will. In order to promote academic freedom, and not to stifle critiques that may rely on particular definitions of 'hegemonic masculinity', we have adopted the latter option. The term is therefore used and defined in slightly differing ways throughout. For example, it is identified as 'configurations of practice' by Lohan (Chapter 1) and Galdas (Chapter 12), as 'gender ideals' by Gough (Chapter 7) and implicated as 'sets of characteristics' by Lee (Chapter 9).

We have structured the book into three main sections. Part 1 deals with conceptual issues in the arena of men's health and begins with a perspective from media and cultural studies. In Chapter 1 Maria Lohan helpfully overviews two academic traditions which have variously informed men's health: critical studies on men and the inequalities in health literature. While both traditions have developed largely in parallel, Lohan makes a persuasive case for blending aspects of both in order to forge a more critical and sophisticated perspective on men's health issues. Then, in Chapter 2, David Buchbinder sets the scene for the book by drawing on the superhero genre in film to highlight both men's investment in invulnerability myths and their recognition of a more 'ordinary' status, and the extent to which individual men resolve these dual tendencies will, of course, imply health consequences. Our third chapter by Steve Robertson and Robert Williams adopts a more sociological tone through drawing on, for example, Foucauldian concepts (e.g. self-surveillance), notions of 'moral' citizenship (e.g. Lupton, Crawford) and embodiment (e.g. Williams, Turner) in order to speak to men's health. In this chapter accounts from men derived from the authors' and others' empirical studies are nicely counterposed with theoretical points in order to highlight some conceptual shortcomings and to argue for a critical, structuralist and embodied understanding of men, masculinity and health. Chapter 4 by John Oliffe then provides a reflexive piece which critically examines methodological (and other) issues in preparing for and conducting men's health research projects. This inventive personal reflection is neatly interspersed with vivid examples and illustrates some important challenges and opportunities in, for example, negotiating access to male patients and then striving to render the research encounter meaningful for both interviewer and interviewee.

In Part 2 the focus is on mundane accounts of health and well-being emerging from diverse locations – cancer support groups, older men, a health promotion publication and fathers from different ethnic backgrounds. Chapter 5, by Sarah Seymour-Smith, uses data from interviewees talking about their involvement in a testicular cancer self-help group to illustrate how men negotiate the delicate business of seeking (and offering) help. Her discursive analysis shows how gender is made relevant in various ways by her participants, not least in their efforts to construct their participation in self-help groups as 'legitimate'. The next chapter (6),

by Kate Davidson and Robert Meadows, also focuses on another potentially threatening context for men: being 'older'. Through sampling a range of older men with respect to age, marital status and living arrangements, they highlight continuities in adherence to masculinised discourses over time while also drawing attention to important differences in self-care and lifestyles between men in different situations, with the role (or absence) of partners and extended families underlined as significant influences on older men's health. Chapter 7 by Brendan Gough turns to a men's health promotion text (on reducing obesity in men) in order to examine the construction and function of masculinities therein. His analysis suggests a reliance on stereotypical notions of masculinity (e.g. rational, autonomous actor) which, he argues, undermines the health promotion agenda since it is those very forms of masculinity which are implicated in men's poor health in the first place. The last chapter (8) in this section is by Robert Williams and focuses on a men's health project involving interviews with working-class fathers from different ethnic backgrounds. The accounts of these men are indeed varied but issues of material hardship and social prejudice (particularly racism) clearly impinge upon masculine identities and lifestyle practices, while at times other priorities such as pleasurable consumption and caring for children take precedence over health concerns.

Our third and final section comprises contributions which focus on how men are positioned – and position themselves – within illness contexts. While two chapters focus on classic 'male' diseases (coronary heart disease, testicular cancer), the other two deal with problems traditionally associated with women (post-natal depression [PND], eating disorders). Chapter 9 by Ellie Lee considers recent media and popular cultural attention directed at fathers and the 'hidden' issue of men struggling with undiagnosed PND. The medicalisation of men's vulnerability in relation to fatherhood is astutely discussed by Lee, with some question marks raised about the merits of such intervention and labelling; certainly, more research into men's experiences of parenting issues and encounters with health professionals is required here. Chapter 10 by Alex Broom addresses another point of male vulnerability: men diagnosed with prostate cancer. Based on interviews with male patients undergoing a variety of treatments, Broom highlights the central role of masculinities in shaping men's accounts and practices, most vividly

illustrated by cases where urinary problems were not reported by men for 20 or more years due to lack of awareness and difficulties admitting to problems, and also the shared sense of humiliation reported by the (heterosexual) men concerning transrectal treatment procedures, implicitly linked to homosexual practice. The next chapter (11) by Murray Drummond also deals with embodiment issues, this time concerning men classified as suffering from body-image problems and/or eating disorders within sport and exercise contexts. Based on interviews with a range of men Drummond shows how, for example, sexual orientation and age mediate the accounts men provide when dealing with issues such as muscularity and fat consciousness, while also identifying the centrality of mass media images of the male body – and their reception – on some men's embodied identities. Our final chapter (12) by Paul Galdas considers interview data with men from South Asian and white British backgrounds who have suffered heart problems – ethnicity being a factor much overlooked to date in studies of men's health. In comparing accounts from both groups, Galdas is able to pinpoint differences in emphasis and gender-identity concerns, with recognising and divulging experiences of pain, early help-seeking within extended families, and respect for medical authority as normative practices for most South Asian men – themes not prevalent in the accounts of white British interviewees.

In sum, we feel we have put together a diverse and important collection which challenges some commonly held presumptions concerning masculinities and men's health practices and which makes a strong contribution to the field. While each chapter can be picked up as a stand-alone piece, it is clear that all authors are united by a commitment to critical work which draws upon men's accounts while paying attention to the local and wider social, material and cultural contexts in which men live and move.

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