

CONTENTS

<i>Foreword</i>	ix
<i>Acknowledgements</i>	xii
<i>Notes on Contributors</i>	xvi
Introduction: What Is the Point of this Book? Brendan Gough and Steve Robertson	1
Part 1 Current Issues and Debates in the Field of Men's Health and Masculinity	9
1 Developing a Critical Men's Health Debate in Academic Scholarship Maria Lohan	11
2 A Grand Illusion: Masculinity, 'Passing' and Men's Health David Buchbinder	30
3 Men, Public Health and Health Promotion: Towards a Critically Structural and Embodied Understanding Steve Robertson and Robert Williams	48
4 Bugging the Cone of Silence with Men's Health Interviews John L. Oliffe	67
Part 2 Popular Conceptions of Men's Health and Well-Being	91
5 Men's Negotiations of a 'Legitimate' Self-Help Group Identity Sarah Seymour-Smith	93
6 Older Men's Health: The Role of Marital Status and Masculinities Kate Davidson and Robert Meadows	109

7	Promoting ‘Masculinity’ over Health: A Critical Analysis of Men’s Health Promotion with Particular Reference to an Obesity Reduction ‘Manual’	
	Brendan Gough	125
8	The Health Experiences of African-Caribbean and White Working-Class Fathers	
	Robert Williams	143
	Part 3 Men, Masculinities and Illness	159
9	Pathologising Fatherhood: The Case of Male Post-Natal Depression in Britain	
	Ellie Lee	161
10	Prostate Cancer and Masculinities in Australia	
	Alex Broom	178
11	Understanding Masculinities within the Context of Men, Body Image and Eating Disorders	
	Murray Drummond	198
12	The Role of Masculinities in White and South Asian Men’s Help-Seeking Behaviour for Cardiac Chest Pain	
	Paul Galdas	216
	Afterword: What Next for Men’s Health Research?	
	Steve Robertson and Brendan Gough	232
	<i>Index</i>	237

INTRODUCTION: WHAT IS THE POINT OF THIS BOOK?

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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INDEX

Note: page numbers in italics denote tables or figures

- action-oriented approach 94,
 105–6
 active listening 80
 Adamsen, L. 94, 105–6
 Adler, P. 71
 Adler, P.A. 71
 adolescent males 212
 Adonis complex 126
 adventure heroes 42
 see also superheroes
 advertising 139, 204, 210–11
 aetiology of disease 50
 African men's health 24
 African-Caribbean fathers
 143–5, 155
 Afro-Canadian men 226–7
 Age Concern 115
 age factors
 gender differences 109–10
 health behaviours 5, 232
 hegemonic masculinity 110
 interview methodology 79
 physical performance 207–8
 role changes 31
 self-identity 110
 see also older men
 Alabaster, M. 172
 alcohol use 2
 consumption limits 52
 excesses 33–4, 125
 fathers 152, 153
 older men 113
 stress 148
 well-being 56
 alcoholism 126
 alexithymia 86n1
 American Psychiatric
 Association 162
 Annandale, E. 235
 anorexia 164, 198, 200, 204
 Anti-Cancer Council of
 Victoria 72
 anxieties 37, 170
 Arber, S. 111, 112
 archetypes 48
 Armstrong, D. 51, 59
 army lifestyle 57
 asthma patient 117–18
 athletes 202, 207
 Austin, J.L. 34
 Australia
 breast cancer studies 178–9,
 180, 181
 health education 185, 186
 masculinity 178, 179, 184
 prostate cancer studies 178–96
 Australian Institute of Health and
 Welfare 180
 authority 13
 see also power
 autonomy 52–3, 94, 149
 Ballard, C. 168
 Barclay, L. 166–8, 169, 170–1
 barebacking 53, 127
 Barker, D.J.P. 22–3
 BBC News Online 164, 165
 being/doing masculinity 181,
 201–2
 see also doing masculine acts
 Bentham, J. 38
 Bernardes, J. 109

- Billig, M. 96, 103
 biological determinism 161–2
 biological factors 1
 biomedical model
 body 58
 health 49–50
 identity 182–3, 188–92
 masculinity 233
 men's health talk 74–5
 reductionist 59
 Blaxter, M. 19, 148
 blogs 85
 body
 aesthetics 201–2, 209
 critical realist framework
 59–60
 detachment from 127, 138
 fitness 152
 fragmentation 60, 62, 151
 gaze 59, 204
 identity 198–9
 as machine 50, 130, 132–6
 materiality 58–9
 medicalisation 61, 184
 size 211–12
 see also male body
 body hair, removal of 209
 Body Mass Index 52, 127, 138,
 139–40n1
 bodybuilders 202–3
 body-consciousness 139
 body-image
 adolescent males 212
 eating disorders 6, 198, 199,
 200, 204, 213
 muscularity 201, 206–8, 212
 superheroes 37
 Bordo, S. 211
 Bourdieu, P. 17–18, 54
 Bracey, R. 170, 171
 breadwinner role 121,
 166–7, 228
 breast cancer 178–9, 180, 181
 breast cancer self-help group 95
 British Heart Foundation 218
 British Medical Association 172
 Broom, A. 5, 79, 178–9
 Brown, S. 70–1
 Buchbinder, D. 3, 4
 Bui, L.L. 93
 bulimia nervosa 198, 200, 204
 Burgess, R. 145
 Burghes, L. 166–7, 169
 Burroughs, A. 45n11
 Butera, K.J. 71, 74
 Butler, J. 34–5, 38

 Cameron, D. 80
 Cameron, E. 109
 Canada 76, 77–8, 226–7
 cancer 1, 2, 93, 125, 131
 see also specific types
 cancer support groups 93, 105–6
 capitalism 55, 57–8, 63
 car metaphor 127–8
 see also mechanistic approach
 caring/paid work 150–1
 Cash, K. 125
 Chapple, A. 180–1, 216
 chest pain
 coronary heart disease 219–22
 disclosure to others 222–3
 treatment options 232
 child rearing 163, 166–7
 see also fatherhood; motherhood
 Choosing Health (DoH) 143
 citizenship 4, 55–8, 113–14
 climate differences 146–7
 clinical environment 182–3, 196
 coercion by partners 116–17, 120
 Collinson, D.L. 228
 commodification 204
 competition 33, 37
 compliance
 resistance 56, 57–8, 62–3
 routine 117–18
 Condo, J. 161
 condom use/non-use 53, 127
cone of silence 67–8, 86
 bugging 68–9, 85

- confidentiality 68, 75–6
 Connell, R.W.
 Australian masculinity 178
 breadwinner role 228
 doing masculinity 181
 ethnicity 156
 global masculinity 228–9, 235
 hegemonic masculinity 3,
 12–13, 125, 144, 218
 illness-inducing behaviour 171
 Ironman 203
 masculinity 1, 145, 155
 men's narratives 85–6
 prostate cancer 179
 protest masculinity 21
 social embodiment 20, 95
 Conner, M. 106, 126
 Conrad, P. 164
 consumption 55, 139, 152–3,
 155–6
 conversation/interview 80–1
 coping mechanisms 21, 106, 153
 coronary heart disease
 chest pain 219–22
 help-seeking delays 216–17
 premature death from 216–18
 South Asian men 217–29
 symptom onset 217
 white men 217–28
 Courtenay, W.H. 15, 18, 109,
 125, 138, 154, 226
 Crawford, R. 55–6, 57, 58, 59,
 63, 152
 critical health psychology 126
 critical obesity studies 127
 critical period model 22
 critical realist framework 59–60
 critical studies on men (CSM)
 cultural/behavioural
 explanations 19–20
 and feminism 12
 hegemonic masculinity 14
 inequalities in health 11, 15–24
 materialist/structuralist
 explanations 17–18
 and men's studies 12
 psychosocial explanation 21–2
 relational context of power 15
 Crossley, M.L. 53
 crying 100, 101, 102
 cultural factors
 health behaviours 18–20,
 225–9
 hegemonic masculinity 218
 masculinity 139, 181, 192
 cumulative effects model 23–4
 Cunningham-Burley, S. 150–1
 Curham, S. 172

 Daniel, K. 172
 Danish support groups 94
 Davidson, K. 5, 111, 112
 Davies, B. 96
 Davies, C. 70
 Davis, K. 64n2
 De Laine, M. 80
 decision-making 195–6, 222
 denial 172, 183, 217
 Denner, B.J. 71
 Denzin, N. 67
 Department of Health 122, 143,
 156, 172
 Department of Trade and
 Industry 156–7
 depression 32, 216
 Diamond, E. 39
 dietary factors 2, 125, 132
 dietary requirements 52
 dieting 203
 digital rectal examination 189,
 190–2
 disclosure-prevention 153–4
 discursive practices 129
 discursive psychology 96
 disease, aetiology of 50
 divorce 111
 doing gender 57, 109
 doing health 109
 doing masculine acts 181, 195,
 201–2, 206, 212–13

- domino pathologies 118–20
 don't care/should care dichotomy
 55, 112–14, 119, 120,
 152–3, 232
 Drakeford, M. 167
 Drewnowski, A. 203
 drug abuse 2
 Drummond, M. 6, 78, 198–9,
 201, 211, 212
- Eakin, J. 56
 early life pathway model 23
 eating disorders
 body-image 6, 198, 199, 200,
 204, 213
 fat as repellent 208–9
 feminisation 198
 gender 5, 204
 Edinburgh Postnatal Depression
 Scale 173
 Edley, N. 95
 Edwards, D. 95, 96
 Edwards, G. 57
 embarrassment 189–92
 embodiment 4, 6, 63
 social 20, 95
 emotion
 decision-making 195–6
 fatherhood 166, 168, 169
 feminised 136
 pathologisation 170–3
 support 216
 weight-loss 135, 136–7
 employment factors 33
 see also paid work
 Emslie, C. 216, 217, 218
 endurance sports 201
 environmental factors 23
 epidemiology 18, 50
 Equality Bill 156
 essentialism 48, 161–2, 218
 ethical approval 96, 206
 ethnicity
 appropriate behaviour 226
 Connell 156
 gatekeepers 73–4
 health 6
 hegemonic masculinity 226
 help-seeking 218
 masculinity 13, 218
 prostate cancer support
 group 73–4
 researcher/participant 78–9
 Evans, J. 226, 227
Everybody Loves Raymond 45n11
 exercise 52, 203–4, 209
 see also physical activity
 Ezzy, D. 182
- Faircloth, C.A. 61, 163, 164, 171
 Faludi, S. 44n2
 family health 143
 fat 127, 128, 130, 131–3, 208–9
 see also obesity
 fatherhood
 changes 166–9
 emotion 166, 168, 169
 health behaviours 114,
 146–55
 illness framework 165–6,
 168–9
 mass media 5
 medicalisation 162–3, 173–4
 men's health 111, 165–6,
 168–9
 obligations 146
 pathologisation 169
 psychologisation 168–9
 fathers
 absent 167
 alcohol 152, 153
 child rearing 166–7
 health behaviours 151–3
 health beliefs 145–51, 153–5
 health policies 143
 involvement with children
 149–50, 167–8
 junk food 152, 153
 leisure pursuits 151–3
 life course 144–5

- negative health experiences 150
 new 167
 paid work 148–51
 as peripheral 143
 Post-Natal Depression
 165, 174
 racism 146–51
 smoking 84, 152, 153
 social class 143–5, 148
 and sons 154–5, 167
 stress 168
 Fathers Direct 165
 Fathers Matter, In Tune with
 Dads 172, 173
 femininity 102, 122–3, 181
 feminism 12, 32–3
 feminist researchers 80
 Finlay, L. 70
 firefighters 56–7
 Fitch, M. 94
 fitness 146, 152, 207–8
 Fitzpatrick, M. 170
 Flood, M. 44n2
 Flowers, P. 127
 foetal programming
 hypothesis 22–3
 Football Association 137
 Ford, Harrison 42
 Foucault, M.
 Discipline and Punish 51
 health 51
 homoeroticism 191
 panopticon 38, 39
 public health 62
 self-surveillance 4, 54–5
 fragmentation of body 60,
 62, 151
 Fraser, B. 42
 Frayn, L. 164, 166
 Freudian theory 12
 Fries, J. 118
 Furedi, F. 164, 168–9, 170
 Galdas, P.M. 6, 218, 226
 Gard, M. 199, 208
 gatekeepers 71–2
 ethnicity 73–4
 gender 73–4, 143
 interview methodology 70–1,
 73–4, 234
 gay and queer studies 12, 32
 gay men 45n10, 127, 210–12
 see also homoeroticism
 gaze
 authoritative 110
 body 59, 204
 male 211, 213
 medical 61
 geekiness 35, 44n6
 gender
 as active process 14
 ageing 109–10
 constativity 35
 coping behaviours 106
 eating disorders 5, 204
 gatekeepers 73–4, 234
 health 1, 54
 help-seeking 226
 hierarchies 61, 125
 identity 13–14, 54, 188, 194
 inequalities in health 200, 235
 life expectancy 2, 11, 17, 58,
 109, 125, 200
 lifestyle choices 143
 medicalisation 163–4
 performativity 34–5, 38,
 45n10, 84, 196
 researcher/participant 79
 self-help groups 93, 94, 95,
 98–9, 106–7
 social construction of 12, 13
 stereotypes 79
 gender politics 33
 gender relations 12, 14–15,
 17–18, 156
 General Household Surveys 111
 geographical factors 2
Get Smart 67–8, 86
 Gibson, M. 71
 Gill, R. 128, 132, 138

- Gough, B.
 archetypes 48
 health aversive behaviour
 74, 93
 health promotions 1, 5, 106
 masculinity/health 1, 3, 218
 older men 110
 peer pressure 57
 reflexivity 70
 screening 61
- Graham, H. 22, 23
- La Grande Illusion* 43
- Gray, R. 94
- Greig, B. 44n3
- Grogan, S. 126
- grounded theory 218–19
- Gutmann, D. 121
- Harré, R. 96
- Harrison, J. 1
- Hawaiian Ironman
 Triathlon 201, 202
- Haynes (UK) car manuals 128–9
- health
 biomedical model 49–50
 enactment 53
 ethnicity 6
 as feminine 125
 Foucault 51
 as functional capacity 145–6
 gender 1, 54
 masculinity 1, 3, 11, 218
 as norm 51–2
 official guidelines 52
 poverty reduction 62
 as resource 146
 as social practice 15, 58
 subjective interpretations 67
see also inequalities in health
- health awareness 112–14, 120
- health behaviours
 ageing 5, 232
 cultural beliefs 19, 225–9
 determinants 234
 ethnicity 226
 fatherhood 114, 146–55
 fluidity 232–3
 hegemonic masculinity
 24, 130
 individual 49, 126–7
 lack of discussion 217
 lifestyle choices 31
 mortality 24
 negative 22
 responsibility 56–7
 sexual 24, 53, 127
 social context 126–7, 235
- health checks 184
- health education 106, 183,
 185, 186
- health policies 143
- health professionals 115–16,
 199, 234–5
- health promotion 25, 49
 discursive style 137
 feminised 109
 gender inclusive 171–2
 gender specific 106–7
 lifestyle choices 126
 masculine metaphors 130
 mass media 3
 men's health 1, 5, 143–4
 non-compliance 56
 resistance 53
 stereotypes 138
- health trade-offs 112–13
- Hearn, J. 12, 13, 15, 228
- heart disease 1, 5, 6, 125
see also coronary heart disease
- Heck, G.L. 94
- hegemonic masculinity
 age factors 110
 breadwinner role 228
 citizenship ideals 113–14
 Connell 3, 12–13, 125,
 144, 218
 counter-productive 74
 crisis in men's health 125
 CSM 14
 cultural factors 218

- defined 171
 ethnicity 226
 health behaviours 24, 74,
 93, 130
 health education 106
 help-seeking practices 216–17
HGV Man Manual 132
 lifestyle choices 93, 137–8
 men's health 19–20, 24,
 181, 226
 prostate cancer 216
 rejection of feminised
 practice 54
 self-help groups 93
 social practices 55, 57
 South Asian men 227–8
 vulnerability denied 154
 hegemony of men 13, 17–18
 Heikes, E.J. 79
 help-seeking
 delayed 216–17
 denial 172, 183, 217
 ethnicity 218
 gender 226
 grounded theory 218–19
 hegemonic masculinity
 216–17
 Muslim men 223–4
 prostate cancer 183
 reluctance 58, 126, 179
 solitary experience 154
 South Asian men 222–4
 white men 222–3
Herald Sun 31
 Herzlich, C. 146
 heterosexuality 45n10, 191, 195,
 211–12
HGV Man Manual
 analysis of text 129–37
 hegemonic masculinity 132
 mechanistic approach 132–6
 obesity 126, 128–9
 rational choice 137
 Hill, R. 168
 homoeroticism 36–7, 191
 homophobia 191
 Huberman, A. 145
 Hughner, R.S. 50–1
 Hunt, K. 235
 identity
 biomedical intervention
 182–3, 188–92
 body 198–9
 disrupted 178–9
 gender 13–14, 54, 188, 194
 lifestyle choices 1
 negotiation of 96, 110
 self 12, 110, 181
 self-help groups 93, 95,
 101–2, 105–7
 strength 207–8
 visibility, logic of 39
 identity markers 79–80
 illness 171, 196
 impotency risk 192
 income factors 21
 incontinence risk 192
 independence 52, 53
Indiana Jones films 42, 45n12
 individual responsibility 49,
 126–7
 inequalities in health
 capitalism 57–8
 CSM 11, 15–24
 cultural/behavioural 18–20
 gender 200, 235
 life-course approach 22–4
 materialist/structuralist
 16–18
 psychosocial 20–2
 infertility, male 127
 informed consent 75
 insecurities 33, 202–3
 see also anxieties
 interactional data analysis 96,
 103–5
 interventionist approach 50,
 126, 163
 see also biomedical model

- interview methodology 3, 67
 active listening 80
 age/social class factors 79
 anonymity 85
bugging the cone of silence 68–9
 confidentiality 68, 75–6
 ethical approval 96
 gatekeepers 70–1, 73–4, 234
 informed consent 75
 life-historical perspective
 205–6
 location 75–6, 78–9, 205–6
 mixed-sex interviews 79
 participant recruitment 70–1,
 73–4
 prostate cancer study 182
 qualitative research 67, 68–9
 questioning 80, 81–2
 self-health 74–6
 tape-recordings 95–6
 third-party endorsement 71
 transcription 206
 writing yourself in 69–70
see also participants
- interview-based research 73
- interviewee-guided
 investigation 80, 86
- interviewer 73, 76, 86, 96,
 97–8
- Ironman Triathlon 201, 202
- irony 42–3
- Italo-Australian men 78
- Jackson, M. 170
- Jahoda, M. 148
- Jefferson, G. 96, 132
- Johnson, M. 217
- Jungian theory 12
- junk food 152, 153
- Karlsen, S. 148
- Kawachi, I. 20–1, 22
- Kegan Gardiner, J. 12
- Kimmel, M. 12, 171
- Klein, A. 202–3
- Kleine, S.S. 50–1
- Klemm, P. 94
- Korfage, I. 180
- Kroeger, B. 38
- Kunkel, E. 192–3
- Kvale, S. 80–1
- Labre, M.P. 132, 139
- Lacan, Jacques 39
- latency model 22
- Laws, T.A. 78
- Lee, C. 171
- Lee, D. 76, 166
- Lee, E. 3, 5, 164, 173
- leisure pursuits 151–3
- life-course approach 21, 22–4,
 111, 144–5
- life expectancy
 gender 2, 11, 17, 58, 109,
 125, 200
 life-course differences 111
 socio-economic factors 17
- life-chances 62
- life-historical perspective 205–6
- lifestyle choices
 autonomy 52–3
 gender 143
 health behaviours 31
 health promotion 126
 hegemonic masculinity 93,
 137–8
 identity 1
 life-chances 62
 physical activity 199
 resistance 52–3
 risk factors 51–2, 55
- Lister, S. 122
- lived experiences
 embodiment 63
 negative 150
 older men 112
 prostate cancer 179, 180
- Lloyd, N. 143
- Loaded* 130
- logic of practice 54, 121

- Lohan, M. 3, 4
 lung cancer 180
 Lupton, D. 55, 166–8, 169,
 170–1
 Lu-Yao, G. 180
 Lynch, J.W. 16, 21
- McCracken, G. 67
 McCreary, D.R. 201
 Macdonald, J. 233
 macho behaviours 22, 35, 57,
 172, 183, 186
 Macintyre, S. 18
 McLean, T. 31
- male body
 advertising 210–11
 car metaphor 127–8
 commodification 204
 gaze 204
 ignorance about 185, 186
 as machine 50, 130, 132–6
 male gaze 211, 213
 mass media 204, 210–11,
 212–13
 objectification 204
 social obligations 144
see also male physique
- male bonding 12
 male physique 139, 198–9, 213
 Manderson, L. 76, 79
 marginalisation 147, 155, 227
 marriage 111
 masculine domination 17–18,
 39
see also hegemonic masculinity
- masculinity
 changes 139
 conceptualised 233
 Connell 1, 145, 155
 in crisis 12, 32, 44n3167
 as cultural practice 139,
 181, 192
 as dynamic force 234
 ethnicity 13, 218
 and femininity 212
 health 1, 3, 11, 218
 heterosexuality 45n10, 191,
 195, 211–12
 hierarchies 22, 43–4, 201
 independence 52, 53
 men's health 144, 183, 187
 modes of 129
 as norm 35
 prostate cancer 179–82
 social construction 122–3,
 200
 as social practice 234
 as status 33
- masculinity, types
 Australian 178, 179, 184
 complicit 13
 essentialist 48, 218
 global 228–9, 235
 marginalised 13, 144
 multiple 181, 218, 228
 patriarchal 37
 personal/social 95
 problematic 45n8
 protest 21
 South Asian 227
 subordinated 13, 144
 traditional 130
see also hegemonic masculinity
- mass media
 fatherhood 5
 health promotion 3
 male body 204, 210–11,
 212–13
 male physique 213
 men's health 3, 30, 139, 188
 obesity 126
 Post-Natal Depression 165
- materialist/structuralist
 explanations 5, 16–18, 58–9
- Matthey, S. 165
- Meadows, R. 5, 112
- mechanistic approach 50, 130,
 132–6
- medical professionals: *see* health
 professionals

- medicalisation
 body 61, 184
 fatherhood 162–3, 173–4
 gender 163–4
 theories of 163
- melanoma 180
- menopause, male 164
- men's health
 in crisis 125
 cultural studies 30
 damaged 110
 fatherhood 111, 165–6, 168–9
 health promotion 5, 143–4
 hegemonic masculinity 19–20, 24, 181, 226
 marriage 111
 masculinity 144, 183, 187
 mass media 3, 30, 139, 188
 non-discussion of 185
 power relations 109
 researcher-status 70
 social construction 109–10
 stereotypes 48, 233
 talking about 74–5, 80, 81, 85–6
 vulnerability 48
 workplace 31
- Men's Health* 130, 138
- Men's Health Forum 2
- men's health manuals 127, 128–9
 see also HGV Man Manual
- Men's Health Week 48
- men's magazines 130, 213
- men's studies 12
 see also critical studies on men (CSM)
- Messerschmidt, S.W. 1, 3, 13, 228
- Messner, M. 202–3
- Miles, M. 145
- Mills, C.W. 145
- mind–body dualism 50, 134
- Minichiello, V. 182
- misery/health 20–1
- Monaghan, L. 127
- morbidity 2, 118
- Morgan, D. 12
- Morgan, M. 109
- mortality 1, 2, 24
 see also life expectancy
- motherhood 162, 163, 169
- Mummy* films 42
- Murdoch, R. 31
- muscularity 201, 206–8, 212
- Muslim men 223–4
- myocardial infarction 75, 220, 224
 see also coronary heart disease
- nag and drag syndrome 120
- Napoleon Dynamite* 45n8
- National Health Service 157
- Nauru example 131
- Nazroo, J. 148
- neo-materialist argument 16
- Nettleton, S. 50
- New South Wales Department of Health 32
- News Corporation 31
- newspapers: *see* mass media
- Noone, J.H. 116, 117, 120, 121
- Norman, P. 126
- NSW Health* 31
- Oakley, A. 80, 162
- obesity
 advantages/risks of 131
 critical studies 127
 gender 2
 HGV Man Manual 5, 126, 128–9, 131–3, 138
 panic 208–9
 as personal weakness 132
 social changes 131–2
- objectification 147, 204
- obligations 144, 146, 150
 see also responsibility
- O'Brien, M. 143
- O'Brien, R. 54, 56–7, 154, 155

- Office for National Statistics 2
- older men
 alcohol 113
 don't care/should care 120, 232
 health awareness 120
 invisibility 110
 life-course approach 111
 lived experiences 112
 role changes 121, 122
 screening programmes 122
 smoking 113
- Oliffe, J. 3, 4, 24, 74, 76, 178, 181, 189, 218
- othering 72
- overweight men 126, 131–3, 138, 148
see also obesity
- Owens, R.G. 171
- paid work 148–51
- pain perception 225
- pain thresholds 220, 221
- panopticon 38, 39
- Parkinson's Disease 110
- participants
 positioning of 96
 recruitment 70–1, 73–4
 researchers 78
 resisting positioning 97–8, 102–3
 self-help groups 104–5
- partner's coercion strategies
 70–1, 116–17, 120
- passing 38, 39, 40, 41, 45n10
- pathologisation 1, 169, 170–3
- pathway model 23
- patriarchy 33, 37
- Patton, M. 205
- peer group pressures 57, 73
- performativity 34–5, 38, 45n10, 84, 196
- Peterkin, T. 161
- photo interviewing 82–4
- physical activity 151–2, 199, 200–4
- Pini, B. 73, 74
- Pomerantz, A.M. 97–8
- Pope, H. 126, 204, 213
- positive discrimination 33
- Post-Natal Depression 161–3
 advice book 172
 Ballard on 168
 biological determinism 161–2
 essentialism 161–2
 fathers 165, 174
 Fathers Matter 172
 mass media 5, 165
 non-biological model 162
 Vulnerability Index 173
- post-traumatic stress disorder 170
- potency, sexual 192–4
- Potter, D. 164
- Potter, J. 95, 96
- power 12, 14–15, 17–18, 144
see also authority
- power of being 202–3
- power relations 15, 76, 77–8, 109
- pride, loss of 190–1
- primary health care 115, 116, 223–5
- Prochaska, J. 134
- prostate biopsy 189–90, 196n1
- prostate cancer
 Afro-Canadian men 226–7
 Australian studies 5–6, 178–96
 Connell 179
 education about 184, 185
 hegemonic masculinity 216
 help-seeking 183
 identity disruption 178–9
 interview-based research 73
 Italo-Australian men 78
 lived experience of 179, 180
 masculinity 179–82
 potency, sexual 192–4
 screening programmes 74
 statistics 180
 treatment options 180, 186, 189–92, 195–6, 232
 urinary problems 6, 184, 185

- Prostate Cancer Foundation of Australia 179
- prostate cancer support group 71–2, 73–4
- prostatectomy, radical 180, 192
- psychosocial explanation 20–2
- public health 62
- qualitative research 2–3, 68–70, 85, 127
- questioning techniques 80, 81–2
- racism 5, 146–51, 155
- rational actor 18, 126, 136–7, 138
- Rawles, S. 161
- reductionist approach 50
- reflexivity 4, 42–3, 69–70
- Reinharz, S. 67, 69–70, 80
- relationship breakdown 31
- Renoir, J. 43
- researchers 69–70, 78–9
see also interviewers
- resistance
and compliance 56, 57–8, 62–3
health promotion 53
lifestyle choices 52–3
partner's coercion strategies 70–1
smoking 54
- responsibility 49, 126–7
- retrospective life-course design 24
- Rice, P. 182
- Richards, H. 126
- Richardson, N. 52, 55, 60
- Riessman, C.K. 163, 164
- Riley, R. 31
- risk factors 18, 48, 51–2, 55
- risk-taking 33–4, 58, 125
- rivalry 33
- Rivière, Joan 45n10
- Roberts, Y. 48
- Robertson, S.
army life 57
citizenship 113–14
embodiment 60
fatness 152
Foucauldian concepts 4, 55–6
lifestyle 1
logic of practice 121
masculine identity 14
masculinity 218
men's health/masculinity 144, 156
older men 120, 121, 122
screening 61
smoking 52, 53–4, 56
social construction 109–10
- Robinson, A. 39
- Rosenfeld, D. 61, 163, 164, 171
- Rosten, L. 37
- Royal College of Nursing 172
- Royal College of Psychiatrists 170, 171
- runners, competitive 203
- Sabo, D. 109
- Sacks, H. 104
- Saltonstall, R. 109
- Sasse, D.K. 201
- Sayer, A. 59
- schlemiel
cinematic treatment of 45n8
Rosten 37
and schlimazl 44–5n7
superheroes 41–2, 43–4, 232
- schlimazl 44–5n7
- Schlossberg, L. 39, 40–1, 42
- Schwalbe, M. 73
- Scott-Samuel, A. 127, 138
- Scourfield, J. 167
- screening programmes 61–2, 74, 114–15, 122
- Seale, C. 79
- Searle, J. 34
- sedentary lifestyles 131–2

- self-care 113, 120
 self-control 114–15
 self-disclosure 80, 135
 self-esteem 21–2
 self-harming 164
 self-health 74–6
 self-help groups
 barriers to participation 93
 femininity 102
 gender 93, 94, 95, 98–9,
 106–7
 hegemonic masculinity 93
 identity 95, 101–2, 105–7
 name change 106
 participants 104–5
 stereotypes 100–2
 and support groups 94
 testicular cancer 4
 self-identity 12, 42, 110, 181
 self-reliance 94
 self-surveillance 4, 54–5, 60
 sexual health behaviours 24,
 53, 127
 sexuality 186–7
 see also heterosexuality;
 homosexuality
 Seymour-Smith, S. 4, 48, 138
 sickle cell anaemia 146
 Sin, C.H. 78
 six-pack tyranny 132, 138
 Skype™ 85
 sleep requirements 52
 Smith, J.A. 85
Smokin' 82–4
 smoking
 fathers 82–4, 152, 153
 older men 113
 quitting of 121
 relief/resistance 52, 53–4, 56
 'Smoking through the Eyes of
 Fathers' 82–4
 social class 1, 2, 13, 79, 148
 social construction 12, 13,
 109–10, 122–3, 200
 social control 60
 social phobia 170
 social practices 15, 55, 57, 58,
 63n1, 234
 socialisation 12
 socio-economic factors 17,
 22, 144
 Solimeo, S. 110
 solitary experiences 154–5
 South Asian men
 Canada 76, 77–8
 chest pain 221–3
 coronary heart disease 6,
 217–29, 218–29
 hegemonic masculinity 227–8
 help-seeking 222–3
 male values 221–2
 marginalisation 227
 primary health care use 223–4
 UK education/values
 224–5, 228
 South Essex Partnership NHS
 Trust 172
 speech acts 34
Spider-Man 3 36
 sports example 125, 199, 200–4
 Stages of Change Model 134
 Stanistreet, D. 24
 Stephens, C. 116, 117, 120, 121
 stereotypes
 cultural 183
 gender 79
 health promotion 138
 men's health 48, 233
 men's health manuals 127
 racism 147
 self-help groups 100–2
 steroids 37
 Stiller, B. 45n8
 strength 206, 207–8
 stress 147–8, 149, 153, 168
 stress-response 40
 suicide rates 32
 Summerfield, D. 170

- Superbad* 45n8
 superheroes 30
 alter egos 35, 38
 body-image 37
 genitals 36
 homoeroticism 36–7
 schlemiel 41–2, 43–4, 232
 support groups 94
 Sure Start 143
 surgery 181
 surveillance 60, 71
 see also self-surveillance
 surveillance medicine 51, 61
 survey questionnaires 80–1
 symptom denial 119, 200,
 225–6
- tape-recordings 95–6
 testicular cancer 4, 5, 139
 testicular cancer self-help group
 95, 100–1
 thalassaemia 146
 Thomas, M. 111
 Thompson, E.H. 110
The Times 48
 Trachtenberg, F. 115–16
 transgression 56, 57, 152–3,
 155–6
 transrectal treatment 6, 182–3,
 186–7, 191, 195
 transrectal ultrasound 189, 190
 triathletes 202
 truckers example 132
 Turner, B.S. 60
- UK Men's Health Forum 165
 Ullman, S. 39
 unemployment 31, 32, 126
 urinary problems 6, 184, 185
- Vascular Disease Risk Factor
 Assessment and Management
 Programme 122
 Verkaik, R. 165, 168, 172
- Victor, C. 111
 Vingerhouts, A.J.M. 94
 visibility, logic of 39
 vulnerability
 clinical environment 182–3
 denial of 153, 154
 disclosure-prevention
 153, 171
 fat people 128
 interventions 126
 men's health 48
 Vulnerability Index 173
- Warin, J. 151
 Warr, P.B. 148
 Watson, J. 52, 110, 144, 146,
 151, 156
 weight problems 2, 134
 weight-loss 135, 136–7
 exercise 203–4, 209
 see also obesity
 well-man checks 61–2, 114–15
 West Ham United Football
 Club 172
 Wetherell, M. 95, 96, 129–30
 White, A. 117, 125
 White, A.K. 217
 White, R. 125
 white men
 chest pain/CHD 219–21
 coronary heart disease 218–29
 disclosure of chest pain 222–3
 help-seeking 222–3
 primary health care use 224–5
 Whitehead, S.M. 12, 110
 widowed status 111, 118–19
 Wilkinson, R.G. 20–1
 Williams, C.L. 79
 Williams, G. 18
 Williams, R. 4, 5, 54, 55–6, 61
 Williams, R.A. 144, 149–50
 Williams, S.J. 59, 60, 110
 Williamson, P. 14
 Winchester, H.P.M. 79

- Wisse, R.R. 42
Wolkomir, M. 73
women: *see* breast cancer;
 femininity; feminism; gender;
 motherhood; Post Natal
 Depression
women in workforce 32–3,
 166–7
women's health 23, 150–1,
 163–4, 184
women's movement 12
Woofitt, R. 104
workplace 31, 76, 149
workplace sexual harassment
 study 76
Wright, J. 199, 208
Yates, A. 203
Yong, V. 73
Zborowski, M. 225
Ziebland, S. 180–1, 216