

Try to be healthy, but don't forgo your masculinity: Deconstructing men's health discourse in the media

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Abstract

The emergence of discourse around men's health has been evident now for at least 10 years across academic, policy and media texts. However, recent research has begun to question some of the assumptions presented concerning masculinity and men's health, particularly within popular media representations. The present paper builds on previous research by interrogating the construction of men's health presented in a recent special feature of a UK national newspaper (The Observer, November 27, 2005). The dataset was subjected to intensive scrutiny using techniques from discourse analysis. Several inter-related discursive patterns were identified which drew upon essentialist notions of masculinity, unquestioned differences between men and women, and constructions of men as naïve, passive and in need of dedicated help. The implications of such representations for health promotion are discussed.

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Introduction

The emergence of discourse around Men's Health has been evident now for at least 10 years across academic, policy and media texts (see Courtenay, 2000; White, 2004). The increased attention afforded men's health can be traced to a number of interlinked factors, such as published statistics highlighting sharp sex differences in major illnesses, vociferous expressions of concern from health professionals, and media constructions of a 'crisis' in masculinity generally (see Horrocks, 1994). However, recent research has begun to question some of the assumptions presented concerning masculinity and men's health, particularly popular

media representations (Clarke, 1999; Coyle & Sykes, 1998; Gannon, Glover, & Abel, 2004; Lyons & Willott, 1999). A focus on media materials is important because of their power in defining and reinforcing specific meanings around health (Bury, 1997; Seale, 2002). The present paper builds on previous research by interrogating the construction of men's health presented in a recent supplement of a leading UK Sunday newspaper: The Observer (November, 2005). This feature forms part of a wider corpus of men's health material collected from UK newspapers (Jan 2005–06) and is selected for analysis here because of contains a series of articles covering a range of relevant issues. Intensive scrutiny of this feature draws on techniques from discourse analysis (Potter & Wetherell, 1987) and aims to identify dominant representations of men's health and their implications for health promotion.

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The term ‘Men’s Health’ is now very much in vogue across academic, policy and media texts. It is typically associated with the following set of claims:

- there is now a men’s health ‘crisis’ since men are particularly vulnerable to a range of health problems;
- men do little or nothing to protect their health;
- ‘masculinity’ is to blame for men’s poor health; and
- dedicated research, policy and service provision is required to address the problem of men’s health.

These interlocking claims are now discussed. Over the past ten years or so, the state of men’s health has emerged as a key concern in the UK and beyond. The UK Government Department of Health has expressed concern about statistics showing men to be at risk from several major diseases because of poor diet, high alcohol consumption, smoking etc. (Office for National Statistics, *Social Trends* 30, 2000; Office for National Statistics, *Social Trends* 34, 2004). This picture is repeated in Europe (White & Cash, 2004), Australia (White, 2002) and North America (Courtenay, 2000). For many disease-related phenomena, men are worse off than women (e.g. heart disease, mental illness, life expectancy), although there is considerable variation between men. For example, men from working class backgrounds are over-represented in figures for chronic sickness (Baker, 2001; Office for National Statistics, 2002).

The general vulnerability of men to disease is wryly conveyed by Dr Ian Banks (President, Men’s Health Forum):

If you compare all the major killers, such as heart disease and lung cancer, men easily come out best, from the undertaker’s point of view (<http://www.menshealthforum.co.uk>, accessed 13/01/05).

In the academic literature, recent reviews on men’s health (e.g. Courtenay, 2000; White, 2004) emphasise men’s greater vulnerability to major health problems (physical injury, most cancers, obesity, suicide, etc.). However, it is clear that men’s health research is in its infancy. As White (2004) acknowledges, traditional medical research was almost exclusively oriented towards white middle-class men, with findings generalised to women and other groups of men. Moreover, gender

was not considered in any analyses, so that men qua men remained invisible. With a few exceptions, this situation has not changed significantly—there is still a dearth of health-related research in which gender is explicitly considered. While many studies do include sex as a variable, few explore how culturally dominant notions of masculinity and femininity might influence health practices. For example, a questionnaire-based study by Wardle et al., (2004) found that women were more likely than men to report healthy eating, diet restriction and to place more importance on healthy eating—but there was little attempt to explore why this might be the case.

Another problem with research which is ostensibly concerned with men’s health is the tendency to resort to stereotypical observations when gender is considered, notably that ‘hegemonic masculinities’ (Connell, 1995) play a negative role in men’s health. Briefly, hegemonic masculinities work to oppress women and other men through a range of ideals and practices such as competition, aggressiveness and heterosexuality. While many men will not actually attain or maintain culturally valued modes of masculinity, they nonetheless benefit through complicity with dominant ideals. Such privilege is not readily available to ‘marginalised’ masculinities, however, which are evidenced in groups of men who occupy relatively disadvantaged positions by virtue of categories such as class and race. In addition, ‘subordinated’ masculinities are those which are actively subjugated, such as the stereotypically ‘effeminate’ practices of gay men. So, hegemonic masculinities comprise sets of identities and practices which exist in relations of power to each other. Despite this complexity and diversity, hegemonic masculinity is often reduced to a singular construct—the stereotypical macho man for example—which is deployed in relation to the ‘crisis’ in masculinity and men’s health. This tendency is lamented by Connell in his recent review of the concept of hegemonic masculinity (Connell & Messerschmidt, 2005).

With respect to men’s health, the assumption that ‘masculinity is bad for your health’ is clearly challenged by masculinised practices which can be viewed as health-promoting, such as sport. Although there are risks of injury, cardiovascular activities incorporated in sport and exercise are associated with health protection and even enhanced self-esteem (Crone-Grant, Smith, & Gough, 2005). However, men often talk about sport and exercise in terms of masculine attributes such as

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