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**The appropriation of hegemonic masculinity within
selected research on men's health**

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Abstract

Connell's hegemonic masculinity thesis (HMT) has occupied a relatively dominant position within contemporary research exploring the lives of men. Messerschmidt has conducted a review of recent literature that purports to use HMT, he describes in detail some of the ways Connell's work has been appropriated. Taking Messerschmidt's lead, this paper explores a small selection of men's health research that employ HMT as a central organising theme. Such a narrow focus and limited sample enables the theoretical, conceptual and empirical contributions of engagements with Connell's work to be critically explored in detail. This paper provides colleagues with clear examples of ways in which reified and reductive account of masculinity, are still being reproduced in contemporary analyses of men's lives. In calling for researchers to critically reflect upon their usage of Connell's thesis in more detail, my aim is to increase the subtlety and sophistication of such works. A further hope is that by highlighting specific examples of the need to appraise the relevance and adequacy of HMT as a conceptual frame of lived experiences, we might encourage researchers to access the multitude of different theoretical positions that speak to the lives of men.

Key words: Connell, health, men, hegemonic masculinity, theory

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Certainly to begin the analysis of men with masculinity/masculinities, or to search for the existence of masculinity/masculinities is likely to miss the point. It cannot be assumed a priori that masculinity/masculinities exist. To do so is to reproduce a heterosexualizing of social arrangements.

Jeff Hearn (1996, pp. 214)

The observations and comments presented in this paper spring from a review of substantive literature exploring the intertwining of men's health with issues of socially constructed identity. While collating articles as part of a research project on men's health, I repeatedly came across citations of Connell's (Carrigan, Connell & Lee, 1985; Connell, 1987, 1995; Connell & Messerschmidt, 2005; Messerschmidt, 2012) hegemonic masculinity thesis (HMT). This is not only testament to the theoretical power of HMT to speak to experiences and identifications within the lives of men but also the pervasive appeal of this work (Hearn, 2004; Messerschmidt, 2012). This paper draws critical attention to four appropriations of HMT that I will argue highlight continued theoretical and empirical issues within such research. Importantly, the studies presented here are not suggested as a representative sample of work using Connell's thesis or of that exploring men's health and exercise. Rather than attempting to describe in broad terms the 'state of the art', I have chosen to explore in detail a narrow but highly significant area of such research. However, the empirical and conceptual issues that come to the fore might help to maintain and develop the adequacy of sociological accounts of human behaviours, experiences and identifications. Through making explicit some problems that might be associated with research using HMT it is hoped that researchers will be able to employ Connell's work in a more theoretically sound manner. A further hope is that the arguments presented here will challenge the pervasiveness of HMT within academic representations of men's lives. Such a process might encourage researchers to further explore the potentials and possibilities that are offered by the diverse conceptual and theoretical tools which are available to them.

Connell's theoretical explanation of patriarchal social relations has been a central feature of contemporary research exploring gender dynamics. HMT has moved from abstract theoretical model, to an empirically supported and widely employed conceptual frame for research about men, narrations of manhood and gendered cultures. As one would expect, this process has been accompanied by considerable critique, counter-critique, reappraisal and conceptual development (Clattenbaugh, 1998; Donaldson, 1993; Hearn, 1996). Connell and Messerschmidt (2005) attempt to bring together central aspects of this on-going debate within their theoretical restructuring of the concept. The adequacy of this rebuttal and partial reformulation, are not the focus within this paper. Rather, attention rests on the various ways in which HMT has been represented, appropriated, signified and pragmatically employed within a small sample of research since the publication of this work. Connell and Messerschmidt's (2005) concluding remarks highlight the importance of such an endeavour:

Concepts in the social sciences arise in response to specific intellectual and practical problems, and they are formulated in specific languages and intellectual styles. But they also have a capacity to travel and may acquire new meanings as they do. This has certainly happened with the concept of hegemonic masculinity, which has been taken up in fields ranging from education and psychotherapy to violence prevention and international relations. Some of the ambiguities that annoy critics stem from the varied uses that the concept has found and the ways it has been inflected in response to new contexts. This is perhaps a general problem about conceptualization in the social sciences and humanities. As a theoretical formulation finds application in other settings and by other hands, the concept must mutate—and it may mutate in different directions in different environments. A specific concept may thus transform into a general way of talking, a style of analysis, or a characteristic figure in an argument. *There is nothing wrong with this process in itself—it is a common way that knowledge in the social sciences and humanities develops. But it means that new usages must also be open to critique and may lack some of the substance or justification of the original.* (pp. 853-854, emphasis added)

Within this paper I undertake such a critique. I will argue that some research within the study of men's health is indeed lacking in important ways. This is in part a function of aspects of Connell's thesis, the researchers misreading, misrepresentation or lack of understanding of this work, and the sometimes-uncritical acceptance of the language and theory of hegemonic masculinity within certain academic environments. In what follows, I will unpack these initial comments via a detailed critical review of four selected papers. In conclusion, I will encourage researchers wishing to explore men's experiences of health specifically, and men's lives and identifications more generally, to firstly, critically assess the relevance of Connell's thesis to their research and the empirical realities of the persons they are examining, and secondly, to ensure a detailed and up-to-date reading of HMT and critiques of this work. It is also hoped that by further problematising the uncritical appropriation of HMT within academic discussions of men's lives, that this paper will contribute to a growing body of work which encourages researchers to explore diverse theoretical and conceptual avenues.

Hegemonic masculinity

A grounding in the theoretical traditions of hegemony theory is a useful start point from where to approach HMT. As Donaldson's (1993) argues:

Hegemony, a pivotal concept in Gramsci's *Prison Notebooks* and his most significant contribution to Marxist thinking, is about the winning and holding of power and the formation (and destruction) of social groups in that process. It is about the ways in which the ruling class establishes and maintains its domination. The ability to impose a definition of the situation, to set the terms in which events are understood and issues discussed, to formulate ideals and define morality is an essential part of the process. Hegemony involves persuasion of the greater part of the population, particularly through the media, and the organization of social institutions in ways that appear 'natural', 'ordinary', 'normal'. The state, through punishment for non-conformity, is crucially involved in this negotiation and enforcement. (pp. 645)

Gramsci's nuanced theory of social power sets out a cultural and economic explanation of domination by one class over another. The tenants of this position have been employed by

Connell and colleagues to make sense of continued patriarchal social relations (Carrigan, Connell & Lee, 1985; Connell, 1987, 1995; Connell & Messerschmidt, 2005; Messerschmidt, 2012). The study of hegemonic masculinity is then concerned with the maintenance of power within and between social configurations of gender. In setting the tone of 'normal' and 'natural' notions about men and women the hegemonic position confirms and thus reinforces unequal power dynamics. This relational and hierarchical understanding of gender enables Connell to move beyond static and monolithic conceptions of sex roles. In this regard, 'masculinity' is conceptualised as dynamic patterns of social practice rather than an object or thing that one could possess. And as Connell and Messerschmidt (2005) remind us:

Hegemonic masculinity was distinguished from other masculinities, especially subordinated masculinities. Hegemonic masculinity was not assumed to be normal in the statistical sense; only a minority of men might enact it. But it was certainly normative. It embodied the currently most honored way of being a man, it required all other men to position themselves in relation to it, and it ideologically legitimated the global subordination of women to men. (pp. 832)

In this way, hegemonic masculinity was understood as an abstract, rather than descriptive, frame for social interactions based on the logics of patriarchy. The dynamic struggle for hegemony was an inherent part of this process, with new ideas about gender displacing older forms. Here, Connell's thesis enabled researchers to cast light on the plural, contested, negotiated but ultimately patriarchal narratives that framed many traditional and contemporary social spaces. Thus empowering politically minded research redressing imbalanced power relations between and within gender relations.

This theoretical snap shot serves only as a partial point of departure for the proceeding arguments. Numerous authors have written with greater insight than I about the strengths and weaknesses of Connell's thesis (Connell & Messerschmit, 2005; Demetriou, 2001; Donaldson, 2005; Hearn, 2004; Jefferson, 2002; Peterson, 2003; Pringle, 2005; Wetherell & Edley, 1999). Indeed, the adequacy of HMT at a theoretical level is not the focus within this paper. As such, these brief comments serve the function of reiterating the basic tenants of the Connell's work and forms part of the foundation from which I will develop a series of critical reviews of recent research exploring men's health. In what follows, four relatively recently published articles are critically assessed in terms of the ways they appropriate HMT. The reader might well wonder if this is merely an attempt to construct a conceptual and/or empirical 'straw man'. I would argue against such a reading, firstly because the two journals from which they papers are drawn, *Sociology of Health and Illness* and *Social Science and Medicine*, have relatively high impact factors, thus, marking them out as significant contributions to the field. And secondly, this selection is not framed as in anyway a representative sample, rather, they have been selected for their illustrative potential. The issues explored in this way can then represent relatively 'clear cut' problems which can be addressed in a logical and precise manner. This is key, as using this limited selection enables important empirical, conceptual and theoretical points to highlighted in detail. The aim here is to further anchor some of Messerschmidt's (2012) critical comments about the appropriation of HMT, within work exploring men's health. In this way, the following observations provide reference points from which a dimension of our theoretical understanding of men's health, and perhaps society more broadly, can be enriched.

Hegemonic masculinity in selected research on men's health

The following journal articles were published after Connell and Messerschmidt's (2005) theoretical reappraisal of HMT. 'Masculinity', employed in various ways, is used as a central theme within each paper to shed light on issues concerning men's health. However, hegemonic masculinity is employed in each paper in a problematic and troublesome manner. Using extracts from each paper I will detail these theoretical and empirical issues as a means of highlighting ways in which researchers might avoid similar pitfalls.

Emslie *et al* (2006) use Connell's (1995) thesis as a conceptual basis for their examination of men's experiences of depression. Justifying the need to conduct such a study they tell us that:

Men with mental health problems have received relatively little attention in the social science literature. Men with depression have been particularly under-researched, probably because anxiety disorders and depression are conditions associated with women (Prior, 1999). The few qualitative studies which have included men have been limited by a lack of attention to men's gendered experiences (Emslie *et al*, 2006 pp. 2247).

Indeed, Emslie *et al* (2006) do highlight an important lacuna within research on men's health, however, theoretical and empirical issues undermine their attempts to close this gap. Despite their substantive focus on men's depression and extant usage of Connell's (1995) thesis, there is very little data that explicitly focuses on how their participants defined themselves as men (if indeed they did), what they thought about stereotypical notions of manliness or the ways in which they construct their identities. Rather, Emslie *et al* (2006) seem to have largely presumed the connection between these men's lives and hegemonic masculinity. Let me unpack these assertions.

Hegemonic masculinity is left largely undefined as both the researcher's theoretical frame and within their participant's lives. Within the introduction a small section is devoted to Connell's thesis, here Kimmel's (1994, pp. 126) work is employed to articulate their theoretical position, 'white, middle-class, heterosexual men set the standard for other men, but whatever the variation in status, being a man means 'not being like a woman.' This relational element of gender identification is a necessary part of an understanding of masculinity, but clearly insufficient as a definition. For as Tolson (1977, pp. 12) argued almost 40 years ago, "masculinity" is not simply the opposite from "femininity" but there are many different types of gender identity [...] and different expressions of masculinity within and between different cultures.' Although Emslie *et al's* (2006) rather simplistic definition is full of assumptions and vagaries it could provide a useful platform to begin an investigation of masculinity if the researchers describe some specifics of these men's lives. Such an attempt to lock abstract theorising down within empirical reality might well account for the dynamic nature of hegemony. In this way, Hearn's (2004, pp. 59) reminds us that, 'one of the subtleties of the hegemonic may be its very elusiveness and the difficulty of reducing it to a set of fixed positions and practices'. Indeed, with some development Emslie *et al's* (2006) loose theoretical underwriting could provide the basis for an interrogation of localised understandings of men, narrations of manhood and patriarchal relations. However, this necessitates that the researchers go on to take such broad brushstrokes and fill in the detail by describing the ways in which their participants negotiated and defined such narrations and/or identifications. This information is unfortunately omitted. Except some passing references, which are left unexplored, these men's thoughts and the emotional

and physical significances they attach to notions of masculinity are left hidden. I was left to ponder if all these men defined masculinity in the same way, or if they even thought manhood was something that impinged upon their experiences of being depressed? In the place of answers to such key questions was an assumed and static hegemonic masculinity that acted as a narrow and restrictive frame for the research, constraining the ways in which these men's lives were imagined and represented.

Initially, Emslie *et al* (2006) describe the ways in which experiences of depression impact on these men's identities. Connell's (1995) work is employed here as a conceptual frame. Although reference is made at this stage to 'bigger boys' and 'macho' (Emslie *et al*, 2006, p. 2250) school environments impacting on the two respondents abilities to express emotion as adults, it is difficult to find much explicitly evidence supporting their use of HMT. Rather, the primacy that is afforded to masculinity masks the possibility of local dynamics and other salient social fault lines which might have effected these men's lives as children. Could it not be the case that their young age or lack of supportive family environment was crucial in their experiences? I am not suggesting that these men existed as ungendered subjects, rather, I argue that further evidence is required in order for Emslie *et al* (2006) to conclude their study provides further evidence for explanations of depression focusing predominantly on masculine identity or narrations about manhood.

In the section titled, '(Re)structuring identity around hegemonic masculinity,' Emslie *et al* (2006, pp. 2251) use three subheadings to organise their participants supposed identifications with a static and largely assumed hegemonic masculinity. One participant who joined a bowling club is quoted as talking about 'being one of the boys', Emslie *et al* (2006, pp. 2251) fail to draw attention to the ways in which he also described the importance of being 'amongst new people' and 'being one of the bunch'; both ungendered group identifications. It is also unclear as to the nature of this groups identification with gendered stereotypes; might it be possible that within such a space patriarchal narratives usually associated with HMT could be largely absent, challenged and even subverted? Indeed, is 'being one of the boys' necessarily an element of hegemonic masculinity? Was such bonding, as Farr (1988) has shown us, an element of maintaining male privilege? If so, is it problematic that such health related behaviours are a function of continued patriarchal relations? More data is required to address such questions and importantly to justify the conclusions that Emslie *et al* (2006) make.

Within the next subsection hegemonic masculinity is associated in a simplistic manner with control while a (once again largely assumed) feminine position is linked to lack of control. Such a dichotomy is clearly problematic if one attempts to employ it as a frame for the complex and often unresolved tensions that characterise contemporary processes of gender identification and certainly at odds with Connell's understanding of the plural nature of power. Although the quotation that Emslie *et al* (2006) present as evidence can conceivably fit their appropriation of HMT, there is once again a lack of explicit evidence from these men showing this link to gender. Take the following example:

The vital thing, I think, to recover is that you have to become independent and yet everything around you is geared towards forcing you to become more and more dependent – dependent on drugs, dependent on other people like professionals to make decisions for you. Your whole autonomy is being taken away and gradually eroded, so everything's conspiring against you to become effective again (DP31 in Emslie *et al*, 2006, pp. 2252)

The assumption appears to be that because these men want to have control in their lives, this is a dimension of their masculinity. Could the significance attached to autonomy not as equally be an aspect of their identities as adults, or as depression sufferers, rather than an aspect of their identifications of themselves as men? Again, without exploring the depths of these gendered lives, claims that such data shows an aligning with hegemonic ideals are left without substantiation. Indeed, such interpretations represent a reification of masculinity which might ignore and exclude 'other' important social identifications.

To conclude this part of the paper, Emslie *et al* (2006) explore their participant's feelings of responsibility to their families. They do not conceptually place such emotional attachment to one's family, friends and dependents within Connell's (1987, 1995) thesis. Instead, rich, detailed and emotionally powerful accounts from these men's lives are presented in an atheoretical manner. No explicit links are made to the place these experiences occupy within their identifications as men or within the continuation of patriarchy. Instead the shadow of hegemonic masculinity looms over the data, apparently acting as an implicit explanation. Are we to simply accept, with no clear references to either Connell's (1987, 1995) thesis or these men's understandings of masculinity, that this data shows the shaping of identity around hegemonic masculinity, as the section heading tell us? Once again, the *a priori* primacy attached to masculinity rides roughshod over what one might expect to be a complex identification process where factors connected to these men's ages, ethnicities, health status and many other dynamics would all impinged on such experiences (see Mennell (1994) for a nuanced theoretical discussion around such intersections). Although the focus on gender is of course important, explanations based on masculinity must be substantiated within evidence and must also not come at the expense of attempts to more adequately represent these men's identifications. It appears that Emslie *et al* (2006), in wishing to highlight the part played by notions of masculinity in these men's lives, may have inadvertently missed important identifications which impinge upon experiences of depression. Here, their appropriation of HMT, rather than HMT *per se*, appears to have had a reductive and constraining effect on the knowledge that they produced.

The remaining findings describe the ways these men construct difference as advantageous. Broadly speaking, Emslie *et al* (2006) appear to be attempting to explore the ways in which these men construct counter hegemonic identities. Unfortunately, there is once again a lack of engagement with Connell's thesis. As such, this section lacks clarity and coherence. They move between references to hegemonic masculinity and cultural norms in a simplistic manner. 'Majority culture' and 'traditional masculine discourse' (Emslie *et al*, 2006, pp. 2254-2256) are phrases that are parachuted in, undefined, as a means of framing the norms and traditions that these men are supposedly resisting with their identifications. At times this section reads as a discussion of resistance more broadly than specifically about hegemonic masculinity. Notions of age, national identity, sexuality, class and obviously illness are all present within these complex stories of subversion, yet the researchers focus on masculinity pervades. A gay man is quoted as saying:

I really fashion myself as not belonging anywhere. I don't move with the pack at all. My way of being out there is more to do with being gay than being black really... some people have asked me do I feel doubly burdened by being a member of two... from time to time despised minorities and I don't actually feel, see it as double burden. By the time I was really getting conscious of being gay a lot of my experiences around being black had worked like some kind of rough dress rehearsal (DP38 in Emslie *et al*,

2006, pp. 2254).

In reading this man's identifications using a simplistic conception of HMT such a quote can 'fit' as an example of resistance. However, it is clear that this man's life has been shaped by much more than identifications with, or resistance against, hegemonic masculinity. I am not suggesting that Connell's thesis cannot speak to such a complexity, rather, my argument is that the largely undefined and under theorized version presented by Emslie *et al* (2006) does little to advance our knowledge of these men's identifications, understandings of depression and lives more broadly. The static nature of their appropriation of HMT as a thing acting on these men's lives reifies patterns of gender more than it accounts, in a sophisticated way, for these men's negotiations of mental health issues. In this regard, I agree with Connell and Messerschmidt (2005, pp. 843) when they argue that 'it is somewhat ironic that the concept is criticized for oversimplifying the subject, but it is, of course, true that the concept often has been employed in simplified forms.'

Noone and Stephens (2008) draw on HMT to explore men's utilisation of medical services. They use Courtenay's (2000, p. 10) argument that a man doing hegemonic masculinity must, 'be relatively unconcerned about his health and well-being in general and would place little value on health knowledge. He would see himself as stronger, both physically and emotionally, than most women'. From this point of departure men who 'help seek' must negotiate, to some degree, dominant understandings of maleness. Noone and Stephens (2008) argue that the men in their study used 'morality' and 'biomedical' discourses in order to do this.¹ Throughout the piece hegemonic masculinity is employed in a static and largely un-defined manner to represent *the* measuring stick against which men must create their masculine identities. In this regard, the 'masculine' and the 'feminine' were dichotomous positions:

Our respondents constructed the 'regular user' as a feminine subject position... Because culturally idealised or dominant forms of masculinity construct men as stoic, invulnerable, and reluctant to go to the doctor, the 'seldom-user' of health care is a masculine subject position (Noone & Stephens, 2008, pp. 717-718)

Despite noting research that has described a more complex picture of men's health related identity tensions, Noone and Stephens (2008, pp. 718) present a dichotomous and often reified understanding of Connell's (1987, 1995) thesis:

Our analysis showed that hegemonic masculinity's opposition to the feminine adds a further dimension to this dilemma because, not only is the seldom-user of health care a masculine subject position, but the virtuous and regular user of health care is a feminine position.

This simplistic conceptual binary is made increasingly problematic by the lack of strong empirical support. The extracts that are used to support their analysis either contain only implicit references to gender relations or do not probe to an adequate depth the ways in which their participants define themselves as men. Suggesting that these men were, 'compelled by the ideals of hegemonic masculinity, to construct their positive health behaviours as legitimate and masculine in opposition to trivial or feminine reasons for

¹ See Pringle (2005) for a review of research which owe their theoretical underpinnings to an uncritical marriage of Gramscian and Foucaultian perspectives.

seeking help,' Noone and Stephens (2008, pp. 719) quote Kelvin who states that, 'I think I would feel silly if I went to the doctor thinking I was dying and he told me I only had flu. I'd think I'd just wasted his time.' Although Kelvin's notions of embarrassment may well contain a gendered dimension it is impossible to confirm this from such data. Indeed, one might argue that most people, regardless of their gendered identifications, might feel 'silly' if they were to do such a thing, clearly such data fails to evidence the 'compelling' effect of hegemonic masculinity. Here we can see in practical terms Hearn's (1996, pp. 212) argument that masculinity can act as a 'gloss on a complex social process.' Continuing to describe Kelvin, Noone and Stephens (2008, pp. 719) then discuss his understanding of 'old ladies' enjoying visiting the doctor. Rather than focusing on age or loneliness, which are components of this extract, the data is taken as confirmation that the regular-user is a feminine position. The primacy that is attached to the researchers understanding of masculinity, thus overrides and voids "other" aspects of their respondents identifications, limiting and reducing lived experiences to "fit" their reading of HMT. Here, I am not arguing that their needs to be specific reference to these men's understandings of themselves as masculine subjects in order for us to except evidence of gender being done, although this would certainly help. Rather, I am highlighting the need for some level of evidence if scholars want to make claims that an implicit gendering marks their data.

Despite only superficial references to power dynamics within their paper, Noone and Stephens (2008, pp. 722) tell us that: 'hegemonic masculinity, when conceived in its plural sense, is a useful tool for understanding the power inequalities between men and women and between different groups of men.' The local, plural and individualised understandings of masculinity that might enable them to make such claims were left implicit and underdeveloped in their analysis. Take the following example:

You know I'd be probably a typical male guy and not too ready to run off to the doctors (laughs). But you know, I attend my doctors reasonably regularly, not for anything in particular but for everything in general basically (laughs) (sure, yeah). I don't go running to the doctor for everything, but, I'll go see her now and again (Warren).

In this particular context, Warren has effectively maintained a masculine identity by reconstructing his health behaviours as 'not feminine' in nature. (Noone and Stephens, 2008, pp. 719)

What did Warren mean by a 'typical male guy'? What significances, if any, did he find in such representations? Did he actually consider 'running off to the doctor' to be a feminine position? What is the evidence that suggests Warren thinks of his behaviours as 'not feminine', or that this is an issue if he did? Noone and Stephens (2008) infer and assume evidence for their conclusions in line with a static understanding of hegemonic masculinity as defined by them in large part as oppositional to an also assumed femininity. Such dichotomous thinking, although speaking to an evident aspect of some gender identifications, is an overly reductive expression of the relational aspect of Connell's theory. Interpreting these men's lives using such a dichotomy as a central feature reduces complex and individualised understandings and tensions into a simplistic reification of an academic abstraction. As Mennell (1994, pp. 177) argues:

Habitus and identification, being related to group membership, are always – in the modern world where people belong to groups within groups within groups –

multilayered... There are always many layers, according to the number of interlocking layers in a society that are woven into a person's habitus.

Heeding Mennell's (1994) words about the multilayered nature of contemporary social identifications and bodily deportments may help avoid such reductive applications of HMT and social theory more broadly. In this way, important aspects of patriarchal identifications might be more adequately placed alongside supportive and/or subversive processes of identification.

Green *et al* (2010, pp. 1481) describe in some detail the ambiguities and the process of negotiation that former service men demonstrated in their understandings of emotional distress. In this study, HMT is employed as a 'culturally influential form of masculine behaviour that confers authority and leadership, as well as control, over women and less powerful men.' Noting that hegemonic masculinity changes over time they stress the flexibility and fluidity of the hegemonic process. In this regard they present an empirically useful account of these men's experiences. However, they also describe the importance these men attached to their identities as soldiers:

ID7... felt that as he had been a soldier he was no longer 'a normal person', a sentiment that was echoed in other narratives...participants used non-gendered terms of personhood when referring to their post-soldier identity rather than saying they were no longer a 'normal man'. (Green *et al*, 2010, pp. 1483-1484)

These notions of soldierhood are then placed within the theoretical frame of HMT thus maintaining masculinity as the prime driver within these men's identifications. It appears that masculinity is being used as a proxy to describe the wider category of men's social identifications or identities. Might it not be the case that notions of being a 'good soldier' rather than a 'good man' are more significant in these men's lives? As Connell and Messerschmidt (2005, pp. 841) argue, 'the concept of hegemonic masculinity is not intended as a catchall nor as a prime cause; it is a means of grasping a certain dynamic within social situations.' Unfortunately, in prioritising masculinity over other aspects of these men's identifications the authors have to find ways in which the soldier identity can fit into their theoretical frame. Clearly this is conceptually possible, but it comes with the price of favouring masculinity as an explanation of behaviours when other aspects of identity might in fact be of greater importance in framing these men's understandings of themselves and their negotiation of health discourses. In this way, ambiguities and complexities that might make logical sense to the soldiers appear as challenging and full of tension when defined in the first instance as an element of masculinity. Take the following example:

There are other aspects of the soldier identity that point to a more complex picture of hegemonic masculinity, namely the seeming paradox between hyper masculinity and caring masculinities embedded in the camaraderie between soldiers. (Green *et al*, 2010, pp. 1485)

Rather than seeing a paradox of masculinity, might we not see the logic of soldierhood where caring and notions of, what Green *et al* (2010) understand as, 'hyper masculinity', fit together within a story or brotherhood? Similar process been described in boxing subcultures (de Garis, 2000, Matthews, 2014). And as Hearn (1996, pp. 210) reminds us, 'the key issue that arises, albeit in different ways, from these various forms of variation is that masculinity may not be the most appropriate or relevant concept to describe and

analyse particular social situations.’ Here, it is not suggested that these men identify as soldiers and not as men, clearly they might well be gendered to a greater or lesser degree and there might be many overlaps between such identifications. However, such similarities must not be evidenced at the expense of focusing on important differences between what it means for their participants to be soldiers *and* men. It is also not suggested that we should take their identity as soldiers first and bolt on notions of masculinity second. Rather, it seems logical to explore all aspects of their identifications equally as possible explanations of their health related behaviours instead of starting with masculinity in the form of notions of hegemonic masculinity at the outset. Attempting to avoid such *a priori* assumptions will enable researchers to pursue a more adequate theoretical frame of their participant’s lives and increase the relevance of findings and subsequent recommendations.

Within an analysis of formerly incarcerated Latino men (FILM), Munoz-Laboy *et al* (2012) propose Connell’s (1987) early work as a central aspect of their theoretical frame. This causes them to miss crucial re-conceptions of this original text. They insist that:

Growing attention has been paid to concepts such as hegemonic masculinity – a type of normative ideal of masculinity, as articulated in different societies, to which men are supposed to aim to achieve... which creates a variety of different forms of masculinity of lesser value and a hierarchy of unequal power relations between men whose masculinities diverge from the hegemonic normative ideal (Munoz-Laboy *et al*, 2012, pp. 1766).

At no point is there any attempt to locate further specifics of Connell’s updated thesis (Connell, 1995; Connell & Messerschmidt, 2005) within their conception of hegemonic masculinity. Instead, the theory maintains a rather implicit and ethereal place within the remainder of their account. It appears that hegemonic masculinity is actually used to represent their interpretation of a singular and largely undefined masculine ideal (not dissimilar to early research employing sex role theory). There is an assumption that notions of an undefined hegemonic masculinity frame their participant’s behaviours and lived experiences. I am left wondering how these men actually define themselves and how such notions of manliness might actually impinge on their lives? This is a question that should not be left unanswered within a paper that claims the following:

In this study, we aimed to examine how pressures of performing a localized masculinity against the realities of ethnic/racial-gender exclusion in the labour market set the backdrop for the engagement of FILM in risky practices as ways of coping with exclusion and proving their masculinity to themselves and others. (Munoz-Laboy *et al*, 2012, pp. 1772).

Furthermore, the choice to use one of Connell’s earlier works is problematic considering the more recent critical comments that have caused considerable debate and a partial re-think of the theory. Indeed, Munoz-Laboy *et al* (2012) attempts to explore the intersection of ethnic and localised hierarchies of masculinity lacks the clear theoretical foundation that Connell and Messerschmidt (2005) set out. Instead, their analysis and discussions centre on a dichotomous understanding of masculine norms that these men must negotiate during their lives inside and outside of prison. They argue that:

During incarceration, FILM had to reconstruct their masculinity to suddenly loosen their position of social power as men and become subordinate men... However,

while reconfiguring the self to become a subordinate, the young man must retain a sense of power dominance so that he will not to be [sic] abused within the prison environment... Post release, men have to once again reconfigure their masculinity and assume a new position of power in the sense that surviving prison... is seen as heroic in the street environment. (Munoz-Laboy *et al*, 2012, pp. 1772).

In this way, men's experiences were defined in binary terms as powerful *or* subordinate. Alongside all FILM being grouped as a single coherent unit the intricacies of their lives are reduced to fit an either/or model of masculine power. Clearly it is problematic to make the simplistic claim that FILM are in a position of 'social power' before incarceration and subordinate during their prison sentence. This does a disservice to the sexualised, raced, classed, aged and gendered lives of these men both inside and outside of jail.

Despite claiming HMT as a part of their theoretical frame, their lack of engagement with Connell's work throughout the piece and simplistic usage of gender theory results in their appropriation of hegemonic masculinity lacking any of the theoretical weight and sophistication of the original thesis. Rather, their study represents a lazy conceptualisation and analysis of these men's identities and experiences which, appears of have been accepted as theoretically sound during the peer review process. As Messerschmidt (2012, pp. 71) reminds us:

Published articles hold an extremely salient position in academic gender knowledge construction, and the publication of an article in an accepted academic journal sanctions its scholarly stature. It is through such journals that specific forms of gendered knowledge are substantiated academically and upon such journal articles that the academic community depends for the dissemination of new forms of gendered knowledge.

As such, published misunderstandings or theoretically inadequate readings of HMT not only do a disservice to the lives of the men they claim to represent, they also may act as a point of departure for other researchers and students from which to frame their understandings of the social world. In this way, it is imperative that the review process highlights areas of conceptualisation that are not cognizant of relative critics and theoretical debates impinging on submitted articles.

Concluding remarks

I have detailed here the ways in which Connell's (Carrigan, Connell & Lee, 1985; Connell, 1987, 1995, Connell & Messerschmidt, 2005) thesis has been appropriated within a small selection of research exploring men's health. In particular I have used these papers to demonstrate how HMT has been deployed in a static and dichotomous manner which results in the reification of masculinity and the reductive voiding of 'other' salient aspects of social life. As Farrimond (2012, pp. 221) argues:

One inherent problem with the theorization of hegemonic masculinity in men's health is that it has become associated with a set of fixed values (e.g. self-reliance, aggression, dislike of homosexuality) and practices (avoiding health professionals, risk taking) which are often reified in measurement scales which do not allow for the historical and cultural flexibility that Connell originally envisaged.

Such representations do a disservice to the complexity and fluidity which characterise men's social identifications. Gilmore's (1993, pp. 229) thoughts are worth noting in this regard:

When I started researching this book, I was prepared to rediscover the old saw that conventional femininity is nurturing and passive and that masculinity is self-serving, egotistical, and uncaring. But I did not find this. One of my findings here is that manhood ideologies always include a criterion of selfless generosity, even to the point of sacrifice. Again and again we find that 'real' men are those who give more than they take; they love others. Real men are generous even to a fault.

The theoretical appropriations of HMT which I have reviewed here certainly do not adequately account for Gilmore's (1993) findings. Indeed, they actually contribute to the continuation of dualistic narrations of gender (Hearn, 1996; MacInnes, 1998). I hope to have highlighted the ways in which such reification hinders the representation of men's lives. In assuming, *a priori* that masculinity, and hegemonic masculinity in particular, shapes men's lives the researchers who conducted the preceding studies have reductively contoured their data in line with an academic abstraction. A necessary goal of research which attempts to more adequately understand men's health related behaviours and identifications is to increase the resonance between sociological theories and the lived realities of social life. Such an undertaking is held back when researchers do not critically appraise the empirical and theoretical utility of their academic tools.

The articles that have been explored here were selected for their relevance to a theoretical and conceptual issues that I hoped to highlight. Although the focus of each critique detailed different salient points there was of course a degree of overlap between the papers. One particular absence within all these appropriations of HMT was the manner in which the political pro-feminist dimension of Connell's thesis was largely stripped away. I would argue that an essential aspect of a critical exploration of men's health using HMT would be a focus on the production, maintenance, and/or subversion of patriarchal relations. Alongside such an account one might expect researchers to explore how and in what ways patriarchy constrains and enables the lives of men and women in contemporary social worlds. Although there was some evidence describing the ways in which hegemonic masculinity was 'bad' for these men's health, there was a dearth of focus on the ways such risky, health-avoiding behaviours contributed to the continuation of unequal gender relations in practical ways. If one is familiar with the basic tenants of HMT such links can be made easily enough, but this processes should not be left to the reader to imagine into being. Rather, evidence and observation intertwined with explicit theoretical framing should be a hallmark of such work. When reading the previously reviewed works I did not get a sense the authors helped us to understand the generation of hegemony in the way that Connell and others (Atkinson, 2011; Donaldson, 1993; Messerschmidt, 2012) describe. I am not suggesting here that HMT cannot be used to focus on specific elements while deemphasising others within a sociological investigation, clearly it is important that we maintain theoretical and conceptual fluidity. However, we must also be cognizant of the foundational premises, theoretical power and political potential of sociological concepts, and as Messerschmidt (2012, pp. 63) argues:

No social science concept is ever fixed and no social science scholar has a monopoly on its correct use. Nevertheless, the concept of hegemonic masculinity was

originally formulated to conceptualize how patriarchal relations are legitimated throughout society.

As such, failing to adequately place patriarchy within accounts using HMT leaves a central dimension of such theorising to fall by the wayside. In this way, researchers' accounts lack what I would argue is the most important aspect of Connell's (1987, 1995) thesis, that is, the way in which it can be employed to speak to the continued gender inequality within contemporary social relations.

The critical reviews presented within this paper are not proposed as a reflection of the sociology of men's health more broadly. Far from it, instead, the detailed observations about the appropriation of HMT serve as practical examples of theoretical and conceptual problems that I have argued still persist in certain works. Eight years ago Lohan (2007, pp. 494) argued that:

There is an urgent need to breathe new life into research on men's health which customarily talks of the influence of masculinities – and particularly hegemonic masculinities – on men's health behaviours but has been running into a 'masculinities road block' for some time now.

Although there is evidence to suggest that Lohan's (2007) call has in part been heeded (Farrimond, 2012; Fish, 2008; Monaghan, 2007), the evidence presented here shows that some researchers and journals persists in publishing articles that appear to require a deeper reading of the theoretical foundations of gender studies and contemporary critiques and reappraisals of such works. In calling for researchers to critically reflect upon their usage of Connell's (1987, 1995) thesis in more detail my aim is to increase the subtlety and sophistication of such explorations of men's lives. In attempting to reduce the number of overtly problematic appropriations of HMT we will be in a stronger position to critically evaluate the theoretical and empirical insights that such a conception of the social world offers. A further hope is that by highlighting specific examples of the need to appraise the relevance and adequacy of HMT as a conceptual frame of lived experiences, we might encourage researchers to access the multitude of different theoretical positions that might speak to the lives of men. For example, Atkinson's (2011, Matthews, 2014) discussion of pastiche hegemony, MacInnes' (1998) problematisation of the masculinity concept, Anderson's (2009) inclusive masculinity and Arxer (2011) and Bridges and Pascoe's (2014) hybrid masculinities might all feature as prominent components within literature reviews for those wishing to explore the contemporary lives of men. In this way, I agree with Sparks (1992, pp. 48) who argues that, 'if one voice, or paradigm, dominates then there is real danger that we end up just speaking to ourselves. This can lead to a form of tunnel vision whereby some problems are explored exhaustively while others are not even perceived'.

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