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Wounded masculinities : men, health, and chronic illness

This is the final peer-reviewed author's accepted manuscript (postprint) of the following publication:

*Published Version:*

Quaglia, V. (2023). Wounded masculinities : men, health, and chronic illness. LONDON : Palgrave Macmillan [10.1007/978-3-031-44436-4].

*Availability:*

This version is available at: <https://hdl.handle.net/11585/994588> since: 2024-10-21

*Published:*

DOI: <http://doi.org/10.1007/978-3-031-44436-4>

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# 1

## Introduction: understanding men's health and illness in a critical perspective

### Abstract

Quaglia provides a concise summary of the theoretical approach used throughout her research presented in this book, situating the subject of study within a broader framework. Men's health and illness are understood here through the lens of Critical Studies on Men and Masculinities, which allows to move beyond an overly simplistic approach that interprets men's worse health outcomes compared to women - which are evident globally in nearly every country - as a mere result of unhealthy behaviors and attitudes associated with the need to demonstrate masculinity. The health practices, studied here through the specific empirical case of self-management of diabetes mellitus, constitute an integral component in shaping one's sense of (masculine) self. These practices are intertwined with a repertoire of social actions performed with the intent of presenting a specific "impression" of oneself to others, in accordance with societal and cultural ideals of masculinity. Building on the empirical cases presented, the author opens up a broader reflection on the everyday life practices related to health through which masculinity is constructed, re-constructed, and negotiated in social interactions with others.

This book explores men's health practices in relation to chronic illness. In recent decades, especially starting from the 1980s, there has been a growing interest in understanding men and their health. Nevertheless, studies that have explored how men experience their day-to-day lives with a chronic illness have been relatively scarce. As a few scholars have emphasized, illness can bring to light aspects of vulnerability, weakness, passivity, and dependence in men—attributes conventionally associated with femininity. In doing so, it directly challenges the dominant masculine ideals of invulnerability, physical prowess, activity, and independence (Wenger and Oliffe 2014; Oliffe 2006; Charmaz 1995). Due to the requirement of maintaining a continuous daily self-monitoring of the illness, and given its potentially visible signs during interactions with others, autoimmune diabetes can spoil and discredit men's sense of masculine identity (Goffman 1963; Broom and Whittaker 2004). Thus, living with diabetes requires that men deal with its signs and implications in different ways, through their everyday practices and discourses. In fact, when men

discuss their engagement—or lack thereof—in diabetes self-management practices, and when they choose to perform these practices, these actions effectively become integral to their presentation of the self (Goffman 1959). These actions inevitably constitute part of the repertoire of information that is more or less consciously employed to express themselves and provide a specific account to others. Therefore, the “doing” of health and illness is here conceived as a specific and situated form of “doing gender” (West and Zimmerman 1987; Saltonstall 1993; Riessman 1990).

More specifically, the choice to either adhere to the lifestyle recommended by medical professionals or not, to opt for a healthy diet or not, to monitor glycemic levels or not, and to decide whether or not to administer insulin shots or use an insulin pump—and if so, where and how—these decisions are all intertwined with distinct notions of what constitutes appropriate masculine conduct within a particular historical epoch and socio-cultural context.

Positing that men and women could adopt different strategies in terms of approaching health and managing illness does not imply that this is merely related to inherent biological differences in male and female bodies. On the contrary, within this volume, the body is perceived as socially constructed. However, it is important to clarify that understanding the body as socially constructed doesn’t imply that individuals can completely modify and shape it at will, nor does it signify that the body can be comprehended as a text. It rather implies that the way men and women act upon and signify their bodies is influenced by societal norms, values, and perceptions. The understanding of the body is thus intertwined with the broader socio-cultural context and is not merely a personal, isolated entity (Sassatelli and Ghigi 2024).

From this perspective, the way in which men participate in health-related practices constitutes an integral component of the construction of their sense of (masculine) self. These practices are intertwined with a repertoire of social acts performed with the intention of presenting a particular “impression” of oneself to others. The way in which men engage in and attribute significance to health-related practices exerts an influence on the outcomes of health and illness. It is precisely for this reason that, even today, the lower life expectancy of men in comparison to women and their heightened propensity for accidents and increased incidence of specific illnesses are often regarded as outcomes of their intent to demonstrate manhood (Courtenay 2000). In order to construct an adequate self-image as “real men” and to gain recognition as such from others, particularly from other men, men often engage in unhealthy and risky behaviors. This phenomenon appears to cut across various social class backgrounds. It ranges from displaying physical strength through physical confrontations, a muscled body, to demonstrating the ability to tolerate alcohol more than others, driving fast without concern for risks, enduring long working hours and overwork, and managing work-related stress in pursuit of success and increased earnings (Harrison 1978).

With this literature background as reference, I embarked on my research journey concerning men and their health practices, conducting interviews with men diagnosed with autoimmune diabetes. Right from the outset, however, I confronted a significant issue: a substantial portion of the interviewees displayed a considerable

adherence to treatment, having seamlessly integrated health practices to the extent that they became an unquestionable part of their daily routines. What's more, in many instances, they had developed over time specific disciplinary technologies (Foucault 1984) — ritualistic and daily practices aimed at fostering and sustaining their health status.

On one hand, their enactment of masculinity didn't seem particularly affected by illness. On the other hand, at first glance, masculinity appeared "invisible." as except for a few specific cases, I wasn't observing a rejection of self-care and health practices. So, I started asking myself: how should I interpret this emerging field data? How can I understand masculinity in connection with health and illness, moving beyond the common rhetoric of masculinity being "harmful" to men's health?

In support of a more profound interpretation of the emerging results, the invaluable literature from the realm of Critical Studies on Men and Masculinities (CSMM) has contributed significantly to facilitating a more profound interpretation of the emerging results (Hearn and Howson 2019; Hearn 2013; Gough and Robertson 2010). The literature produced in this context underline the excessive oversimplification of this type of interpretation. By promoting a direct link between masculinity and ill-health, it risks pathologizing masculinity and failing to adequately capture the complexity of its actual realization. This deficit approach inevitably has negative effects and repercussions on the concrete possibility of intervening to improve the psychophysical health of boys, men, and even women, since they are also influenced by how society perceives, produces, and reproduces the different ways of doing masculinity, at times valorizing and at times rejecting them (Hunt 2010).

In order to advance our understanding of men's health and illness, this work responds to a call for producing empirical studies with a more critical approach that takes into account the nuances, complexities, and sometimes even the contradictions that characterize the relationship between masculinity and health (Gough, Robertson 2010; Lohan 2007). Drawing upon the CSMM approach, this book aims to focus on the many different ways in which diabetic men attribute meaning, adopt, and discursively use health those practices that they are - at least in part - obliged to adopt for survival, all within a coherent presentation of their masculinities. The use of the term "masculinities" in plural form in this context is not coincidental. In line with the Critical Studies on Men and Masculinities (CSMM), the obligatory reference is to Raewyn Connell, the Australian sociologist who, as we will see in the next chapter, has formulated a crucial theory of gender and masculinities. She has demonstrated how there isn't a solitary, monolithic, or universal way of embodying masculinity. Instead, there exist various ways of being a man that change over the course of an individual's life and across different social contexts. These variations are embedded within a hierarchy of masculinities.

Within this hierarchy, the dominant ideal of hegemonic masculinity resides at the top of the gender order. It consists of the prevailing ideals of masculinity within a given context. In contemporary Western society, this refers to being white, heterosexual, able-bodied, successful, healthy, physically strong, and assertive. Naturally, only a select few men are capable of attaining these hegemonic ideals.

However, these ideals remain active in shaping the model against which all men, in some manner, must measure themselves.

In light of this, diabetes inherently positions men outside the realm of the hegemonic masculinity ideal, as it undermines expectations of healthiness, physical strength, and autonomy. Moreover, the need to adopt healthy habits, which encompass maintaining a balanced diet and consistent self-monitoring, carries the potential for demasculinization. The very title of the book, “Wounded Masculinities,” echoes Arthur Frank’s seminal work “The Wounded Storyteller” (2013, xi), dedicated to those “who have suffered and lived to tell the tale.” In this context, it resonates with those diabetic men who participated in the research and narrated their stories, and that are “wounded” in two ways: because of the illness, and because of their inability to fully comply with hegemonic ideals of masculinity.

The advancement that the CSMM enables us to undertake pertains also understanding that despite the difficulty in enacting the hegemonic ideals, all men actually internalize these ideals. They endeavor to display these attributes, even in their narratives, while simultaneously evaluating themselves and other men through the perspective of these nearly unattainable standards. Consequently, individuals whose bodies deviate from the hegemonic norms often encounter the risk of not receiving social recognition and validation, and are also often unable to benefit from the advantages of the patriarchal dividend (Connell 2009). However, men can still engage in practices aligned with ideals of hegemonic masculinity. They might hypermasculinize their self-representation to compensate for lacking attributes and neutralize the demasculinizing potential of other practices. Self-portraying as competent in another traditionally masculine domain can serve as a compensatory manhood act (Schrock & Schwalbe, 2009), a means to acquire masculine capital (De Visser et al., 2009; Bourdieu, 1986).

This book aimed to delve deeper into the meanings associated with health practices in the context of diabetes self-management. This exploration was accomplished through the discussion of results from two separate studies on the same topic. I will now illustrate how the organization of the book unfolds, along with the presentation of the theoretical framework, the methodology employed, and the emerging results.

## **Organization of the Book**

Chap. 1, provides an overview of contemporary literature on men’s health and illness, focusing on the relation between masculinities and health practices and outcomes. In public discourse, as well as in academic debate, it emerges that usually men experience poorer health outcomes compared to women. Through time, different disciplines have tried to understand the nature of these disadvantages, their possible underlying causes, and the potential actions to be taken to reduce health disparities. In this chapter, we will consider various disciplinary perspectives, starting from early biological and psychological explanations to sociological theorization and studies. Particular attention will be dedicated to the debate on the hegemonic

masculinity framework and its further developments, as well as contemporary literature on “third wave” critical studies on men and masculinities, examining its importance in better understanding men’s health and illness.

In Chap. 2, we will delve into the complexity of conducting research within the realm of men, masculinity and chronic illness. We will explore the two distinct research approaches and techniques that have informed the research whose results are presented in the book. Furthermore, we will reflect critically on the research processes and its implications in terms of studying gender in different empirical contexts and through different methodological techniques. The attention will be particularly directed towards two primary domains: firstly, the context of qualitative research interviews with diabetic men; secondly, the use of digital research methods in studying the masculine self-representations of diabetic men on social media. Both represent innovative approaches within the realm of social research, enabling an expansion of knowledge in a field of study that remains, up to this point, largely unexplored.

Chap. 3, 4 and 5 each present one of the three ideal types that emerged from the qualitative research conducted with diabetic men. In particular, Chapter 3 is dedicated to the first ideal type of diabetic masculinity, the “Tracker,” and focuses on the role technology and self-tracking practices play in the discursive (re)negotiation of masculinities in the context of diabetes. Diabetic people need to master technical self-care skills to survive. In many cases, the participants reframed their competence in ways that enabled a legitimation of hegemonic traits of masculinity: for instance, they discursively employed self-management practices as a medium for representing the self as rational, competent, autonomous, and always “in control.” This configuration of (health and gender) practices combines techno-scientific and biomedical knowledge while also showcasing a hybridized form of hegemonic masculinity.

In Chap. 4, as anticipated, we will continue the presentation of the findings related to the qualitative research. In particular, we will delve into the case of the “athlete” ideal type. We will reflect on the different ways in which sports can be considered as a crucial arena of practices for the production, reproduction, and negotiation of an “adequate” masculinity for men after the onset of diabetes. The diabetic athletes follow their doctors’ recommendations to regularly exercise, but they often go far beyond the suggestion of taking a quiet postprandial walk. They rather engage in endurance training as a means for of improving fitness, for reducing the dosage of insulin intake, and for maintaining psychological wellbeing. The emphasis placed on endurance sports, on the ability to endure pain, and to achieve athletic goals while managing diabetes and controlling its symptoms, allows diabetic men to enact a form of masculinity that, on the one hand, embodies self-monitoring practices, and, on the other hand, compensates for its emasculating potential with hypermasculine sporting performances.

Chap. 5 is the last chapter dedicated to the findings of the qualitative research with diabetic men. It focuses on the third ideal type, namely the “Free Spirit”. Among the three patterns presented, this one aligns more than the others with the stereotypical notion that men are less inclined to engage in self-care practices and adhere to medical treatment. This pattern of attitudes and practices illustrates how men might compensate the risk of emasculation and diabetes-related health practice stigmatization by resisting the lifestyle prescribed by diabetologists. Instead, they prioritize daily practices that emphasize enjoyment, culinary pleasures, wine, and freedom from diabetes self-management constraints. This form of resistance possesses a gendered dimension. Participants embodying this ideal type reported challenging societal expectations concerning health maintenance, thus reinforcing a form of masculinity linked to ideals of independence, resistance, and a willingness to take risks.

In Chap. 6, our exploration delves deeper into the construction of masculinities and their intersection with chronic disease. Our attention will shift towards the specificities of the visual self-presentations of diabetic men on TikTok. Drawing from - as far as I know- the first digital research that explored this topic, particular attention will be given to three themes that emerged as relevant from the study, namely: the display of the diabetic body, the display of men’s emotional statuses, and the presentation of food consumption practices in the complex process of constructing, representing and performing masculinities online.

In the concluding section, the empirical findings of the two studies will be examined in dialogue with the main literature on the topic. Additionally, we will reflect on the limitations of this study, as well as the contribution that this volume aims to make to the existing body of literature concerning men, masculinity, and chronic illness.

## References

- Bourdieu, P. (1986). The forms of capital. In J. Richardson (Ed.), *Handbook of theory and research for the sociology of education* (pp. 241-258). Greenwood.
- Broom, D., & Whittaker, A. (2004). Controlling diabetes, controlling diabetics: moral language in the management of diabetes type 2. *Social science & medicine*, 58(11), 2371-2382.
- Charmaz, K. (1995) Identity, dilemmas of chronically ill men. In Sabo, D. and Gordon, D.F. (eds) *Men’s Health and Illness: Gender, Power and the Body* (pp.266-291). Thousand Oaks, CA: Sage Publications.
- Connell, R. W. (2009). *Gender: In World Perspective*. Polity Press.

Courtenay, W. H. (2000). Constructions of masculinity and their influence on men's well-being: a theory of gender and health. *Social science & medicine*, 50(10), 1385-1401.

De Visser, R. O., Smith, J. A., & McDonnell, E. J. (2009). "That's not masculine": Masculine capital and health-related behaviour. *Journal of Health Psychology*, 14(7), 1047-1058. <https://doi.org/10.1177/1359105309342299>

Foucault, M. (1984). Docile Bodies in *The Foucault Reader*, Paul Rabinow ed.

Frank, A. W. (2013). *The wounded storyteller: Body, illness & ethics*. University of Chicago Press.

Goffman, E. (1963). *Stigma: Notes on the management of spoiled identity*: Touchstone. Kindle Edition.

Goffman, E. (1959). *The Presentation of Self in Everyday Life*. Anchor Books.

Gough, B., Robertson, S. (2010). *Men, Masculinities and Health: Critical Perspectives*. Palgrave Macmillan

Harrison, J. (1978). Warning: The male sex role may be dangerous to your health. *Journal of Social Issues*, 34(1), 65-86.

Hearn, J., & Howson, R. (2019). The institutionalization of (critical) studies on men and masculinities. In Gottzén, L., Mellström, U., Shefer, T. (Eds.). *Routledge international handbook of masculinity studies* (pp.19-30). Routledge.

Hearn, J. (2013). Methods and methodologies in critical studies on men and masculinities. In *Men, masculinities and methodologies* (pp. 26-38). London: Palgrave Macmillan UK.

Hunt, K. (2010). Foreword. In Gough, B., Robertson, S. (Eds.). *Men, Masculinities and Health: Critical Perspectives*. Palgrave Macmillan

Lohan, M. (2007). How might we understand men's health better? Integrating explanations from critical studies on men and inequalities in health. *Social science & medicine*, 65(3), 493-504.

Oliffe, J. (2006). Embodied masculinity and androgen deprivation therapy. *Sociology of Health & Illness*, 28(4), 410-432.

Riessman, C. K. (1990). Strategic uses of narrative in the presentation of self and illness: A research note. *Social Science & Medicine*, 30(11), 1195-1200.



Saltonstall, R. (1993). Healthy bodies, social bodies: men's and women's concepts and practices of health in everyday life. *Social science & medicine*, 36(1), 7-14.

Sassatelli, R., Ghigi, R. (2024). *Body and Gender*. Polity Press

Schrock, D., & Schwalbe, M. (2009). Men, masculinity, and manhood acts. *Annual Review of Sociology*, 35(1), 277-295. <https://doi.org/10.1146/annurev-soc-070308-115933>

Wenger, L. M., & Oliffe, J. L. (2014). Men managing cancer: A gender analysis. *Sociology of Health & Illness*, 36(1), 108-122.

West, C., & Zimmerman, D. H. (1987). Doing gender. *Gender & society*, 1(2), 125-151.