

25. Emergent masculinities, men's health and the Movember movement

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INTRODUCTION

Since the landmark Second World Congress on Men's Health in Vienna, Austria in 2002, men's health organizations have increasingly engaged in awareness-building and fund-raising activities to bring men's health issues to the global health spotlight. Concerned by the fact that men generally experience worse health outcomes than women in most parts of the world, an international coalition of activists called for more explicit attention to be given to men in international and national health programs (Men's Health Month, 2014a). Framing men's health as an issue of concern for families and governments alike, the Congress sought to heighten public awareness of how gender-based health disparities impact men, while encouraging men themselves to engage with preventive medicine (Men's Health Month, 2014a). Public education and awareness initiatives, including local information fairs and health screenings, were seen as critical to improving men's health worldwide.

The Congress helped to legitimate the field of 'men's health', still emerging then in many parts of the world, and spurred the development of public education programs, including the establishment of the International Men's Health Week.¹ Drawing on wider discourses about prevention and masculinity, these early 'awareness' campaigns sought to enhance men's understanding of the links between risk-taking behaviors such as excessive alcohol consumption and preventable health problems. In Euro-American contexts, many of these endeavors also focused on disrupting the stigma surrounding 'male-specific diseases', such as prostate and testicular cancer. These campaigns often adopted tactics employed by breast cancer awareness programs, with blue ribbons and 'Wear Blue' slogans becoming a popular public fixture during the month of June (Men's Health Network, 2014). In sum, the past decade has witnessed the growth of global men's health movements that actively rework dominant ideals of manhood to render masculinity compatible with health-promoting behaviors that are seen as critical to improving men's well-being.

A growing body of anthropological research on masculinity and health has also emerged during this decade, generating new understandings of how novel medicines and technologies mediate men's health practices. Much of this literature has developed in dialogue with the analytical trajectories of men's studies and has been most notably influenced by the widely used concept of 'hegemonic masculinity'. As an analytic device that conjoins feminist and Marxist intellectual traditions with social constructionist views of gender, it explicates the ways in which dominant ideals of manhood create hierarchical inequalities and reinforce women's collective subordination globally (Connell, 2005 [1995], 2000). A number of anthropologists have demonstrated that men's own

understandings of their health are contoured by local expressions of hegemonic masculinity, including how masculine features – such as virility and physical strength – impact men's engagements with preventive medicine, experiences of substance abuse, chronic and mental illness, and conceptions of sexual health (Bourgois and Schonberg, 2009; Gutmann, 2007; Padilla, 2007; Simpson, 2009; Smith, 2014). Yet in response to more recent critiques and reformulations of the hegemonic masculinity approach (Connell and Messerschmidt, 2005; Demetriou, 2001), other anthropologists have begun to reimagine the analytical terrain on which to explore men's lives within and beyond the realms of health and medicine (Inhorn, 2012; Inhorn and Wentzell, 2011; Wentzell, 2013).

This chapter first reviews the hegemonic masculinity approach and the conceptual imprint that it has left on empirical studies of masculinity and men's health. We then turn to the more recent conceptual contributions anthropologists have made to understandings of 'what men say and do *to be men*' (Gutmann, 1996: 17). As frameworks that share a focus on the connections between novel social phenomena and embodied and processual dimensions of being a man, we expound the analytics of 'composite' and 'emergent' masculinities to demonstrate their utility for understanding men's lives in the twenty-first century. We then apply the emergent masculinities approach forwarded by Inhorn (2012) to an ethnographic case study of Movember, a growing global men's health movement that aspires to 'change the face of men's health' (Movember Foundation, 2014a). Understood as a social domain where multiple discourses about well-being and masculinity intersect, we show how men's health movements are increasingly transforming social relations among men and how men conceive of themselves *as men* in relation to their health. Men are embracing new strategies for well-being that entail a diverse repertoire of various forms of self-care, including testicular self-examinations and clinical prostate cancer screening. Thus, despite representations within men's health scholarship that men are unconcerned about their health until moments of 'crisis', men's participation in global health movements such as Movember suggests men's emergent investments in their health and overall well-being. In challenging conventional perceptions of men as uninterested in their health, we suggest that these engagements enable men to interject new understandings about masculinity and health into their ways of being men.

HEGEMONIC MASCULINITY

Since its formulation in the early 1980s, the concept of 'hegemonic masculinity' has prevailed as one of the most influential social constructionist approaches to the study of gender within the social sciences. Forwarded by Raewyn Connell and colleagues,² the concept of hegemonic masculinity is premised on the framing of masculinity as a necessarily relational and historically contingent phenomenon. Drawing on Marxist and feminist intellectual traditions, Connell and colleagues argued that modern constructions of masculinity are best understood as the products of historical forces that are tempered by the particular sociocultural milieus in which they emerge. Masculinity and femininity are thus 'inherently relational' concepts born out of historically embedded patterns of gendered practices, which have been challenged and transformed throughout social history – for example, with the rise and expansion of colonial empires and capitalism, the development of the medical and natural sciences, and the emergence of women's

emancipation movements (Connell, 2005 [1995]: 68). Connell envisioned masculinity as a 'place' within gender relations. Rather than gender being a social practice, it is 'a way in which social practice is ordered' (Connell, 2005 [1995]: 71).

Connell thus sought to explicate how the historical production of multiple masculinities engenders relations of domination and subordination among men, and between men and women. To do so, Connell developed a theory of masculinity that incorporated Antonio Gramsci's (1971) concept of hegemony, which refers to the social apparatuses through which a leading group achieves and maintains its dominant social position through the cultivation of desire among non-dominant groups to conform to the dominant group's way of life. The non-dominant group is thus complicit in its own class-based domination (Connell, 2000, 2005 [1995]).

Drawing on Gramsci's dialectical conceptualization of power relations, Connell (2005 [1995]) defines 'hegemonic masculinity' as an arrangement of practices that occupies a dominant 'place' within a given pattern of gender relations, thereby facilitating patriarchy and reinforcing hierarchies of social power among men themselves. Although hegemonic masculinity incorporates local ideals of manhood, it is not a precise manifestation of a normative understanding of manliness within any given social context. Instead, it is about living one's life as a man in ways that facilitate the acquisition of dominance over other men.

Yet, despite the desires, fantasies and ambitions of at least some men to embody or enact hegemonic masculinity, achieving such dominance over other men is often incongruent with real life. Connell, for one, recognized that many men lack the necessary social and economic capital to actualize hegemonic masculine practices in their daily lives. Hegemonic masculinity thus engenders inequalities between men, valorizing certain ways of being a man, while marginalizing others. Connell called these non-dominant forms of masculinity 'subordinate' or 'subaltern'. Although men occupying non-hegemonic spaces within the gender hierarchy might exhibit forms of resistant 'protest masculinity', masculine capitulation or surrender to hegemonic authority would be evident in various subordinate or subaltern forms.

In the initial formulation of hegemonic masculinity, Connell was quite interested in elucidating the many connections between different forms of masculinity, thereby emphasizing the dynamic intricacies that animate relations among men occupying various social locations. Yet, the initial casting of masculine relationships within a Gramscian framework of 'hegemonic' and 'subordinate' types led to problematic reification of a masculine dualism of hegemonic and non-hegemonic forms. This hegemonic-subordinate binary was widely applied within and beyond masculinities scholarship, eventually generating heated debate over the appropriateness and empirical uses of the concept (Beasley, 2008; Demetriou, 2001; Donaldson, 1993; Jefferson, 2002; Martin, 1998).

In a more recent reassessment of hegemonic masculinity after 20 years of its usage, Connell and Messerschmidt (2005) note the need for some refinement of the concept, given that scholarly applications of the term have often resulted in narrow typologies of masculinity, reductive representations of otherwise complex subjectivities, and even 'toxic trait lists' surrounding supposed hegemonic masculine norms. Thus, Connell and Messerschmidt hoped to counteract analytical inadequacies and deleterious depictions by further theorizing the concept in four major realms: first, the nature of gender hierarchies, or the historically embedded interconnections between hegemonic masculinities

and femininities, the latter of which have often been ignored in recent masculinity scholarship; second, the geography of masculinities, or the mapping and interplay of gender orders at local, regional and global levels; third, physical and social embodiment, linking men's bodies with practices of masculinity; and finally, the dynamics of masculinities, or a greater attendance to internal tensions and contradictions at both the individual and collective levels. Connell and Messerschmidt argued that revising the concept of hegemonic masculinity without abandoning it altogether would open up new directions for masculinity research, including issues pertinent to men's health.

In the next section, we examine the ways in which hegemonic masculinity theory – with its particular focus on social practices related to men's bodies and health – brings many issues into focus for anthropologists, who have been studying men's health and embodiment over the past two decades through an ethnographic lens.

ANTHROPOLOGICAL PERSPECTIVES ON HEGEMONIC MASCULINITY AND MEN'S HEALTH

Through ethnographic engagement in men's lives around the world, anthropologists have contributed considerably to the scholarship and debates surrounding hegemonic masculinity and its alternatives. At the same time that hegemonic masculinity theory was being proposed by Connell and colleagues in the field of sociology, the anthropology of masculinity was being formulated by mostly male ethnographers, who were becoming interested in men's self-fashioning in relation to perceived gender roles across a variety of cultural settings (Gutmann, 1997). These early anthropological studies focused on how men positioned themselves vis-à-vis other men as well as women, how men enacted their sexuality in a variety of cultural sites, and how cultural repertoires and institutions legitimized gender hierarchies in which men maintained their dominance (Brandes, 1980; Godelier, 1986). Foundational work included attention to performances of masculinity in everyday life, rituals and ceremonial activities, as well as idiomatic and folkloric expressions of masculinity (Gilmore, 1990; Gregor, 1985; Herdt, 2002 [1987], 1994 [1981], 1998 [1982]; Herzfeld, 1985). In addition, cross-cultural research by anthropologists was dedicated to masculine ideologies, or the meaning of manhood in a variety of cultural settings (Gilmore, 1990).³ These findings demonstrated convincingly that men's enactment of gendered identities – or what men 'say and do to be men' – is in inextricable dialogue with shifting cultural categories and meanings of gender (Gutmann, 1996).

At the same time, postmodern and feminist intellectual currents within anthropology inspired new ways of theorizing gender and power relations (Bell et al., 1993; di Leonardo, 1991; Mascia-Lee and Black, 1999; Reiter, 1975). Feminist anthropologists contended that analytic categories premised on the essentialist male-female dichotomy were unable to account for how masculinities permutated in tandem with shifting social, ideological and material conditions. This perspective was perhaps best exemplified by Cornwall and Lindisfarne's (1994) edited volume, *Dislocating Masculinity*, in which they called for anthropologists to 'dislocate' masculinity from hegemonic forms by pluralizing the conceptual terms upon which they conceived of and represented the complexities of men's lives.

Around this time, a growing recognition of the lack of ethnographic studies of men's

lives' relative to women's lives around the world prompted interest among some anthropologists in understanding 'men as men' (Gutmann, 1996: 17). This approach was forwarded by Matthew Guttmann (1996) in his seminal ethnography, *The Meaning of Macho: Being a Man in Mexico City*, where he showed that fathering was one of many daily social practices that reconfigured meanings of machismo and ways of being a man in Mexico City. New ethnographic approaches to masculinity shifted the anthropological focus from hegemonic masculine ideologies and norms to increasing recognition of men's meaning-making practices and the ways in which they might subvert hegemonic gender ideologies (Robertson, 1992).

Since the 1990s, such orientations toward masculinity in practice have opened up fruitful avenues for anthropological investigation of the relationship between masculinity and men's experiences of health and illness. How the HIV/AIDS epidemic has impacted men around the world has been one of the most prominent areas of anthropological exploration, inspired in part by the discipline's engagement with sexuality studies and the commitment of many medical anthropologists to AIDS activism (Parker, 2001). The focus on how men interpret their masculine identities in relation to their sexual lives has demonstrated the important role that dominant discourses of manhood play in shaping both gay and heterosexual men's sexual practices, including the use or rejection of condoms and other forms of contraception (Gutmann, 2007), as well as conceptions of male intimacy and desire (Carillo, 2002; Parker, 1991).

Efforts to understand how cultural prescriptions of what constitutes a 'real man' in settings severely affected by HIV/AIDS have led to more fine-tuned analysis of how ideas about virility and masculine strength relate to rituals of sexual initiation, men's decision-making around marital and extramarital sexual activity, explanatory models of disease risk and transmission, and engagements with prevention and treatment initiatives (Biehl, 2007; Simpson, 2009). These meaning-centric approaches are complemented by analyses of political-economic processes that connect men's experiences of illness to shifts in local 'sexual cultures' (Parker, 1999; Parker and Caceres, 1999), men's participation in informal, sex-based labor economies (Padilla, 2007), and disclosure practices among couples and intimate partners (Padilla et al., 2007; Smith, 2014).

Ethnographic research has also demonstrated moments of transition – the significant crossroads in both younger and older men's lives – to be important sites of analytical attention. These perspectives have examined expressions of masculinity at numerous junctures, including transnational migration with its impacts on marriage, masculinity and family life (González-López, 2005; Inhorn et al., 2014; Hirsch, 2003); the entrance of young men into adulthood, including through sexual experimentation (Simpson, 2009) and substance use (Liu, 2011; Zigon, 2010); and older men's transitions to 'mature' masculinity, with reinvestments in family life at the point at which their sexual lives begin to ebb (Wentzell, 2013). More than just attending to the expression of masculine attributes within particular locales, these works evidence how varied, yet abiding tensions between ideal and actual, lived masculinities constitute important determinants of men's health.

Indeed, anthropologists have also recognized men's engagements with unhealthy substances and exposure to forms of structural violence as mediating elements in how men experience illness and well-being. In his award-winning ethnography *In Search of Respect: Selling Crack in El Barrio*, Philippe Bourgois (2003) argues that men who are

marginalized within formal economies sell illegal drugs not only to earn income, but to also gain 'respect' on the street and self-affirm their dignity and identity as men. Ethnographic studies have found that performances of such 'street' masculinity and its alternatives may also contribute to gender-based violence and gang membership, especially among impoverished youth (Amit and Dyck, 2012; Heinonen, 2011). In this way, anthropologists have shown that historically embedded forms of structural disenfranchisement give rise to class- and race-specific forms of 'protest masculinities', which often intersect with patterns of protracted unemployment, addiction, homelessness and interpersonal violence (Bourgois and Schonberg, 2009). At the same time, anthropologists have crucially recognized the dynamic and resilient capacities of men to overcome so-called 'cycles' of poverty and violence (Flores, 2014; Panter-Brick et al., 2008).

Many anthropologists have underscored the need to examine the influence of social ties at varying scales – from the family and neighborhood to support groups and broader moral communities – on men's experiences of health-demoting and promoting practices. For example, culturally specific differences in how masculine identity is associated with alcohol shapes how men respond to support groups. Japanese men in Tokyo often find their participation in Alcoholics Anonymous (AA) to be at odds with how they are expected to socialize with family and friends (Christensen, 2011, 2012; Taga, 2004), while AA members in Mexico City actively rework masculine conventions during their group meetings in order to render their abstinence compatible with how they conceive of themselves as men (Brandes, 2002). Moreover, recent studies have demonstrated that the presence or absence of affective ties among family members and intimacy in marital bonding inform the ways in which men receive, give and experience care in relation to cultural idioms of nurturance in times of sickness (Inhorn, 2012; McCoy, 2008; Padilla et al., 2007).

New lines of ethnographic inquiry also explore men's experiences of fatherhood worldwide (Inhorn et al., 2014), focusing on the transformative effect that fathering has on men's expectations and aspirations for themselves and their families (Edin and Nelson, 2013). In many parts of the world, men's multifaceted roles as 'partners' in childbirth within and beyond the delivery room (Inhorn et al., 2009; Reed, 2005), and the new possibilities afforded by assisted reproductive technologies (ARTs) to overcome male infertility (Inhorn, 2012), are creating new opportunities for men's engagements in reproduction, fatherhood and family well-being.

Still, men's ability to fulfill expectations of fatherhood and other social roles is complicated by experiences of disability and trauma. How men negotiate disability and masculinity is connected not just to their capacity to work and provide as husbands and fathers, but also to how they perceive their bodies in relation to dominant bodily cultures and stigmatizing processes. While men may attempt to reclaim 'lost masculinity' by strengthening their bodies to meet hegemonic 'ideal types' of the masculine physique and virility, they may also challenge such conventional norms by cultivating new types of masculine identity (Phillips, 2011). Adriana Petryna's (2002) powerful ethnography of radioactive fallout and men's subsequent physical disability in post-Chernobyl Ukraine reveals the ways in which men reinterpret their masculinity in light of their inability to work, instrumentalizing their injured bodies to claim financial support from the state as a form of redress.

If military culture and socialization processes instill in men hypermasculine values of strength and toughness, then these values may mitigate the efficacy of mental health treatments among men who are suffering from depression, anxiety and other mental health issues, including war-related post-traumatic stress disorder (PTSD) (Finley, 2011; Gutmann and Lutz, 2010; Kilshaw, 2010). It is perhaps self-evident that men who experience poor health due to exposure to armed conflict and other toxic environments are the unfortunate recipients of macro-level economic and political forces. Yet, less obvious is the fact that such forces, including projects of nationalism and state terror, are often the product of other men's decision-making and exertions of masculine authority (Açıksöz, 2012; Cohn, 1987; Kanaaneh, 2005, 2008; Nordstrom and Martin, 1992; Peteet, 1992, 2005; Theidon, 2012). These works reveal how deeply men's lives are affected by masculine ideals that are enshrined in broader apparatuses of the state, including political violence and the vestiges of colonial power (Abufarha, 2009; Bucaille, 2004; Ghannam, 2013; Grassiani, 2013).

Collectively, this important body of scholarship has taken up the issues of hegemonic masculinity and health, bringing to light the sociopolitical, economic and power dimensions of men's experiences of illness and marginalization. At times, anthropologists draw explicitly on Connell's analytic of hegemonic masculinity to conceptualize how men negotiate their masculinity in dialogue with dominant ideals during moments of health crisis and adversity (see Bourgois and Schonberg, 2009; Heinonen, 2011; McCoy, 2008; Phillips, 2011; Simpson, 2009). Yet, anthropologists have also addressed these same concerns – namely, how predominant signifiers of masculinity are intertwined with institutional and discursive forms of power, which can lead to relations of significant inequality between men – in ways that speak to disparities in health without invoking the hegemonic masculinity framework, with its enduring emphasis on relational hierarchies between hegemonic and subordinate forms of manhood (see Inhorn, 2012; Ghannam, 2013).

NEW ANALYTIC PERSPECTIVES: COMPOSITE AND EMERGENT MASCULINITIES

Recognizing the novel and dynamic ways in which men are living out their lives in the twenty-first century, anthropologists are beginning to rethink the conceptual terrain upon which masculinity is unfolding amidst new social, economic and technological transformations. This intellectual endeavor involves the formulation of new analytic vocabularies beyond hegemonic masculinity, and also entails a more essential reimagining of potential scholarly approaches to studying men's experience and conceptions of themselves as men (Inhorn and Wentzell, 2011). Here, we introduce two major analytic perspectives that share conceptual roots in the fields of gender studies, medical anthropology, and science and technology studies (STS). Both also share a thematic concern with men's reproductive and sexual health. Responding to the charge that hegemonic masculinity theory has led to the framing of masculinities as fixed 'types' (Demetriou, 2001), these new analytics work to elucidate the dimensions of embodiment, dynamism and social and technological transformations in men's lives in the twenty-first century.

Composite Masculinities

As revealed in the anthropological literature on masculinity and men's health, masculinities are highly contingent and relational social formations that, despite many layers of variation, are fundamentally tied to what men think, say and do to 'be men' (Gutmann, 1997: 386). This orientation underscores that men's subjective perceptions of masculinity play an important role in how they construct themselves as men throughout their daily lives and over the male life course. Emily Wentzell (2013) has shifted the attention in masculinity theory to the dynamics of male subjectivity, or the ways in which men continually rework their gendered selfhood in everyday interactions and throughout the course of their lives. Her incisive ethnography, *Maturing Masculinities: Aging, Chronic Illness, and Viagra in Mexico*, examines how older, working-class Mexican men conceive of themselves 'as men' within a sociocultural milieu that valorizes penetrative sex as an embodied affirmation of manhood. In twenty-first-century Mexico, these men must make sense of their aging bodies and waning erections amid an increasingly pervasive pharmaceutical landscape replete with medications for erectile dysfunction (ED).

Wentzell argues that men contest local ideals of machismo, critiquing the negative cultural prescriptions implicit in this term. Instead, they consider themselves 'ex-machistas', and strive for a 'mature' masculinity that emphasizes conjugal bonds, family harmony and the 'natural', non-medicated decline of sexual potency. Mexican men's critique of machismo is not merely a 'protest' against hegemonic masculinity on the part of older men who can no longer sustain this role. Wentzell shows instead men's highly deliberate and often elaborate strategies to integrate their experiences of chronic illness, changing sex lives and marital relationships into their gendered identities as men. Against the backdrop of *Mexicanidad*, which casts sexual virility as the natural, essential trait of Mexican men, Wentzell asserts that aging offers men an opportunity to redefine their masculinity by rejecting restrictive conceptions of machismo that conflate manhood with penetrative sex. Aging is thus a definitive moment in the life course of many men, which allows them to consign youthful sexuality to their pasts, while embracing new ways of being men by ascribing notions of respectability to their work, families and practices of self-care.

Beginning with the premise that bodies and selves are culturally contingent, Wentzell conceptualizes these embodied and processual changes in Mexican men's lives through her analytic of 'composite masculinities', which she defines as 'contingent and fluid constellations of elements that men weave together into masculine selfhoods' (Wentzell, 2013: 26). Wentzell's composite masculinity approach draws intellectual inspiration from the work of Annemarie Mol (2002), whose book *The Body Multiple: Ontology in Medical Practice* advances the notion of 'composite objects' – in other words, how distinct socio-medical practices incorporate 'different instantiations' of a given disease 'into singular wholes' (Wentzell, 2013: 26). Viewing masculinity, like the illness experience, as a 'composite object', Wentzell shows how Mexican men understand illness as a multifaceted experience that emerges through the complex interaction of work habits, economic hardships, emotional stress and limited access to healthcare imposed by broader structural conditions. In so doing, she elucidates the performative, contingent and embodied dimensions of gender and selfhood, while also revealing the underlying cultural logics that inform the medicalization of aging, sexuality and men's individual subjectivities as men.

Emergent Masculinities

Whereas composite masculinity focuses primarily on individuals' continuous crafting of their masculine subjectivities, another useful analytic, put forward by anthropologist Marcia C. Inhorn (2012),⁴ attempts to capture the embodied and processual transformations in men's lives over time and social history. Drawing upon Marxist scholar Raymond Williams's notion of 'emergence' – as 'new meanings and values, new practices, new relationships and kinds of relationship [that] are continually being created' (Williams, 1978: 23) – Inhorn offers the term 'emergent masculinities' to describe how novel forces continually come into being, with the potential to radically transform dominant social orders, including patriarchy and its accompanying hegemonic masculine formulations and stereotypes of manhood.⁵

According to Inhorn (2012: 60), 'emergent masculinities' entail 'change over the male life course as men age; change over generations as male youth grow to adulthood; and changes in social history that involve men in transformative social processes; [and the] new forms of masculine practice that accompany these social trends'. In her ethnography, *The New Arab Man: Emergent Masculinities, Technologies, and Islam in the Middle East*, Inhorn applies an emergent masculinities approach to examine how infertile Arab men renegotiate their ideas about manhood and fatherhood in the midst of the influx of assisted reproductive technologies (ARTs) into the region, including those designed specifically to overcome male infertility. Such new, male-centric reproductive technologies entail an array of disparate new masculine practices – ranging from clinic-based masturbation and semen collection to painful testicular aspiration procedures to urgent reproductive travel across international borders – in the pursuit of assisted conception and technologically enabled fatherhood.

Through in-depth 'reproductive life histories' of more than 300 Arab men from a variety of Middle Eastern countries, Inhorn explores their changing notions of manhood, their attempts to unseat patriarchy within their own lives, their desires for love and companionship within marriage, and their attempts to use reproductive technologies to overcome their childlessness. While infertility may constitute a moment of disruption in men's lives, Inhorn demonstrates that it is often the deep love that men have for their wives that allows them to mitigate the existential, moral and social uncertainties surrounding unintended childlessness. Through presenting the 'love stories' of a variety of infertile Arab couples, Inhorn shows how many Arab men are prioritizing their marriages over fatherhood, and are often willing to experiment with morally questionable technologies to satisfy their wives' reproductive desires. In resisting religious orthodoxies – especially regarding the morally fraught use of third-party egg donation – men frame their moral decisions in terms of conjugal sacrifice, of 'doing all this for her', and out of love (Inhorn, 2012: 301). In describing these 'new Arab men' who are reshaping marriage and morality in the Middle East today, Inhorn writes:

Just as ordinary Middle Eastern men are changing their sociopolitical worlds, these men are also changing their personal lives, interjecting new notions of manhood, gender relations, and intimate subjectivities into their ways of being. These emergent masculinities defy conventional gender stereotypes, can be found across faith traditions, challenge prevailing moral authorities, and employ emerging technoscientific innovations . . . In the Middle East today, emergent masculinities entail love, tenderness, and affection, as well as untold sacrifice and suffering, all

elements of contemporary manhood that go unnoticed and unappreciated, particularly when set against the tropes of violent hypermasculinity that characterize ongoing Western Orientalist discourse. (Inhorn, 2012: 317)

Just as some Middle Eastern men are enacting their emergent masculinities through novel engagements with new reproductive technologies, other 'new Arab men' are growing their moustaches as part of the emerging Movember movement, which has 'arrived' in the Middle East, as it has at many other sites around the globe.

EMERGENT MASCULINITIES IN THE MOVEMBER MOVEMENT

Ask yourself the question, who do you want to be? For every style of moustache there is a different personality. You will become that man, you will be treated as that man and you will act like that man. It's important you like who he is. (Moustachery, Movember USA Website)

Every November thousands of men around the world shave their faces to grow and groom new moustaches in the name of supporting men's health. Established in 2003 by a group of young Australian men, Movember is a global organization 'committed to changing the face of men's health' by raising awareness and funds to support 'prostate cancer, testicular cancer, and mental health'.⁶ Throughout Movember, the organization's month-long annual trademark event, men are encouraged to stylize their moustaches as a strategy to engage other men in meaningful dialogues about male reproductive cancers and the importance of prevention. More than a decade since its founding, Movember has flourished into an international movement that boasts more than 4 million participants in 21 countries and has raised \$559 million to date.⁷

The statement above is drawn from the 'Moustachery', a prominent segment on the official Movember website that offers 'Mo Bros' advice and tips on 'how to grow a Mo', the colloquial terms used to refer to Movember participants and their moustaches.⁸ The statement expresses the core ethos of the movement: a new way of being a man, one who actively embraces his health and encourages other men to do so as well. As the literal embodiment of this ethos, the moustache links male bodies and selfhoods with practices of self-care. By presenting a series of online, ethnographic vignettes, we explore how men participating in Movember are enacting emergent masculinities: new ways of being a man that run counter to forms of hegemonic manhood. We focus on the moustache as an embodied dimension of these emergent masculinities, while advancing the scope of the emergent analytic by examining men's various practices of self-care.

Movember Discourses

Movember is the 'largest non-government investor in men's health programs'⁹ in the world, and its apparent success is no doubt tied to the organization's ability to mobilize participants in both 'online' and 'offline' contexts. The organization is part and parcel of the broader phenomenon of global men's health movements and therefore constitutes a meaningful site for anthropological inquiry. Scholars of organizational discourse have demonstrated that organizations come into being through the actions and words of its

stakeholders, entwining 'the everyday discursive practices of members [with] the organization itself' (Mumby and Mease, 2011: 283). Thus, while the social and geographical locations of 'Mo Bros' vary widely, they share a common, albeit differentiated, interest in men's health by virtue of their participation.

Our analysis purposively focuses on Internet-based organizational discourse, including Movember website content and promotional videos on social media outlets such as YouTube, to capture the most essential features of the movement. Anthropologists have increasingly turned to the Internet to understand emergent social phenomena in recent years, with many of these studies focusing on the complexities of social life as it is constituted within 'virtual worlds' (Boellstorff, 2008; Nardi, 2010; Taylor, 2006). Yet, while Movember certainly constitutes a community with a prominent digital presence, many of the activities that its participants partake in – growing moustaches, hosting 'Mo Parties' and talking to other men – occur offline in non-virtual contexts. We therefore contextualize Movember less as a 'virtual world' than as an 'online context', replete with meaning-making about men's lives.¹⁰ We also limit the analytical scope of the vignettes presented below to the Euro-American context, although we recognize that men across the globe, including in the Middle East, are growing their moustaches to support men's health and well-being.

The Movember Moustache

The meanings of moustaches are multiple, entangled in particular histories and tied to specific milieus. Despite this variation, the moustache is often regarded as both a symbolic and an embodied marker of local hegemonic masculinity in many settings (Hidaka, 2010). Indeed, the sheer multitude of signification bespeaks the role that the moustache, or facial hair more generally, plays in men's ability to assert or maneuver claims to power (Hidaka, 2010). Movember is not necessarily different in this regard, especially given that the movement explicitly links masculinity to a man's ability to grow facial hair. However, the movement does diverge from what might otherwise be a hegemonic rendering, by deliberately imbuing the moustache with certain whimsical qualities.

The caricaturing of the moustache is essential to the organization's aim to change the way men think about their health. During the month of November, the Internet is replete with images of moustaches shared by the organization and its participants, many of which are intentionally humorous, ironic or absurd. The organization states on its website that this tactic is intended to change men's passivity toward their health by 'putting a fun twist on a serious issue. Using the moustache as a catalyst, we want to bring about change and give men the opportunity and confidence to learn and talk about their health more openly and take action'.¹¹ The moustaches men grow to raise awareness and funds for prostate and testicular cancer are not a mere enactment of a hegemonic ideal of manhood. Rather, the Movember moustache enables men to embody their masculinity in ways that align with well-being.

The Movember website also provides men with practical suggestions for moustache maintenance. The Moustachery encourages men to 'shape your moustache using proper grooming techniques. A great Mo comes down to grooming. Look after your Mo. Fertilize it, keep it clean and keep it neat'.¹² Through moustache grooming, men not only craft different types of masculinities, but embody their masculine selfhoods in reference

to a broader discourse about hygiene. The implication here is that to take care of one's moustache is also to take care of one's well-being. In this way, the movement provides men with a new rationale through which they can recast their masculine identities in ways that are compatible with embracing health-promoting behaviors. Men thus come to embody these 'healthy masculinities' (Sloan et al., 2010) through practices of self-care that extend far beyond men's immediate attention to their moustaches and into the realm of preventive medicine.

Practices of Self-Care

As he discusses online, Rick first learned about Movember through his hockey team mates, who invited him to join them in their pledge to grow moustaches. This was the first he had heard about Movember and he was encouraged by their enthusiasm to raise money that would support men's health research. In recounting his story, Rick describes this encounter as the:

first time that I really became aware that there was that kind of information and that kind of organization out there for men and for men's health. Just the experience that I've had with Movember uh, it really made me think that, 'hey, I do need to get checked out, I don't know why I've been putting it off, and uh, you know, I just need to do it'.¹³

Spending a month growing a moustache enabled Rick to engage in conversations about his prostate health with other men, forging new relationships with his teammates. Through these interactions, Rick came to see his well-being as compatible, if not essential, to his manhood.

Embracing the ethos of self-care that is characteristic of the movement, Rick decided to visit his physician for a routine physical in December 2012. Describing his experience at the doctor, he focuses on the decision to undergo screening for prostate cancer:

I had the blood test done for the PSA [prostate-specific antigen test] and it showed very high, like three times higher PSA level than normal. I went to a urologist and did a biopsy, and I received a phone call . . . umm it was the urologist that said that the, uh, biopsy came back positive, for uh, prostate cancer. It was almost a Stage 3 cancer. They told me that I had had prostate cancer for maybe eight to ten years.

After contemplating his treatment options, Rick elected to have his prostate removed through surgery in May 2013. After several months of recovery, he was able to rejoin his hockey teammates, which he describes as a 'sign of life getting back to normal'. Experiencing grave illness made Rick appreciate the importance of men's health campaigns. While growing a moustache may have provided the initial, playful impetus for Rick to discuss health matters with his teammates, he also connects this practice with a wider sense of belonging to a community that supports him and his decision to be proactive about his health. The relationships he has with other men are a microcosm of the broader ways in which Movember enables men to revise how they relate to one another:

My hockey teammates are, you know, I find a relationship with them that is very similar to Movember. You know, everything from shaving of the moustache, or growing one if you don't have one, to trying to make a difference out there in Movember . . . and I was one of them,

you know, I also became the person on the other end of it, where I needed that help, and that uh, community support . . . I think a big part of what I've been through and being connected with Movember Organization is that we should get conversations started about men's health. Movember is the month where we grow moustaches and raise funds, but taking care of your health is year-round.

Through his participation in Movember, Rick entered a new social domain where being healthy is understood to be an appropriate way of being a man. Through his interactions with other men, Rick learned about the importance of preventive practices such as PSA screening and, quite literally, saved his own life. With all of its fanciful charms, the Movember moustache facilitates men's entry into a wider social discourse that casts health-promoting practices as an index of a new type of manliness. Rick's story parallels that of another 'Mo Bro', Matthew Wade, who was first diagnosed with testicular cancer at the young age of 16. His online narrative emphasizes his experience of diagnosis, beginning with his own initial awareness of his changing body:

I first, eh, noticed my testicle was a little bit swollen. I spoke to my parents and told them, and my mother suggested that I go to my local doctor. Went to have a look and realized it was probably a little more serious. I got all the scans done, and yea, I got diagnosed with, uhh, a tumor on my left testicle.¹⁴

He continues to describe his encounter with cancer through diagnosis as extremely traumatic, disclosing the ways that losing his hair from treatment and other bodily changes impacted his life. Cancer diagnosis changed Matthew's life 'massively', and it is because of this that he, like Rick, began to see the importance of men's health movements. In particular, Matthew stresses that through its awareness-raising efforts, Movember effectively 'breaks the silence' about men's reproductive cancers:

I support Movember, obviously. It's pretty close to my heart with the illness that I went through. But I think, you know, men, especially around my age and older don't want to talk too much about this stuff with our family and friends. But you know, I noticed that we [men] want to be big, strong and tough, tough men. But the simple fact is that, you know, it can hit anyone.

Matthew's narrative bespeaks the particular challenges, and often exacerbated suffering, that men face when they receive a cancer diagnosis. Forced to reckon with changes in their bodies resulting from sickness and treatment, cancer often also compels men to confront their own vulnerabilities in ways that are incongruous with dominant ideals that valorize physical strength as an index of manhood. Health scholars have long observed that the hegemony of such discourses often serves to foreclose opportunities for men to speak openly about being ill (Sabo, 2005). It is precisely this silencing that men like Matthew and Rick challenge through their participation in Movember.

As seen in these ethnographic vignettes taken from the Internet, men who participate in Movember are actively acting out new masculinities in relationship to notions of well-being, and embracing practices of self-care, including prevention. While the majority of 'Mo Bros' do not have reproductive cancer, for those who do, this global men's health movement enables men to reformulate their embodied masculinities in ways that both acknowledge the precariousness of illness and their changing bodies. Although illness heightens this process, all men experience poor health and associated

bodily change, and it is through their interactions with other men that participants become aware that prostate and testicular cancer 'can hit anyone'. In cultivating new social ties with other men who may or may not have cancer, participants relate their understandings of health to other men, generating novel forms of biosociality and male-to-male engagements (Rabinow, 1999). In short, as men around the world grow moustaches in support of each other's health, they are clearly forging emergent masculinities: new ways of being healthy men, new ways of relating to and caring for their changing bodies, and new ways of participating in communities of solidarity and support, where men's health itself is seen as an important part of emergent manhood in the twenty-first century.

FUTURE DIRECTIONS

As we have shown, Movember offers men an opportunity to redefine their masculinity by challenging restrictive stereotypes that frame manhood as incompatible with health-promoting behaviors. That men are embracing emergent practices of self-care and actively revising masculine ideals through their participation in global men's health movements bespeaks the need for gender and health scholarship to firmly situate men within the global health imaginary. Reconceiving men as gendered beings who are deeply invested in their well-being requires a fundamental rethinking of masculinity beyond a hegemonic masculinity framework. This entails attending to emergent social phenomena, such as the Movember movement, which is generating new possibilities for men to integrate notions of health into their gendered ways of being men. The analytic of emergent masculinities, which takes seriously ongoing processes of social history and the dynamic and embodied changes that occur over the male life course, furnishes scholars with the theoretical tools to capture all that is new, novel and potentially transformative in men's lives, both individually and socially.

In particular, an emergent masculinities approach has important implications for the field of men's health, which has traditionally relied on Connell's theory of hegemonic masculinity to conceptualize the relationship between men's health practices and their poor health outcomes (Courtenay, 2000a; Oliffe, 2009). Generally speaking, the hegemonic masculinity framework paints dominant ideals of masculinity as a social detriment to men's health, leading to attitudes and behaviors that are health-demoting. Courtenay, for one, argues that masculinity itself is a source of men's 'less healthy lifestyles than women' (Courtenay, 2000b, 2003). He notes that, in acting out local hegemonic prescriptions of masculine identity, men are more likely to engage in activities that increase their risk for illness or death, including excessive alcohol consumption, tobacco use and unprotected intercourse (Courtenay, 2000a). The hegemonic masculinity approach also links men's vulnerability to major health problems, such as heart disease and cancer, to men's adoption of 'masculine' attitudes that prevent men from seeking help until moments of 'health crisis'.

Indeed, recent scholarship points to a growing men's 'health gap' (Baker et al., 2014) – namely, the persistent disparity in men's health outcomes relative to those of women – as well as to the stark absence of men in various forms of global health policy and research on a national scale. Recent appeals from the World Health Organization to rectify the

men's health gap recognize that men generally experience worse health outcomes and live shorter lives than women around the world (Baker et al., 2014).

Yet, as we have argued here, reconceiving masculinity itself is fundamental to any corrective project. Indeed, men who participate in global health movements such as Movember are actively challenging common stereotypes that regard men as disinterested in their own health and the health of other men. That many men do not see themselves as resembling the image of the 'disinterested man' suggests the need for a project of masculine reconceptualization, including the re-embedding of men in social scientific and health research (Inhorn, 2012; Dudgeon and Inhorn, 2003).

In this chapter, we have advanced an emergent masculinities approach to capture what men say and do to be healthy men. Global men's health movements, furthermore, create new cultural resources for men to reshape their masculine identities. An emergent masculinities approach also aligns with more recent calls from men's health scholars, who argue for greater theorization of the linkages between masculinity and health (Gough, 2006). Indeed, emergent forms of masculinity may incline men to engage in health-promoting behaviors, such as exercise, adequate sleep and nutrition (Crone-Grant et al., 2005). Men's health practices may include use of online forums for health information and advice (Gray et al., 2005; Tyler and Williams, 2014), their intentional modification of lifestyle habits, such as smoking cessation and alcohol reduction (Sloan et al., 2010; Robertson, 2003, 2006), and their active pursuit of preventive health services (O'Brien et al., 2005). In sum, men in diverse contexts are revealing their concerns for their health in myriad ways, thus demanding that we as scholars engage in new theoretical and empirical approaches to conceptualizing masculinities in the new millennium.

NOTES

1. Men's Health Week was first inaugurated in the United States by Congress in 1994. The bill was created by Senator Bob Dole and Congressman Bill Richardson, who sought to elevate awareness of preventable health problems among men and shift intervention emphasis from treatment to prevention (Men's Health Month, 2014b).
2. Hegemonic masculinity has been most forcefully forwarded by Connell, who has authored many articles and books (Connell, 1987, 1990, 1992, 1993, 1996, 1998, 2000), including the path-breaking *Masculinities* (1995, second edition 2005). Yet, several of Connell's colleagues also helped to promote this concept. See the early work of Carrigan et al. (1985), and the more recent work of Connell and Wood (2005).
3. See Gutmann (1997) for a comprehensive (although dated) review of the conceptual and theoretical debates that have informed the anthropological study of masculinity.
4. See also Inhorn and Wentzell (2011), where Inhorn first offered the term, drawing upon the ethnographic examples from Wentzell's research in Mexico, as well as Inhorn's own ethnographic research with Arab men.
5. Importantly, the term 'emergence' denotes novelty in a sense that appreciates processual change, rather than necessarily demarcating a neat bifurcation between old and new. This nuance is even more significant when viewed as a departure from the hegemonic trope, which in its emphasis on ideal types elides, both analytically and ethnographically, the potential for change and transformation in relations both within and between genders.
6. Movember Foundation (2014a).
7. Movember Foundation (2014a). These figures refer to individuals who have registered directly with the organization; this figure is undoubtedly larger when 'unofficial' participants, people who do not register but grow moustaches, are considered.
8. Movember Foundation (2014b).

9. Movember Foundation (2014c).
10. Boellstorff et al. (2012: 122) distinguish virtual worlds from online contexts, asserting that the latter includes 'blogs or social networking websites' that have a different degree of sociality from virtual worlds, which they argue share many features with 'physical world fieldsites [that] have place and space, embodiment, and objects', and cite the example of online video games.
11. Movember Foundation (2013a).
12. Movember Foundation (2014b).
13. Movember Foundation (2014d).
14. Movember Foundation (2013b).

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