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Hegemonic masculinity, structural violence, and health inequalities

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Abstract
There is persuasive evidence that the reduction of health inequalities can only be achieved by addressing their fundamental causes, as opposed to the diseases through which they are expressed at any given time, or the immediate precursors of those diseases (Phelan et al 2004). This explains both the persistence of health inequalities over time and the failure of policies which only target their immediate manifestations to have any lasting impact. Fundamental causes of health inequalities are thought to include: inequalities in power; money; prestige; knowledge and beneficial social connections (Link et al, 1995). The aim of this discussion is to consider the impact of hegemonic masculinity in determining unequal social and political relations which are deleterious to the health of both men and women on a global scale.

Key words
Hegemonic masculinity, structural violence, health inequalities, social determinants
Introduction

There is persuasive evidence that the reduction of health inequalities can only be achieved by addressing their fundamental causes, as opposed to the diseases through which they are expressed at any given time, or the immediate precursors of those diseases (Phelan et al 2004). This explains both the persistence of health inequalities over time and the failure of policies which only target their immediate manifestations to have any lasting impact. Fundamental causes of health inequalities are thought to include: inequalities in power; money; prestige; knowledge and beneficial social connections (Link et al, 1995). Although extensive research over the past 30 years has highlighted the structural determinants of inequalities in health, governments’ strategies have largely focussed upon increasing individuals’ knowledge and promoting behavioural change, though even here the issues underlying why affluent people are more likely to act on health knowledge are not seriously addressed. As Bacchi (2008) has recently discussed, there remains a gap between research findings which illuminate the structural determinants of inequality and their translation into action.

Thus, it is widely acknowledged that structural factors, largely determined by the economic organisation of nation states and the wider global community, are unequivocally implicated in the perpetuation of inequalities in health. In this commentary we draw attention to a further, fundamental and yet equally remediable cause of health inequalities which is rarely acknowledged in mainstream discussions: hegemonic masculinity.
The recent Commission on Social Determinants of Health was made well aware of the impact of gender inequality on women and girls (Sen et al, 2007); but while its impact on men and boys is increasingly accepted (Courtenay, 2000; Barker et al, 2007), its more general impacts on public policy as a whole remain unacknowledged.

Most commonly, gender is appropriated as a variable and understood as a cause of differential health experiences alongside socioeconomic status, ethnicity and so on. The contention of this discussion is that hegemonic masculinity as a form of power which profoundly determines social and political relations can be approached as a fundamental underlying cause of inequalities in health. In other words, there is a case to be made that one globally dominant or hegemonic form of masculinity is responsible for unhealthy and antisocial characteristics which are prevalent in many, if not most societies worldwide. As Connell (2005) proposes:

...the hegemonic form of masculinity in the current world gender order is the masculinity associated with those who control its dominant institutions: the business executives who operate in global markets, and the political executives who interact (and in many contexts, merge) with them (p. 16).

The contention of this discussion is that the impact of these characteristics on attitudes, behaviour and ultimately on public policy makes an important contribution to inequality and suffering on a global scale.

**Hegemonic masculinity**
The term hegemonic masculinity has had an inestimable impact upon the fields of gender studies specifically and the social sciences more generally over the past two decades. It is typically used to refer to the reified and institutionalised forms of male behaviours which are dominant and come to determine the expectations laid upon all men within societies.

Whitehead (1999) suggests that the concept of hegemonic masculinity exemplifies

‘...at a macrostructural level, a masculinist ethos that privileges what have traditionally been seen as natural male traits...a dominant ideology of masculinism: an ideology which seeks to sanction the cultural boundaries of masculine behaviour (p. 58).

Hegemonic masculinity is characterised by (arguably) negative attributes such as toughness, aggressiveness, excessive risk-taking and ‘emotional illiteracy’, alongside ‘positive’ attributes like strength, protectiveness, decisiveness and courage; and features of more debatable value like individualism, competitiveness, rationality, and a practical orientation. These are played out in diverse ways at both a macro and micro level; both in the actions and dispositions of individual men (although, as discussed below, hegemonic masculinity does not necessarily operate in a deterministic way upon individual behaviours) and as is the key contention of this discussion, in the wider political and ideological machinations of governments and nation states.
The concept has emerged in many respects, in response to a growing consensus that traditional models of masculinity have been over simplistic and deterministic in both their understandings of men and male behaviour and in attempting to unpack the phenomenon of male domination. Rather, masculinities are multiple (Connell, 2005), and are mediated by a complex array of factors.

Connell (2005) defines four aspects of relations among masculinities: hegemony; subordination; complicity and marginalisation. Hegemony refers to the cultural dynamic by which a group (in this case, men) sustains a leading position in social life. Within this framework there are specific relations of dominance and subordination between groups of men. Complicity refers to the way in which the majority of men gain from hegemonic masculinity since they benefit from what Connell terms the patriarchal dividend - the advantage men in general gain from the overall subordination of women. Marginalisation refers to the masculinities in subordinated groups. It is always relative to the authorisation of the hegemonic masculinity of the dominant group. Therefore, certain groups of men may also experience subordinations, stigmatisations and marginalisation. The interplay between hegemonic and subordinate masculinities is a complex one but underlines the fact that the experience of being a man is not uniform.

Hence, Connell (2002) argues that gender is a way in which social practice is ordered. In other words, gender grows out of social practices in specific social structural settings and serves to inform such practices. Hegemonic masculinity is not therefore an isolated object, rather it is an aspect of a larger structure of gender, and definitions of masculinity are deeply enmeshed in the history of institutions and
of economic structures. In this sense, gender and its ideologies are always relational. Connell (2005) suggests that hegemonic masculinity can be stabilised and destabilised by other types of power relations such as social class and ethnicity. Hence, if the construction of hegemonic masculinity impacts on other power relations it has clear significance for the wider study of inequality (Weber, 2006).

Hegemonic masculinity thus denotes the form of masculinity dominant at any particular place and time as it exists in relation to other, subordinated forms of masculinities and femininities. Appropriately, the use of the term hegemony in political economy (Bambra et al, 2007) refers to a process whereby popular beliefs or ideologies are adapted and incorporated into establishment values and ideologies and reinforced by those with political and cultural power, to the extent that they become perceived as both natural and inevitable. In the words of former UK prime minister Margaret Thatcher, speaking of neoliberal economic policies, ‘there is no alternative’.

The dominance of this type of masculinity is not surprising given its overlaps with the kind of competitive behaviour dictated by the equally dominant neoliberal economic model of the free market. Of particular concern are the clear links between the hegemony of this form of manhood, the resulting encouragement of power inequalities between individuals and social groups, and ultimately, how these are reflected and reproduced in power inequalities between classes, ethnicities, genders and social institutions. The impact of this subtle process is such that even the social relations and public policies of countries which have explicitly rejected patriarchal forms of governance continue to be undermined. To summarise this phenomenon in
simple language: tough, aggressive and unemotional models of manhood generate
tough, aggressive and unemotional politics and public policies.

It is too simplistic however, to suggest that such hegemonic masculinity is the
outcome of the actions of individual men. Rather, masculinity operates as a gender
ideology which works to determine both relationships between men and women and
between men and other men. In short it impacts on the lives of all communities and
societies at a local and global level. In this way, as Cheng (1996: xii) notes, in
thinking about masculinity we are not necessarily merely analysing the behaviours of
men:

...writing about masculinities need not be about the male sex. Masculinity can
be and is performed by women. Women who are successful managers
perform hegemonic masculinity.

Perhaps the most cited example of a woman who, it has often been claimed, was
performing (and implementing) hegemonic masculinity is that of the UK prime
minister (1979-1991) Margaret Thatcher's rampant monetarism, rejection of 'softer'
social and communitarian values, and belief in the aggressive competition of markets
as the route to national prosperity and international standing.

A more reflexive analysis of masculinity needs to acknowledge the political
consequences of making masculinity external to men themselves. As McCarry
(2007) notes, masculinity becomes disembodied from men, and as such, masculinity
as an ideology becomes problematised rather than the actual practices of men
themselves. Further, there is a very real danger that such discourses can work to construct men as the real victims of masculinity, when compelling evidence exists that it is women who continue to be disadvantaged by both patriarchy and hegemonic masculinities.

These discussions illuminate the complexities involved in understanding how hegemonic masculinities can shape social relations at both a micro and macro level. The contention of this discussion is that hegemonic masculinity operates as a process - rather than merely as a set of attributional traits (Jefferson, 2002) - which can and does profoundly shape social relations, with deleterious effects upon both men and women within consumer capitalist societies. These effects play an important role in creating and maintaining forms of structural violence which in turn sustain inequity and disadvantage in health and wellbeing.

**Structural violence**

The term structural violence originated in peace studies (Galtung, 1969) and refers to discrimination, oppression and suffering caused by structural relationships such as the civil, social and economic relations of public policy (Scott-Samuel, 2009). It brings together in a single concept issues as diverse as poverty and income inequality, unacceptable living and working conditions, aggressive economic and trade policies, institutionalised forms of discrimination, denial of human rights, sickness or disability caused by unaffordable health care, and the suffering resulting from war and genocide. Like hegemonic masculinity, the operation of structural violence is thus abstracted from the direct actions of individuals, and rather, is part of a wider set of processes and practices which act upon individuals, communities and
societies alike. As Scott-Samuel (2009) argues, the concept is potentially salient for public health, providing:

‘..a conceptual framework for events as diverse as what Engels called the social murder of the poor which resulted from exploitative and oppressive 19th century living and working conditions, the widespread suffering caused by the aggressive economic and trade policies of the World Bank and the World Trade Organisation, the avoidable damage caused by unaffordable drugs or health care, and the terrible results of wars, genocide, racism and poverty’ (p. 159-60).

The linkages between hegemonic masculinity and structural violence are clear. Both refer to institutionalised forms of social, cultural and political dominance which work to systematically oppress those groups who find themselves powerless in the face of patriarchal and economic domination. A good example of the kind of evidence suggesting that such linkages are causal comes from the field of international relations (Caprioli and Boyer, 2001). A worldwide study linking levels of female representation in national parliaments and duration of female suffrage with governmental use of political violence found that ‘States that are characterized by higher levels of gender equality use lower levels of violence during international crises than those with lower levels of gender equality’. Whilst of course it is overly simplistic to suggest that the presence of women as political decision makers inevitably leads to the implementation of more egalitarian policies, it is quite possible that challenges to dominant masculine ideologies are beneficial to the wider governance of states. While much remains to be done in terms of identifying precise
linkages, it is clear that such findings carry substantial implications for how we manage our societies – including of course how we manage the health inequalities caused by the many forms of structural violence.

**What is to be done?**

It is tempting to be fatalistic about endemic and deeply rooted issues such as hegemonic masculinity. If, as discussed earlier, challenging such hegemony is not limited to addressing the attitudes and behaviours of individual men, but rather involves a systematic assault on embedded sets of ideologies and practices which lie at the heart of political and social systems, there are clearly major challenges ahead. However, it is also important to acknowledge causes for optimism. Firstly, alternatives do exist. Substantial proportions of men in all countries, social classes, ethnic and other social groups do not conform to the stereotypical masculine norms described. Although many religions and other social institutions continue to impose patriarchal governance and social systems on those whom they influence, it is not too difficult to envisage circumstances in which charismatic leaders in a variety of settings could promote social movements aimed at introducing a more socially cohesive norm of masculinity.

Secondly, the negative aspects of hegemonic masculinity are – at least in principle - preventable through action at the level of public policy. In Sweden, the previous government's education ministry established a Delegation on Gender Equality in Preschool, which discovered ways in which children in preschool education face policies and practices which systematically reinforce the hegemonic masculinity status quo – for example, through gender stereotyping in the way teachers interact with children.
differentially deal with girls and boys. The delegation made policy recommendations aimed at altering this situation (though unfortunately, the present government has not made the report available in English). Nonetheless, this demonstrates how such matters can legitimately be addressed through public policy - though we would not pretend that this task will be an easy one.

From a public health perspective, what we require is evidence and debate around the notion that hegemonic masculinity is a 'preventable disease'. Precedents exist for this kind of approach (Stanistreet et al, 2005). Furthermore, public health advocacy for global social action along the lines of the social movements that achieved female emancipation in many countries can also be envisaged.

The fact that the structural impacts of hegemonic masculinity are currently neither acknowledged nor addressed makes this issue no less important as a fundamental determinant of health inequality and a key influence on suffering, sickness and survival on a global scale. Action is long overdue.
References


the WHO Commission on Social Determinants of Health. Women and Gender Equity
Knowledge Network, Geneva: WHO. http://tinyurl.com/5p7544 (accessed July 17,
2009)

higher mortality? Journal of Epidemiology and Community Health; 59: 873-6

Promoting dialogue and collaboration between feminist intersectional and
biomedical paradigms. In: Schulz, AJ, Mullings L, eds. Gender, Race, Class and