



Book Review

Medicalized Masculinities

Dana Rosenfeld and Christopher A. Faircloth (eds).

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Once again it is male bodies that are ‘missing’. While this absence has previously been noted within work on the body and in masculinity studies, Rosenfeld and Faircloth identify a similar ‘gap’ within medicalization theory. Indeed, as almost every aspect of ‘normal’ everyday life becomes increasingly redefined as medical, the aim of this book is to examine why masculinity appears to have evaded this process and, if so, how?

In the introductory chapter, Rosenfeld and Faircloth propose several causal factors which account for what they identify as the ‘missing link’ within social science research. Firstly, the history of medicalization theory shows how medical power and control came to be applied initially to ‘medically suspect populations’ – namely underrepresented groups which effectively excluded men. Secondly, feminist research identifies how women and their ordinary physical and psychological bodily processes were increasingly subject to medical intervention. Thirdly, the subsequent development of masculinity studies alternatively pathologized traditional male sex role characteristics as both intrinsically and inherently damaging to health. Finally, the sociology of the body where the Foucauldian focus on surveillance and discipline of bodies has been challenged by more recent research centered on the embodiment of everyday life. Neither perspective has considered men’s bodies as matter for medical intervention and treatment. Rosenfeld and Faircloth contend that despite this apparent neglect, the social sciences have begun to acknowledge that male bodies may no longer be exempt from medical definition and regulation and what follows is a selection of empirical case studies that serve to dispute the ‘missing link’ hypothesis.

The first two chapters explore the impact of Viagra and sexual technologies which have been fundamental in implementing a reductionist interpretation of men’s sexual health in the treatment of erectile dysfunction. The findings of Loe’s empirical research present the contrasting responses of Viagra consumers – those men whose experiences endorse the ‘curative’ value of this ‘miracle’ pill but also those who resist and question the appropriateness of medically ‘restoring manhood’. The marketing methods



adopted by Viagra's pharmaceutical successors further illustrates how promotional campaigns actively legitimize men's sexual dysfunction as being a medical problem. Medical intervention rather than being an intrusive necessity is offered as a natural solution and even 'lifestyle enhancing' as these newer drugs promise longer lasting effects, greater spontaneity and worry free, less inhibited sex.

Further reductionism follows as Moore and Durkin present 'The Leaky Male Body' (Chapter. 3) and examine the evidence – namely, semen. Alternatively the focus here is the visibility of 'male fluids' and how 'sperm is increasingly positioned and understood as a symbol of male sexual action' (p. 66). The authors cite the infamous Clinton/Lewinsky scandal and popular sex crime TV shows to illustrate how semen has become a definitive indicator of sexual crime, ascribing significant social meaning in both medicalizing and criminalizing men.

Szymczak and Conrad (Chapter. 4) show how the aging male body is particularly susceptible to medical intervention and focus on two sensitive features of male bodily decline – andropause and baldness. These aspects of male aging have become increasingly medicalized as pharmaceutical companies have exploited the notion that both baldness and decreasing testosterone can be posited as a threat to masculinity and encourage men to 'pursue treatments that will maintain their youthful body image' (p. 91).

The remaining chapters address areas associated with masculine behaviour rather than male physicality. Attention deficit and hyperactivity disorder (AHDH) has been conceptualized as the medicalization of childhood deviance but this is also shown to be primarily a disorder of boyhood. Hart *et al.* (Chapter. 6) relate how boys displaying normal characteristics quite easily become candidates for medication – usually long-term administration of the narcotic drug Ritalin. This study examines the wider social influences that offer an alternative explanation other than boys and their unruly aggressive behaviour is something that is deviant, socially unacceptable and can therefore be suitably 'treated' as a medical complaint.

Similarly, 'The Sexual Savage' (Chapter. 7) shows how stereotypical characteristics ascribed to black men came to make them ideal candidates for the Tuskegee syphilis experiment which represents an extreme instance of the medicalization of both race and sexuality. A notable example of Foucauldian surveillance where black male bodies were subjected to monitoring, observation, exploitation, discrimination and control by white male physicians who used their research and findings to reinforce the imagery of black Americans as 'sexually deviant, promiscuous and lacking self control' (p. 175).



The final chapter focuses on post-traumatic stress disorder (PTSD) and a case study of Vietnam War veterans demonstrates how symptoms of a mental illness are couched in particular frames of reference which seek to replicate traditional male discourse throughout treatment and therapy. Smith's ethnographic research provides examples of how scientific terminology, military metaphors and religious imagery are used to make emotional expressions of pain and sadness and dealing with grief and loss more palatable and acceptable within a masculine paradigm.

The principal intention of this book was to discover how and if men's bodies and behaviours have managed to escape the attachment of a medical label and the content serves to prove that assumption incorrect. Rather, as issues relating to male embodiment and men's experiences of health have become the subject of much recent theorizing and research, medicalization has not been recognized as the dominant theme. Rosenfeld and Faircloth have effectively redressed this in collating issues of sexuality, gender, medicine, bodies and health within a theoretical framework of medicalization. The broad range of empirical examples offer a unique perspective and insight into how men – as their bodies appear to be following the reductionist route – both adopt and adapt the use of masculine script, language and roles to uphold and adhere to values of hegemonic masculinity. In bringing these together this book makes a valuable contribution as a readable supplement to scholars whose interests lie in masculinities and/ or medicalization and in pairing these subjects, Rosenfeld and Faircloth indeed link what is missing in current social science literature.

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