

Dana Rosenfeld and Christopher A. Faircloth, eds.

Medicalized Masculinities.

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Medicalized Masculinities is a collection of eight essays by British and American authors who seek to redress the absence of men in the research on medicalization and the sociology of the body. Their arguments draw upon theoretical realms where feminism, masculinity, the risk society and social control intersect Foucauldian technologies of power and social studies of science. The result is a creative grouping of investigative areas usually isolated in journals on gender, health or cultural studies. There is a useful Introduction by the editors framing the general literature on the sociology of the male body. Not surprisingly, some essays target the pharmaceutical industry and the marketing of male sexual enhancement, such as Meika Loe's on Viagra and Chris Wienke's on Cialis and Levitra. In the same vein, the essay by Julia E. Szymczak and Peter Conrad identifies the association of baldness with andropause and the subsequent development of testosterone therapy as key moments in the characterization of male aging in terms of loss and decline. While hair loss carries no health consequences (beyond personal distress), baldness is pathologized by the makers of Rogaine and Propecia and the hair-replacement clinics, both of which require a disease to treat. These chapters rightly criticize the invention of new standards of male health. However, the theoretical writing supporting these critiques could be strengthened. To accomplish this, the authors could focus more sharply on neoliberal ideologies of risk-management and health promotion, and on what these ideologies mean for men who forge their own identities and ways of living through practices of self-care. Otherwise, medicalization appears as an overwhelming force that leaves aside the question of men's participation and the shaping of their own subjectivity.

Other chapters explore the male body in scientific, legal and behavioural discourses. Lisa Jean Moore and Heidi Durkin write about the "leaky male body" in forensic practices, where the prevalence of DNA testing (and the CSI forensic dramas on TV) in sexual assault cases has made semen into a "proxy for female testimony". Here men are both criminalized and medicalized, as the evidence of leaked semen becomes a moral signifier of violent male lack of control. However, by the end of the chapter it is difficult to situate the authors' sympathies. Is the problem that of modern forensic science oppressively medicalizing male assailants and transforming the courtroom into a laboratory? Or is it that any scientific development, including the anthropomorphing of sperm from "leaky" male bodies, should be considered worthwhile if it leads to more certain convictions of sexual criminals?

The next chapter on "Dissecting Medicine" by Alan Petersen and Sam Regan de Bere appraises the field of anatomy studies in terms of its racial and gender hierarchies. Based on secondary sources, the research is far less original and exciting than it would have been had primary sources and the historical careers of pathological anatomists been consulted. The argument that modern virtual anatomical technologies are more "feminist" and provide a "living" sense of the body is interesting but somewhat disconnected from the overall theme of "medicalized masculinities".

To this reviewer the strongest chapter is "Making the Grade" by Nicky Hart with Noah Grand and Kevin Riley: a persuasive and detailed account of ADHD (attention deficit and hyperactivity disorder) amongst boys. Not only do the authors question the professional meaning of ADHD and the medicalization of boyish behaviour, they also challenge the accepted but distorted wisdom that ADHD is most prevalent and predictable in lower-class families and schools. Generating original

data, the study reveals that the highest rates of ADHD and largest number of Ritalin users occur in the more prosperous schools and affluent communities. As such, ADHD has become a more respectable learning disability and less of a “deviant” syndrome. The authors also deconstruct the myth that ADHD is the result of children eating too much junk food and spending too much time playing computer games, when in fact it is a far more complex issue about educational and labour demands in a post-industrial society.

The final two chapters are case studies of American men. The first by Ann Marie Hickey is about the African-American men who were coerced into participating in The Tuskegee-Syphilis Experiment in 1932, a highly unethical program that surveyed the rates of syphilis amongst the poor African-American male population in Alabama. Hickey makes the point that the fabricated “ethnosexuality” of the men reduced them to savages, so that again medicine is the culprit in reinforcing social difference. The writing of the chapter, unfortunately, does not deliver on its promise. It suffers from repetitiveness, insufficient description and lack of data about the Experiment. An explanation is missing that would support the author’s suggestion that poor medical care in the US has resulted in the distrust of the medical system by the African-American community. Readers will be left with several other questions: How did the Experiment differ from similar research at the time? Who was involved? What kinds of documents were produced, what do they say and where are they located? What can we learn from the critical feminist literature that connects research on sexualized bodies to racialized bodies?

The last chapter by Marisa M. Smith examines post-traumatic stress disorder (PTSD) therapy for American war veterans and how group therapy provides the opportunity for men to renegotiate identity and hegemonic behaviour. Using ethnographic observation, Smith discusses the irony that it takes a war and its severe psychological costs to lay bare the constructed nature of male identity. Although the chapter does not address the theoretical issue of “medicalization”, the writing stands out because it affords some agency to men to change their lives with the support of professional expertise to do so.

There is no Conclusion or Afterword to the book, which would have been helpful given the uneven quality of its chapters and mixed intellectual directions. Overall, the editors and authors have introduced “Medicalized Masculinities” as an important area of social research, but one that requires more theoretical depth, empirical breadth and original research than this book presents.

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