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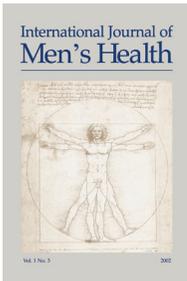
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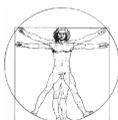
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## New Perspectives on the Maturing Field of Men's Health: Introduction to a Special Conference Issue

This special issue of the *International Journal of Men's Health* arose from the Men's Health and Wellbeing: Critical Insights conference held in Leeds, UK on the 7<sup>th</sup> and 8<sup>th</sup> July, 2014. The event aimed to interrogate the meaning, scope and functions of "men's health" research and practice. It also aimed to highlight the role of consumer capitalism on the health of men, particularly those most marginalized in society, whether via their ethnicity, sexuality, a combination of both or otherwise. Appropriately, a review of the conference is provided by emerging critical men's health scholars Lorena Lozano and Simon Rowlands (*this issue*).

A prominent theme from the conference was the continual neglect of structural factors by the men's health and masculinity field. Specifically, how do intersecting forms of marginalization and consumer capitalism dictate the wellbeing of men and people more generally? This neglect is omnipresent in the field as O'Neil and Renzulli have demonstrated (2013) when they content-analyzed U.S. faculty syllabi for Psychology of Men courses. From this analysis, they concluded that the syllabi:

did not fully verify [faculty's] assertions ... most courses lacked a macrosocietal framework explaining how societal sexism and patriarchal oppression work. In addition, most of the courses appeared apolitical by not addressing how politics, religion, economics, and capitalism shape gender roles and impact men's and women's mental health. (p. 237)

As Raewyn Connell (2014) highlighted in her conference keynote<sup>(1)</sup>, it is this focus on the individual man, on his conformity to a certain type of masculinity, and on his biology or genetic make-up that dominates the field. Intentionally or not, this tendency colludes with neoliberalism to situate responsibility for health and wellbeing in the hands of individual men.

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<sup>(1)</sup> Audio recording of this keynote and others by Lee Monaghan, Jeff Hearn and John Oliffe are available on the conference website at <http://www.leedsbeckett.ac.uk/mhw>

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As Lee Monaghan, another conference keynote, points out (*this issue*), not all men are reckless with their health, and ultimately prevailing structures dictate health more than individuals ever will.

In the social sciences and beyond, feminism was, and sometimes still is, marginalized relative to evolutionary, biological and other forms of psychology which reify essentialist gender differences to justify sexism and other power differences (Chrisler, 2013; McCaughey, 2008). It is a continuing challenge for researchers interested in men's health to avoid the men's rights movements, described by Andrew Tolson as "masters [bandwagoning] a slave's rebellion" (cited in Connell, 1995, p. 235). Indeed, as others have noted (Bordo, 2003; Connell, 1995), research comes closest in creating justice for men when it takes a pro-feminist perspective. Certainly it seems the influence of patriarchy remains strong when, in 2015, lawyers claim rape is impossible within marriage (Adams Otis, 2015), access to abortion is being denied (Finer & Fine, 2013), and sexual assault remains a frequent experience for many women (Browne, 1993; The White House Council on Women and Girls, 2014).

This special issue begins with John Oliffe's article that traces the history of men's health research, highlighting its many critical milestones. Oliffe also outlines some of the ongoing tensions within and beyond the field. He describes one such divide: between the biomedical and biopsychosocial view as being "between a rock and a hard place", with both approaches neglecting structural factors. Next, Maria Lohan provides an excellent example of doing men's health research from a feminist perspective. Specifically, she uses feminist (and sociological) theory to unpack and explore the meanings of reproduction and parenting to men, a much neglected topic. Monaghan follows with his analysis of a "disastrous neoliberal system" that, among other impacts, positions those who are overweight or obese as feckless burdens on society. He follows the sociological tradition of "destroying myths" by questioning the evidence that links "fat" to ill health, showing that it is not as straightforward a relationship as we are often led to believe. This, he writes, serves only to further stigmatize men and paradoxically means that they are more likely to avoid exercise. Alex Scott-Samuel, Paul Crawshaw and Ann Oakley then highlight the intertwining of patriarchy with neoliberal capitalism; how the one acts to disguise the other. They indicate that this focus is almost always omitted from research on men, health inequalities and justice, despite these intimate ties.

In his article, Oliffe rebuts the criticism that the men's health field does not take a structural focus by drawing attention to its long history of doing applied and community-based research. He notes that it has always been easier to criticize what should have been done, as compared to actually doing something. This occurs to us as an important reminder. One example of this work "being done" is provided by Michael Kehler and Michael Atkinsons' ethnographic work in Canadian schools with young adolescent boys. The authors reveal the promises and pitfalls of ethnography on masculinity, and challenge the reader to break down the barriers between participant and researcher. Marcus Jepson, David Abbott and Jon Hastie then provide us with their nuanced consideration of how best to interview men on sensitive topics. They draw upon their research asking men with Duchenne muscular dystrophy (a neuromuscular, life limiting condition) about sexual relationships. They ask questions such as: how might researchers force a reluctance around a topic that participants would otherwise be comfortable speaking about? How do we, as researchers, negotiate our (e.g., able-bodied) power differences? Both these articles highlight the importance of continually challenging dominant power inequalities with others, whilst encouraging us as researchers to remain grounded through actual conversation, with actual men, in their actual social contexts.

Next, Lisa Ellington and colleagues draw attention to Canadian Aboriginal men's experiences of domestic violence. Their article challenges the dominant neoliberalism that positions Aboriginal men as individually responsible for domestic violence and leads to their mass incarceration (at much higher rates than White Canadians). Instead, the authors begin to draw attention to the roles played by colonialism, poverty and unemployment in this situation and, in doing so, they also demonstrate the importance of attending to knowledge produced outside the Global North.

The final article in this special issue is another conference keynote provided by Jeff Hearn. Hearn critiques the very idea of a separate men's health field, particularly when issues of men's violence, militarism and other mechanisms of patriarchal capitalism are so under-addressed. He likens the field of men's health, which often neglects feminist, anti-racist and critical work, to having a White-person's field or able-bodied field. However, Hearn also recognizes the importance of not creating strawpersons, noting that the purported binary of theory/pragmatism in fact represents a continuum and that groups of men (e.g., transmen and/or men of color) are disadvantaged relative to others, including women, in many ways. He outlines a transnational perspective that connects men's health to wider forces, including climate change and the forced displacement of refugees.

Articles in this special conference issue share the same commitments to questioning taken-for-granted assumptions about men's health, challenging structural inequalities, and abandoning the ivory tower of academia to collaboratively work with men to make their lives more just, in tangible and meaningful ways. Readers will be challenged to consider these issues with regard to their own practice, and how they, too, continue the work within the critical men's health field.

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