

**Masculinity and Men's Health:
Coronary heart disease
in medical and public discourse**

Elianne Riska

University of Helsinki, Finland

Medicalization:

- Sociological theorizing on medicalization and gender has largely focused on the female body and the medicalization of women's health.
- This focus has left the medicalization of men's health largely unexamined and un-theorized.

Aims

- How certain types of masculinity, rather than being an unproblematic norm of the “standard human”, have been pathologized and become defined as a medical condition and incorporated as medical conceptions of diseases.
- The general inquiry is how the male body has been inscribed by medical science and culture and how medicalization can be used as a conceptual framework for understanding certain biomedical interventions to improve the performance of the male body.
- The specific inquiry is to what extent and in which ways men’s bodies and masculinity have been medicalized.

I am using a medicalized male representation to illuminate this argument about new emerging diseases among men:

Type A man, who was constructed in medical discourse on coronary heart disease in the 1960s.

**Medicalization thesis: a social-constructionist,
labeling tradition in medical sociology**

-Physicians have power

-Pathologization of something which previously has been normal

-New definition of the normal

Medicalization of the toxicity of hypermasculinity: The Type A man

A new medical thinking emerged in the 1950s that defined traditional masculinity as a health risk for the development of coronary heart disease. This thinking medicalized traditional masculine behavior: it connected the emotional strains of executive work with the rising mortality of middle-class, middle-aged (white) men caused by the fatal outcome of heart disease.

The Type A thesis, proposed by two American cardiologists Meyer Friedman and Ray Rosenman (1960), predicted that a certain type of behavior, embodied in a man, who was extremely competitive, inclined to work for deadlines, and never stopped working for more material gain, was doomed for a heart attack

Type A behavior pattern

was operationalized as:

“Type A Behavior Pattern is an action-emotion complex that can be observed in any person who is *aggressively* involved in a *chronic, incessant* struggle to achieve more and more in less and less time, and if required to do so, against the opposing efforts of other things or other persons.”

(Friedman and Rosenman 1974:67)

Fall of Type A man and rise of biomedical intervention

- The Type A thesis concerned the threatened breadwinner performance of white middle-class men. The threat to the breadwinner task of middle-class men boosted the growth of coronary care units in the 1960s and 1970s and the emergence of new preventive treatment options, like coronary heart surgery and new drugs—hypertensive drugs and cholesterol lowering drugs in the 1980s and 1990s.

Survival of Type A in public discourse

- 1) Lay epidemiology (heart disease as a stress disease)
- 2) Self evaluation: work ethic (including women)

In the March 2008 issue of *The Atlantic* an author evaluates her type of women who struggle to improve the Californian public school system as “pushy, middle-class, **Type A**, do-it-yourself PTA mothers” (Loh 2008: 95).

New personality types: Race/ethnicity and men's cardiac health

- *John Henry active coping* is a strong behavioral predisposition to cope in an active, determined and hard-working manner with racially based stressors, like barriers to upward mobility.
- **John Henryism** thesis predicts that a person, who scores high in John Henry active coping but who has few coping skills, like low education or low income, will be prone to a health risk, for example, high blood pressure.

Figure 1: Typology of masculinities and cardio-vascular health in scientific discourse

		Social class	
		Middle-class	Working class
Control	Low	Type A	John Henryism
	High	Hardiness	John Henry Active Coping

Conclusion

- 1) The overperformance of Type A man was considered bad for men's health. The restoration of "normal" performance of the male body—the resurrection of "the standard male"—has been the purpose of the medical intervention.
- 2) The personality types have been presented in scientific discourse as generic categories and unmarked by gender. They were, however, male gendered—the values, behaviors and emotional repertoire, and the population studied were all male. The male-centered research on CHD has had two consequences.

3. Consequences

First, the category men was treated as a homogeneous group.

Second, the male-centeredness of the research on CHD made not only women's rates of coronary heart disease invisible but also resulted in a neglect of research on risk factors on women's propensity to get CHD.

US: The deconstruction of the "standard human" and the replacing it with a group-specific approach is not unproblematic. The result has been the "inclusion-difference paradigm," the aims of which in the U.S. is to include previously underrepresented groups in clinical trials and to measure medical differences across groups in order to find group specific needs and treatments.

4. Conclusion

The medical discourse—“sex-based biology”—promotes a new form of gender essentialism that diverts away attention from the gender order and the cultural and economic processes that generate gender differences in health.

Epstein(2007: 275) notes that this approach to gender and health has not found its way yet to European medical research policy but he predicts that the new standardization of medical research guidelines in the EU might take examples from the U.S.

Sociological argument: gender and health is a relational concept.