Copyright is owned by the Author of the thesis. Permission is given for a copy to be downloaded by an individual for the purpose of research and private study only. The thesis may not be reproduced elsewhere without the permission of the Author.
Men, Masculine Identities, and Healthcare Utilisation

A thesis presented in partial fulfilment of the requirements for the degree of

Master of Science
In
Psychology

At Massey University, Palmerston North, New Zealand.

John Hamilton Noone

2006
I would like to say thank you to the seven men of the Ida Valley who participated in this study. It was a pleasure to work with you all. I would also like to give thanks to my supervisor, Dr Christine Stephens. The guidance and advice you have given me throughout the year will undoubtedly assist me in my future endeavours and I look forward to working with you in the future. To Charlotte, thank you for being a ‘sounding board’ for my ideas and for being an excellent office-mate. Coffee will not be the same without you. Thank you to my mother, for proof reading the first draft and for your support over the year. To Cristina, thank you for all you love and support, and for telling me “you can do it!”
Abstract

Seeking medical help early in a disease process is critical for recovery, yet empirical evidence indicates that men do not utilise general practitioner services as often as women. In explaining these findings, the focus has now shifted away from the biological differences between men and women to examine popular beliefs about masculine identities and their influence on help seeking behaviour. This paper incorporates a critical analysis of Connell’s (1995) theory of hegemonic masculinity to examine how men’s relative under-utilisation of medical services, as negative health behaviour, can be influenced by the social construction of masculine identities. Interviews discussing the help seeking attitudes and behaviours of seven older rural men used a short movie clip and hypothetical scenarios as stimulants to discussion. The transcribed data was analysed using discursive analysis techniques, which resulted in the identification of three interpretative repertoires labelled: ‘The Medical’, ‘The Natural Body’, and ‘Health Behaviours’. Many men faced a dilemma between identifying as a regular health care user, a morally virtuous position for all individuals, and identifying as an infrequent user of health care services, a virtuous position for men. They solved this dilemma by using the health behaviours repertoire to position women as the frequent and trivial users of health care whilst using the medical repertoire to position themselves as the legitimate users of health care. Furthermore, a number of respondents used the medical and natural body repertoires to construct a powerful masculine identity in relation to men that do not seek help and in relation to doctors. By using the three repertoires in this way these men could maintain a masculine identity whilst identifying as a regular and virtuous user of healthcare services. These results highlight the existence and complexity of multiple masculine identities and, in doing so, challenge theories that consistently polarise masculinity and help seeking health behaviours. These results therefore support hegemonic masculinity as a theory for examining the construction and maintenance of gendered identities.
# Table of Contents

**Introduction: Health Care Utilisation** ................................................................. 1  
**Gender and Health** ......................................................................................... 4  
**Health Care Utilisation as Doing Gender** ...................................................... 5  
  Patients’ accounts ......................................................................................... 6  
  Health professionals’ accounts ................................................................. 9  
**Men and Hegemonic Masculinity** ................................................................... 11  
  Power ........................................................................................................... 11  
  Multiple masculinities ............................................................................... 12  
  Embodied gender projects – body reflexive practices ............................ 13  
**Criticisms of Hegemonic Masculinity** .......................................................... 14  
**Methods** ....................................................................................................... 16  
  Methodology ............................................................................................... 16  
  Respondents ............................................................................................... 17  
  Procedures ................................................................................................... 17  
**Results and Discussion** .................................................................................. 21  
  The Social Context of the Interview ............................................................ 21  
  The Medical Interpretative Repertoire ......................................................... 24  
    The lay expert ......................................................................................... 24  
    The legitimate user of health care ......................................................... 27  
  The Natural Body Interpretative Repertoire ................................................. 29  
    The embodied self ............................................................................... 29  
  The Health Behaviours Interpretative Repertoire ...................................... 33  
    The frequent-user of health care - a feminine subject position .......... 33  
    The seldom-user of health care - a masculine subject position ........ 36  
**Masculine Identities** ..................................................................................... 39  
  Hegemonic Masculinity and the Flight From Feminism ............................ 39  
  Strategies for ‘Doing’ Hegemonic Masculinity .......................................... 44  
    Powerful identities and other men ..................................................... 45  
    Powerful identities and general practitioners .................................. 47  
**A Case Study – Jacob** .................................................................................... 50  
  Part one ...................................................................................................... 50  
  Part two ..................................................................................................... 52  
  Part three ................................................................................................... 55  
  Part four .................................................................................................... 58  
**Summary** ....................................................................................................... 62  
**Limitations** ................................................................................................... 64  
**Theoretical Implications** .............................................................................. 65  
**Implications for Men’s Health Promotion** .................................................. 67  
**Future Research** .......................................................................................... 69  
**Conclusions** ................................................................................................ 70  
**References** ................................................................................................... 71  
**Appendices** .................................................................................................. 76