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THE HEALTH CATEGORY IN STUDIES OF MASCULINITIES IN BRAZILIAN PSYCHOLOGY

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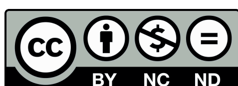

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Abstract: Systematic review of the Brazilian literature in psychology about masculinities, seeking to assess the impact that studies on masculinities had on national research on psychology. Content analysis revealed 4 categories of analysis: "health", "representations", "violence" and "training in psychology". The analysis of the bibliographical references of the articles revealed that masculinity studies have not been used in Brazilian research, even when the object of study is men and even though this field of knowledge has produced important works and advances outside Brazil in the last 50 years. Using this same documentary corpus, an analysis of the articles' speeches was carried out. Three themes were identified around the object "masculinity": "health", "violence against women" and "representation". In all three themes, claims can be observed that men are invisible or ignored. Male invisibility is analyzed as a statement produced by the discourse of Brazilian psychological science, which uses references in gender studies. It is questioned whether this invisibility is the result of a supposed "injustice", as some authors seem to suggest, or the unfolding of certain privileges, perhaps invisible to the authors due to the lack of depth in the studies of masculinities themselves. In this work, only the "Health" category will be analyzed.
Keywords: Systematic review; Studies of masculinities; Psychology.

INTRODUCTION

Studies of masculinities began in the 1970s in the United States (Badinter, 1993; Hoenisch & Cirino, 2010; Medrado, Lyra, & Azevedo, 2011; Welzer-Lang, 2004; Zanello, 2018). Although there are authors who still debate what the inaugural work of these studies would have been, there is a consensus that it is an area that appears in the second half of the 20th century and that has its beginning provoked by the second wave of the feminist movement (Badinter, 1993; Hoenisch & Cirino, 2010; Welzer-Lang, 2004; Zanello, 2018).

Studies of masculinities emerged, therefore, as an attempt to answer how becoming a man would conform in each socio-historical context. Based on gender studies, gendered social functioning (modeled by gender) that lead men to perform certain behavioral repertoires and cognitive schemes considered "masculine" were questioned.

In the present work, we understand male socialization as a phenomenon of a subjective but social nature, incorporating Zanello's (2018) concept of privileged paths of subjectivation. For Zanello, gender is a relational concept, historically constructed and culturally signified in unequal power relations, which are incorporated not only through repeated performances (Butler, 1998), but through affective pedagogies that are configured in certain devices (Zanello, 2018).

Currently, many authors (Arilha, Unbehaum & Medrado, 2001; Badinter, 1993; Scott, 1995; Welzer-Lang, 2004) argue that studies of masculinities had an epistemological divergence, forming two lines: one maintained its base within feminism and assumed "gender" as a phenomenon of a social nature, historically constructed and culturally manifested, marked by its relational character that establishes unequal and hierarchical power relations. Another strand sees "masculinity" as a stable biological or psychological phenomenon, distinct from feminist epistemology. For Scott (1995), the latter approach removes the historical and relational aspects of 'gender', in addition to ignoring its political aspects of unequal distribution of power between the sexes.

In the present work, we ask what has been the impact of masculinity studies in Brazilian psychology and how this impact has happened.

Furthermore, what assumptions and consensus have been captured and repeated? Is there an impact of the critical aspect of masculinity studies in Brazilian psychology? To answer this question, a systematic review of the literature was carried out, which was analyzed using two different methodologies.

The first is a content analysis of the 31 articles found (Bardin, 2009). In the present work, we will analyze only one of the 4 listed categories, that of "health". A more detailed analysis of all four categories can be found in Barral, Zanello and Richwin (2022)[1]. The second methodology of analysis was an analysis of the discourses of the articles gathered by the systematic review. The aim was to reveal statements (Foucault, 1995) underlying certain propositions perceived in the documentary corpus. Here we will also focus only on the "health" category, but a reading of all three categories that made up this analysis from the 31 articles can be found in Barral and Zanello (2021)[2].

METHOD

A systematic review of the literature was carried out, in the period from June to December 2018, in the main databases that make up the platform of the Virtual Health Library (VHL) within the theme "psychology". The selected databases are SciELO, LILACS, PePSIC, IndexPsi Dissemination Scientific and IndexPsi Technical-Scientific Periodicals. In each of these bases, the following descriptors were investigated: (psi$ OR psy$ OR "saude mental" OR "mental health" OR "salud mental" OR "sante mentale") AND (masculinidade OR masculinidad OR masculinity OR masculinite OR gender OR gender OR gender).

The strategy was created from Descriptors in Health Sciences (DeCS), used for indexing in all the databases that make up the VHL. 1,102 items were raised and passed through selection and exclusion criteria detailed elsewhere (Barral; Zanello & Richwin, 2022[3]). After careful reading, 31 were shown to be articles in the field of psychology with reference to the critical aspect of gender studies or masculinity studies in its bibliography. Two analyzes of this material were carried out: first, a thematic analysis, in which are listed 4 categories/themes, namely: Health, representations, violence against women and training in psychology.

In the second analysis, the objective was to carry out a kind of x-ray of the corpus of articles, using serial cuts removed from the material and grouped in "statements", as understood by Foucault (1970, 1995). We seek to determine which visibility strategies have been employed for the phenomenon of masculinity in the field of Brazilian psychology. Likewise, after reading the articles that make up our sample (N=31), all the paragraphs that mention "men", "masculine", "masculinity", "macho", etc. were extracted. The smaller parts necessary to maintain their meaning were withdrawn, and these fragments were taken as "discursive events",the smaller unit of analysis in the current sample (Foucault, 1995). These units are identified by author, page number and year. We considered 863 separate discursive events in 177 statements within 21 different themes. In the present work, we will only present the most comprehensive topic identified in the sample in both analyzes: the one related to the "health" field.

1 BARRAL, D. C.; ZANELLO, V., & RICHWIN I. F. (2022) The studies of masculinities in Brazilian psychology: a systematic review of the national literature. In: Lemos, F. C. S. et al. (Org). Training in insurgent social psychology and sociology: historical plots in libertarian education. Curitiba: CRV, 2021.770p. Transversalities and Creation Collection – Ethics, Aesthetics and Politics, v. 16. ISBN 978-65251-2017-1

2 BARRAL, D, C. & ZANELLO, V. (2021). Studies of masculinities in Brazilian psychology: from the invisibility of criticism to the critique of invisibility. Political Psychology.

RESULTS AND DISCUSSION

The thematic analysis included 4 categories. The "health" category was the most relevant (14 articles) and will be the only one explored here.

The "health" category brings together items pertaining to both physical and mental health. The themes listed in this category are "mental health" (5 articles), "self-care" (4 articles), "perceptions of health professionals" (3 articles) and "health at work" (2 articles).

With 5 articles, "mental health" was the theme that appeared the most among all in this research. We gathered together on this topic the articles that focus on the mental health of men and women. Three researches were found who investigated users of mental health services (Andrade & Maluf, 2017; Campos, Ramalho, & Zanello, 2017; Zanello, Fiuza, & Costa, 2015) and, for the other two, one investigated the psychiatric records in two large hospitals in Brazil's Federal District (Zanello & Silva, 2012) and the other investigated mental health and the speech of the elderly in a geriatric institution (Zanello, Silva, & Henderson, 2015).

The first article analyzed, recorded interviews with CAPS users (Zanello et al., 2015). A content analysis revealed significant differences between the speeches of men and women. In men speeches, mental suffering was identified from not being able to work and provide for the family, in addition to difficulties in maintaining themselves sexually as a "fucker". The second article (Campos et al., 2017), analyzes the socio-demographic questions present in the records of users of CAPS II. 234 records were recovered, 65 belonging to men; Among these ones, the majority were single men, without children, who did not work or were homeless. The authors question the influence of social conditions on mental health and wellbeing. The third article (Andrade & Maluf, 2017), analyzed ethnographic data in experiences of deinstitutionalization in brazil's psychiatric reform (CAPS in special). The authors highlighted that, according to the analyzed stories, mental suffering tends to be socially challenged as a sign of "feminine nature", leading men to resent their own affection as a risk to their masculinity (Andrade & Maluf, 2017).

Still on mental health, Zanello and Silva (2012) carried out a descriptive analysis of medical records from two public mental health institutions. For men, the highlight was for symptoms that show some difficulty in the sphere of work and sexual life. The authors point to the possibility that we are medicating social phenomena, including gender, as organic and individual. Finally, Zanello et al. (2015) demonstrates the organizing effect of gender on the aging experience. The analyzes show significant differences in the speech of men and women, with men presenting themselves as more rigid, with few emotional investments in non-present interests, and nostalgic (of a supposed sexual and laborative virility enjoyed in the past), conjugating the verbs used in their speeches primarily in the past tense. The authors underline that aging seems to place in question, in a more acute way, men's identity issues.

The research gathered on this topic seems to agree that there are specific characteristics in the form and causes of mental breakdown, or, that men and women suffer for different reasons and express different symptoms due to experiencing different processes of subjectivation, with men experiencing more critical symptoms and appearing in less number in health services (Campos et al., 2017; Martins et al., 2012; Zanello & Silva, 2012; Zanello, Silva et al., 2015; Zanello, Fiuza et al., 2015).

In the second theme, "Self-care", there are 4 articles that will investigate the adherence

to health services and the general self care of Brazilian men. The first two investigated the relationship between advanced age and health care in the male population: one interviewing older men (Borges & Seidl, 2012) and the other evaluating the effect of psychoeducational interventions on self-care and health of older men (Borges & Seidl, 2013). As for the other 2 articles, one addressed the implications of self-care for the awareness and treatment of cancer in men (Modena, Martins, Gazzinelli, Almeida, & Schall, 2014) and the other approached self-care and health in men who participated in a family health program (Alves et al. 2011).

In the first article by Borges and Seidl (2012), a thematic analysis of the interviews showed that the interviewees perceived negligence with self-care and excessive behaviors (such as alcohol and smoking), as negative patterns of male health, and support or social support as a protection factor. In the second article by Borges and Seidl (2013), psychoeducational interventions were shown to be useful in increasing the number of consultations and medical exams performed by the surveyed men. Regarding the aging process, the authors agree that the causes for the appearance of the differences observed between men and women are of a social nature and influence the understanding of the world and self-care practices (Borges & Seidl, 2012; 2013).

Following on the Self-care category, Modena et al. (2014) point out that the analysis of the interviews revealed that the limitations of cancer treatment conflict with values of hegemonic masculinity power. The interviewees reported that they felt like they lost portions of their masculinity when the treatment raised questions that involved their ability to work and overall sexual performance. Finally, in the article by Alves et al. (2011), the interviewees reported that the men found more barriers to taking care of their health, such as difficulties in getting out of work and difficulties in entering the health system. The prevention of prostate cancer was highlighted as of great importance in interviewee's speech.

The investigations carried out concluded that men perceive significant barriers to adherence to medical care and self-care behaviors; furthermore, the work reviewed here suggest that this effect may be the result of male socialization (Alves et al., 2011; Modena et al., 2014).

The third topic listed in this category was "perceptions of psychologists". In it, 3 articles analyzed interviews with psychologists who work with men. Two papers analyzed interviews with psychologists from the Belo Horizonte Oncology Service (Martins et al, 2012; Martins, Almeida and Modena, 2013) and the third research conducted interviews with psychologists through questionnaires in the Congress of Oncology and Palliative Care (Martins, Gazzinelli, Schall, & Modena, 2014). In the article by Martins et al. (2012), the psychologists interviewed by the authors pointed out difficulties in treatment adherence by male patients. The participants highlighted biological characteristics, psychic structure and socio-cultural aspects as causes of these difficulties, emphasizing, according to the authors, a deterministic and blaming perspective directed towards the male patients. In the article by Martins et al. (2013), the interviews indicate that there is difficulty in mobilizing the male public to adhere to health care, due to male socialization (pointed out by the interviewees). It was also noted that the health care services tend to prioritize the needs of women and children. Finally, in the article by Martins et al. (2014), the analysis of two questionnaires indicates the perception of an incipience of programs aimed at men and a greater number of programs directed at the female audience. According to the authors, we would be witnessing a genderification

of health institutions, making it necessary to include the theme of masculinities in the Single Health System (SUS).

The last topic in the "health" category was "health at work" where 2 articles had the aim of investigating the health of men and women in the work environment. The research by Santos (1997) was a case study exploring the resistances of professionals inserted in hospital work, with emphasis on nursing assistants. Distinctions were found between prescribed work and real work in this population, with men assuming work that required strenght by the simple fact of being men. The author discusses the transversality of gender in hospital work and our health processes within the organization. In the work of Souza, Franco, Meireles, Ferreira and Santos (2007), the authors investigated the psychic suffering of the civic police in Rio de Janeiro, looking for gender differences. The Self-Report Questionnaire (SRQ-20) was used with data from previous investigations. The results did not show a significant difference in psychological suffering between the genders, but they confirmed that men practiced less leisure activities. It was noted that the police environment is still patriarchal, making the relationship between men and women complicated, especially when men need to obey female orders (Souza et al., 2007).

In general, within the "health" category, the findings will converge to suggest that men are less cautious with themselves (Alves et al., 2011; Borges & Seidl, 2012); the processes of male socialization affects men, distancing them from the health care system (Alves et al., 2011; Borges & Seidl, 2012; Martins et al., 2012; Martins et al., 2013; Modena et al., 2014) and that the single health system fails to serve the male public due to lack of training and lack of programs designed for the male public in Brazil (Alves et al., 2011; Borges & Seidl, 2012; Martins et al., 2012; Martins et al. al., 2013; Modena et al., 2014).

SPEECH ANALYSIS

Over the years, the supposed "invisibility" of men has been noticed many times in scientific writing about psychological health in Brazil. That is, as if men and their specific needs of physical and mental health are ignored by health institutions. For example, Martins, Gazzinelli, Almeida and Modena (2012), analyzing the vision of psychologists about the self-care of men with cancer in Belo HorizonteMG, affirmed that:

> In this sense, the invisibility and silence of male demands are confirmed in the oncology services. It must be considered that it is not the absence of male demand, but because they will present their needs differently from women and in a way that health professionals are not very familiar with, men do not have their needs recognized, as pointed out by one interviewee (Martins et al., 2013, pp. 63-64).

This statement was frequently repeated throughout the documentary corpus gathered here in addition to other studies in the area (Alves, Silva, Ernesto, Lima and Souza, 2011; Martins, Abade and Afonso, 2016; Martins, Almeida and Modena, 2013; Martins, Gazzinelli, Schall and Modena, 201). However, in addition to the inability to fully satisfy the needs of men, we identify another important argument in this quote: "It must be considered that it is not about the absence of male demand, but rather, because they will present their needs differently from women and in a way in which health professionals are unfamiliar..." (Martins et al., 2013, pp. 63-64). This sequence leads us to the following proposition that would explain, for the studied authors, the phenomenon of invisible masculinity in Health: its femininization. The femininization of Health appears in the corpus as a specialization of health services and professionals who will attend only, or

mostly, women, children and the elderly. When interviewing psychology students in a focus group, Martins et al. (2016) say, for example, that:

> The interviewees indicate the existence of a social "pact" in which a woman, commonly perceived as the "fragile sex" and, therefore, in greater need of the health care services, finds social legitimacy to exercise self-care and the care of others. While men, having their representation linked to productive work and invulnerability, would not find in the organizational field the same social authorization to be absent from their work activities, in the same way as women do. (Martins et al., 2016, p. 174)

The affirmation of a "social pact", reinforcing gender stereotypes, making men invisible and favoring women, finds an echo in the studied literature (Alves et al., 2011; Borges & Seidl, 2012, 2013; Martins et al., 2016). This femininization of health would not happen as an intentional project, but rather recreating gender stereotypes that see women as vulnerable and in need of help and men as strong and invincible. In this Sense, Martins, Gazzinelli et al. (2013) specifically cite the works of Lago and Muller (2010) and Tonelli and Muller (2011) "Men, in turn, are commonly represented culturally as strong and invulnerable, thus abdicating the need of public policies and gender specific therapeutics." (Martins, Gazzinelli et al., 2013, p. 62).

More so, other notions are aggregated as an explanation for the distancing of men's to the health-care system. Notions such as the idea that being ill would be a threat to the ideal of masculinity, a problematic relationship based on taboo and shame of one's own body and the impossibility of being absent from work to conduct exams. All of those fueling the fear that discovering a diagnosis could lead to being fired from work. As an example of how falling ill could be a threat to the ideal of virile and strong masculinity, Andrade and Maluf (2017) recounted the following statement of a CAPS user interviewed by them:

> The men are also affected by the idea that, being the "mental suffering" of "feminine nature", they are displaced from the place conferred to them in their relationships, as shown in Daniel's story, one of our's interlocutors. While talking about mental disorders during one of our conversations, he said: "Bipolar disorder is for people who are 'fresco' [homosexual]." For him, there were disorders that were specific to women, and bipolar disorder was one of them. (Andrade & Maluf, 2017, p. 815)

The notion that the fragility felt while being ill is experienced as a subtraction of masculinity is recurrent in both samples, be it of mental health (Andrade & Maluf, 2017; Zanello, Fiuza, & Costa, 2015) as well as for analyzes of physical health, highlighting the studies on cancer reviewed here (Alves et al., 2011; Martins et al., 2014; Modena, Martins, Gazzinelli, Almeida, & Schall, 2014).

The argument for the invisibility of men in the health care system can, therefore, be summarized as follows: culturally, men are seen as an object/subject who dispenses attention and care; this led to the health care systems organizing in such a way as to ignore the needs of men and to concentrate on the needs of women, resulting in an unpreparedness to address and listen to the problems of men, resulting in the invisibility of men in the health care system. The proposed solution for this invisibility would be to reform the health care system to accommodate the needs of the men.

In the meanwhile, some authors, despite recognizing that women do represent a greater percentage in the population attended by brazil's health services, especially for follow-up and preventive exams; attribute this phenomenon to the medicalization of the female body, long recorded in Brazilian history

between the 19th and contemporary centuries (Andrade & Maluf, 2017; Costa, Nardi, & Koller, 2017; Zanello & Silva, 2012). Influenced by eugenic and positivist discourses, imported from Europe to Brazil, the female body was considered the object of control and study by medical and biological sciences, which politically insisted on the need for women to be accompanied by a doctor throughout their lives so that they could control issues such as: sexually transmitted diseases (STDs), the degeneration of the species and control the "quality" of reproduction, avoiding racially mixed marriages among other worries(Foucault, 1974-75; Carrara, 1996).

That is, the supposed invisibility of men in health devices seems to be more a result of the, historically imbalanced, gendered power dynamics, in which the female bodies are widely subjected to science and medical scrutiny in a phenomenon that Foucault identifies, in Europe, and called hystericization of the female body (1974-75). In Brazil, similar phenomena to this subjection of the female body by the medical sciences are also widely recognized in literature, the Brazilian National Constituent Assembly of 1987, for example, began the speeches of the Subcommission of the Family of Men and Women with the pronouncement of a doctor presenting a plan of medical monitoring of all Brazilian women from the moment of birth to marriage, influencing even the choice of the husband (Hartman, 2018). Likewise, today we observe a greater female presence in health services, and it is unlikely that this occurs due to a "preference" between professionals or the system in providing care to women or in listening to their demands.

In this hyper presence, it is essential to question the opposite process, the hypermedicalization of women. In the US, for example, a study conducted by Mcugh et al (2013) found that, among patients in substance abuse recovery clinics, there is an alarming difference in the number of women who are chemically dependent on opioids in the US after receiving the prescription medicine for the use of these, unlike men who, in their majority, did not receive a medical prescription for these controlled substances and started using them illegally, leading to the question of a possible super medicalization.

In Brazil, the research by Zanello e Silva (2012), described above, concluded, for example, that certain behaviors were substantially more medicated in women than in men, which would mean to say that certain behaviors in men were seen as normal or fair, insofar as the same behaviors in women could lead to the prescription of medication or to psychiatric diagnoses, which could also result in hospitalizations. Among these behaviors, the "uncontained/unmotivated cry symptom" deserves special mention, which was identified in 1.4% of male records collected and in 25% of investigated female records. This disparity, the authors affirm, may be a reflection of the hypermedicalization that women experience while subjected to psychiatric and or psychological evaluations (Zanello and Silva, 2012).

FINAL CONSIDERATIONS

In health, it is defended that masculine socialization directly interferes with the adherence to treatment at the same time that the health care system is said to silence masculine demands due to a "feminilization". When we believe, uncritically, that men are not heard due to a systematic silencing of them, due to some kind of gender oppression against men, we disregard any other interpretation that could explain this phenomenon without having to resort to the assumption of an oppression against men that does not fit in with the established body of historical, sociological, and anthropological knowledge

that we have about male oppression against women. As a social, historical and cultural phenomenon, gender oppression, that privileges men and oppresses women, seems to be consensual to all the articles in this review, but, being so, why are there those who opt for, acknowledging masculine oppression, affirm that it is a femininization of health that makes men invisible?

A possible explanation for the observation of the phenomenon of male invisibility is that of sociologist Michael Kimmel (1998), who considered this invisibility a privilege. This privilege is essentially characterized by the luxury of living without having to think of yourself as a man, not being constantly reminded of your gender, in short: the luxury of living with the belief that being a man does not affect your person or your position in society (Kimmel, 1998).

If we think of invisibility as a privilege, we note that the only possible effort is to radically change the way in which we socialize brazilian men from a young age. We should bring to schools the debate about what masculinity means. Making the masculine gender visible as a decisive factor in the processes of subjectivation of men and making men reflect on their practices and beliefs. As long as we deny this initial work, men will continue to be the last to know that they, too, have a gender and that this gender influenced how we behave in society.

Another finding that can be verified in the aforementioned invisibility is the fact that we do not consider masculinity as a socio-historical construction when we analyze the phenomena observed in our environment, such as the female prevalence in certain Brazilian public health devices. When we disregard the history of female oppression in our analysis, we end up drawing incorrect conclusions about phenomena that we observe. These conclusions can end up guiding public policies towards failure when they are based on false assumptions such as "feminization of health" or "masculine invisibility".

As seen in the present analysis, even the articles that are based on the studies considered to be of a critical nature, or gender studies, still have made errors in the readings of this material and ignored important elements in the understanding of male health phenomena. The interpretations and analyzes seen in this review lead us to assume that psychology courses and institutions need to invest more time and resources on critical studies of gender and diversity, that are based on critical readings of history, to make it possible to create effective health policies to confront the most problematic issues of hegemonic masculinity. It is also possible to think that the recent call for a positive psychology, based on evidence, had, as a collateral effect, an omission of sociologically or historically based studies for being mistakenly considered less scientific. In case these assumptions are correct, it is imperative to advocate here that a science that disregards history is liable to make erroneous conclusions that distance us from reality. The socio-historical context is essential for a correct analysis of the data when dealing with human populations and disregarding it does not make a investigation more scientific.

We would like to point out that this sample does not examine the national bibliography on the subject of masculinities in psychology despite the systematic method with which this review was carried out. Articles indexed with other keywords or in other databases are not included and subsequent revisions can and must search for more investigations in other electronic databases.

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