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# Negotiating Masculinity: How Infertility Impacts Hegemonic Masculinity

Myscha Burton

In contemporary Western society, hegemonic masculinity is constructed as an ideal for all men to portray. A system of binary oppositions is created wherein any behaviours or characteristics that deviate from this construction are seen either as feminine or as a subordinate version of maleness. Men are socialized to strive towards a particular kind of physical body, a lack of emotional display, power and dominance, and the pride associated with trumpeting one's sexual prowess and fertility. Men whose masculinity differs from this construct, such as those who are infertile, are often shamed and viewed as more feminine. Infertility is seen as a masculine failure, effeminate, and is increasingly regulated as an 'illness'. Infertility is seen as a medical problem due to the ways in which infertility transgresses the norms of hegemonic masculinity. Medical discourses function in a way that moves men towards accepting the hegemonic norm rather than an alternative male identity. Infertile men are seen as deviant based on the norms associated with hegemonic masculinity; infertility causes men to reconstruct and renegotiate their own male identity because they deviate from the constructed norms of hegemonic masculinity. Moreover, a diagnosis of infertility directly impacts the day-to-day experiences of infertile men and how their masculinity is constructed, and therefore shapes one's constructions of their masculinity in relation to this 'illness' outside of what is defined as normative.

## I. Hegemonic Masculinity

Before discussing the impact of infertility on one's sense of masculinity, it is helpful to examine the Western construction of hegemonic masculinity. The masculinity that is deemed 'normative' in Western culture is closely linked to a masculine identity that is historically based and reflective of white patriarchy. The kind of masculinity that is constructed as the ideal to which all men should strive is closely tied to physical strength, dominance, and heterosexuality (Millington and Wilson 1670). There is also an emphasis on physical size and muscularity as a reflection of masculinity (Grogan and Richards 224). In addition, men are expected to deny help (as they are too strong to need it), exhibit a lack of emotional display, and display sexual

virility in accordance with heteronormativity (Gannon, Glover, and Abel 1169). It is important to note that these stereotypically masculine characteristics are not innate male characteristics. Instead, they are socially constructed characteristics that have become intrinsic to the gendered performance of masculinity in a way that links masculinity to power and dominance.

A body with these physical traits is characteristic of hegemonic masculinity in that it displays self-control; self-control is required for the cultivation of a large and muscular body. Those who do not achieve this ideal are seen as lacking self-control, a trait that is valued in hypermasculine identity (Grogan and Richards 226). As part of a larger patriarchal structure, hegemonic masculinity is rooted in characteristics that reflect and maintain a system of gender hierarchies wherein men dominate (Courtenay 1394). Socially constructed ideals of masculinity, however, can also be harmful to men. The physical realization of these constructions is often unattainable or unrealistic, and is based on a hypermasculine identity that is unnatural for many men. Consequently, a hierarchy is formed within masculinity wherein men who do not embody this ideal are seen as subordinate (Grogan and Richards 229). The emphasis placed on size as part of the ideal male body negatively impacts men's self-identity if they do not measure up to the constructed norm (Grogan and Richards 220).

## **II. Infertility as a Social Construction**

A diagnosis of infertility is a social construction that enables a hierarchy between bodies and gender oppression. Apart from adverse health effects that may be associated with various causes of infertility, is infertility itself an illness? Most medical responses to this question are in the affirmative. Nevertheless, while infertility itself is typically viewed as an illness, it is critical to examine the reasons behind this classification.

Infertility is a prime example of the process of 'medicalization,' or the "process by which certain behaviours come to be understood as questions of health and illness" (Griel, McQuillan and Slauson-Blevins 736). This critical perspective calls attention to the ways that a diagnosis of infertility is laden with negative meanings and marked as an illness (Conrad and Barker 67). For instance, infertility affects both men and women, albeit in different ways. The medicalization process reflects the existing system of constructed binary oppositions and stereotypical gender roles wherein women are expected to be mothers, and men are expected to demonstrate high degrees of virility. Infertility is viewed negatively for both men and women because of the ways that it forces the renegotiation of a gendered identity outside of hegemonic norms. Moreover, patriarchy is evident in the construction of infertility as an illness because infertility is more often attributed to women, and thus associat-

ed with femininity. Accordingly, infertility poses a threat to one's masculinity since the diagnosis is antithetical to the values of hegemonic masculinity (Griel, McQuillan, and Slauson-Blevins 741). Men are socialized to embody the hegemonic form of masculinity, and to fear and degrade that which exists outside the norm. These socialization norms serve to regulate the kind of masculinity that men strive to embody; fear about infertility encourages men to conform to hegemonic masculinity. While the diagnosis of infertility may be based on biology, the negative views that surround infertility and the need to treat infertility are social constructions rooted in the ways that infertility transgresses norms of hegemonic masculinity.

The role of patriarchal power is closely linked to the formulation of infertility as a medical problem. Gender norms are constructed, legitimized, and maintained by androcentric medical knowledge, which reflects Western social and cultural notions of gender in which rigid definitions of gender normativity are constructed and any behaviours or traits existing outside of these norms is seen as deviant (Conrad and Barker 73). Several of the ways that medical institutions in Western society express social anxieties about female sexuality are similar to the ways that they express anxieties about male sexuality (Conrad and Barker 73). For instance, research on men and infertility suggests that social anxieties about male infertility are found in the treatment options available for Klinefelter Syndrome. Studies show that men with Klinefelter Syndrome, or the presence of an additional X chromosome, risk an increased difficulty in coping with social situations (Van Rijn et al. 1635). Findings of increased stress are linked to the presence of the additional X chromosome, yet there is little discussion in the medical literature that looks at men with Klinefelter's and a distinctly different physical body. It is possible that this stress may be a result both of the physical markers of difference, and the ways in which men perceive their own concepts of masculinity as being judged against the hegemonic norm rather than the additional X chromosome.

Linking observed emotional traits in Klinefelter men with autism is also a failure to acknowledge the impact that physical differences in a masculine identity can have on one's social interactions (Van Rijn et al. 1638). Although infertility may be linked to other health problems, it is premature to isolate emotional stress to an additional X chromosome. Though viewed as an illness, the health implications of Klinefelter's Syndrome are not well known. While it is assumed that Klinefelter men may experience adverse health problems, such as breast cancer, testicular cancer, cardiac disease, and various metabolic diseases, there is little evidence that the additional X chromosome is linked to any of these illnesses (Sokol 263). Although there is little known about the direct health implications for men with Klinefelter's Syndrome, one probable reason that there is an emphasis on treatment for this 'syn-

drome' is because of the stigma that surrounds male infertility. Accordingly, these 'treatments' can be seen as an attempt to medically shape masculinity around defined norms, such as sexual virility as obtained through hormone replacement therapies. This demonstrates the way in which discourse is constructed to reflect social anxieties about infertile men. Rather than looking at social and cultural expectations on masculinity and how these create stress, infertility is seen as a health problem and is linked to other health issues.

Infertility is seen as a problem in that it compromises male power and what has been defined as normative. There tends to be an overemphasis on a man's sexual prowess that has been derived out of the norms within hegemonic masculinity. Infertility is not simply a medical issue, but also a socially defined problem that is reflected through treatments which move men closer towards the norms of hegemonic masculinity.

### **III. Infertility as Deviance**

Since hegemonic masculinity is rooted in norms of hypermasculinity and heteronormativity, infertility poses a direct threat to the image of the ideal man (Gannon et al. 1170). There is a high level of stigma against infertile men because they are seen as transgressing the constructed form of idealized masculinity (Gannon et al. 1170). Moreover, research has tended to emphasize concerns about the 'social deviances' observed in men who are infertile over the health implications of infertility itself (Van Rijn et al. 1634). These concerns can partially be attributed to the role of heteronormativity in the construction of the ideal male. Sexuality is vital to this construction, and infertility poses a threat to these norms (Gannon et al. 1172). There is a high degree of stigma around infertility largely because of the way it is viewed as a taboo subject. Regarding men, infertility is taboo because it forces the embodiment of an alternative masculinity that is outside of hegemonic norms (Elliott 300). Men who do not achieve the idealized form of masculinity are viewed as deviant from other men because they do not fit within the rigid norms of hegemonic masculinity (Dudgeon and Inhorn 39).

### **IV. Infertility and Body Image**

Being diagnosed as infertile changes one's identity and body image because infertility conflicts with the norms of hyper-masculinity. While some men do not root their identity in their ability to procreate, procreation is nevertheless a key aspect of hegemonic masculinity. Often, "a man's sense of masculinity, his ability to perform sexually and his capacity to be a biological father..." are a large part of what constructs a man's concept of his own masculinity (Elliott 297). Based on the ideal-

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ized construction of masculinity in Western society, a “social [and] cultural expectation [exists] that in order to fulfil his masculine role, an able-bodied man must be simultaneously sexually functional and fertile” (Elliott 300). Infertility may not only influence one’s perceived self-image of their gendered identity, but it may also accompany differences in one’s physical body. For example, Klinefelter Syndrome is often linked to physical traits that deviate from the ideal masculine body, such as a low sperm count, decreased testosterone production, decreased size of the penis and testicles, less facial and body hair, wide hips, and gynecomastia (enlarged breast tissue in males) (Van Rijn et al. 1634). The physical markers that may accompany infertility can negatively affect one’s psychological perception of self and increase levels of stress because they differ from the ideal masculine body. As a result, men may try to compensate for their diagnosis of infertility and these physical markers by becoming hypermuscular (Millington and Wilson 1682).

### V. Infertility as Deficiency

Infertile men are viewed as deficient (Gannon et al. 1174). This deficiency violates the norms associated with masculinity, and therefore causes a crisis in the identity of an infertile man. Based on the constructed ideals within hegemonic masculinity in Western society, a burden is placed on infertile men since they are seen as “not being a ‘complete’ man” (Elliott 299; Dudgeon and Inhorn 31). The concept of masculinity itself is often measured in relation to the characteristics that define hegemonic masculinity. Men who are infertile do not embody these traits, and thus are viewed as lacking. As such, infertility is a marker of deficiency in one’s masculinity because it does not fit within these norms, thus marking the individual as less masculine (Dudgeon and Inhorn 45).

### VI. Masculinity and Health Care

Infertility poses an additional problem to constructions of masculinity since a diagnosis of infertility is often accompanied by an increase in contact with health care professionals. In the United States, men tend to engage in more risk taking behaviours and underutilize health care options as a way of demonstrating their masculinity (Courtenay 1388). Correspondingly, men who seek help from others are viewed as weak and unmasculine. Thus infertility forces men to renegotiate their identity in relation to health care practices. The result of men having to increase their contact with health care practitioners is viewed as seeking help, and thus “undermine[s] men’s privileged position and threaten[s] their power and authority in relation to women” (Courtenay 1397).

It is also important to examine the role of treatment options for infertility in

relation to the construction of masculine ideals. The medical discourses that concern infertility are generally constructed in a way that attributes negative meaning to infertility, deems it a medical problem, and therefore shapes the relationship between an individual and their medical condition (Conrad and Barker 69). Rather than examining the health risks and side effects of infertility, there is a much greater emphasis on increasing one's sperm count and remedying this transgression of masculinity (Quallich 279). Furthermore, current research on male infertility is overly focused on linking the additional X chromosome to behavioural problems (Sokol 261). While this research is not unimportant, there is a gap in the existing research that fails to examine the ways in which infertility conflicts with and forces an alternative to hegemonic masculinity (Dudgeon and Inhorn 37; Gannon et al. 1175). Medical discourses can be seen as contributing to existing stigmas and perpetuating the fear of infertility by suggesting that infertility is the cause of behavioural problems and increases the risk for adverse health conditions. Greater focus is needed in exploring the way a diagnosis of infertility impacts one's mental health and self-image.

### **VII. Infertility as Feminine**

The threat that infertility poses to masculinity is connected to the problematic assumption that anything which exists outside of the norms of masculinity must be attributed to femaleness, and thus men who deviate from these norms move closer towards embodying female attributes. In this way, infertile men are closely linked to qualities typically associated with femininity, such as being weaker and in need of aid (Gannon et al. 1173). Due to a system of binary oppositions that are maintained by hegemonic masculine discourses, "men's sexuality is sanctioned and encourages, while women's sexuality may be closely monitored, constrained and condemned" (Dudgeon and Inhorn 31). A binary opposition is formed here where men are expected to trumpet their sexual ventures and women are expected to hide them. However, for infertile men, a different form of gender discourse, and thus, a different kind of masculinity is constructed. Infertile men adopt similar techniques to women wherein they do not discuss their sex lives for fear of the stigma attached to infertility and the feminine traits associated with a lack of sexual prowess.

As previously discussed, infertility is often associated with other physical changes in the body, such as in the case of men who have Klinefelter's Syndrome. Certain physical differences in infertile men not only conflict with the norms defined within the "machismo discourse", such as strength and virility, but also cause infertile men to have a greater concern for their body – a trait that is viewed as feminine (Grogan and Richards 229). Behaviour associated with hegemonic masculinity is constructed in opposition to normative feminine behaviours; where seeking help is a ste-

reotypical feminine trait, the denial or refusal of help is viewed as masculine because “men are more powerful and less vulnerable than women” (Courtenay 1389). Men therefore reject behaviours that are deemed as feminine, such as seeking medical aid. A diagnosis of infertility compromises this strategy since infertility is assumed to be a marker of weakness or deviance based on norms of hegemonic masculinity.

### **VIII. Conclusion**

The socially constructed ideal of a male is rooted in notions of dominance, heteronormativity, and physical capabilities. The negative stigma that surrounds infertility is socially constructed and based on the ways in which infertility creates a new form of masculinity outside of the existing construct of what is defined as ‘normal’ for men. The ways in which infertility causes men to reshape their own definitions of masculinity threatens existing gender norms because new alternatives to masculinity are being shaped. Fear of infertility is largely due to the stigma associated with the diagnosis because one’s sense of masculinity, rather than potential health issues, is the primary concern. In keeping with hegemonic masculinity as the ideal, any form of transgression is critiqued and stigmatized in order to minimize difference. The pressures to perform hegemonic masculinity can be harmful to one’s sense of identity, and trigger anxiety in infertile men for fear of being shamed. One area of research that requires further exploration is how infertile men embody alternative forms of masculinity and how they negotiate their own sense of self relative to fertility.



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