

Editorial: Masculinities and Comprehensive Health: Reflections, Effectiveness, and Illnesses

I remember when I was no more than eight years old and was at the wake of one of my father's relatives. Being a boy, I was already being initiated into the House of Men¹ (a concept we will address later on) and shared the men's circle of conversation. They were saying that the man had supposedly killed himself after taking out a life insurance policy, because his family was in need, and he had a wife and children. I recall them speaking about it with pride, granting the deceased the status of hero, savior, "real man." At another moment, I remember my father saying that he was not one of those "friends who comfort widows," like many out there, and that he would respect the dead man.

In broad terms, these childhood memories of mine form part of an infantile autoethnography² that represents masculinity as I and my entire generation experienced it: self-sacrifice to maintain a social status as provider, and -whether true or not -to establish a moral relationship between sex and its practice or non-practice. These elements are processes that contribute to the illness of men (and of those who, regardless of gender, share in such conceptual hegemony) and have a direct impact on their comprehensive health, encompassing their biopsychosocial elements.

Zanello³ integrates my example using two fundamental concepts: sexual efficacy and work efficacy -here we will discuss how such examples and their applications impact men's comprehensive health. Sexual efficacy refers to the idea that men must always be ready for sex and that their performance must always be highly effective. My hypothesis, stemming from a project recently approved in a public call for proposals, is that the growing sexual freedom of women is putting such efficacy to the test: if in the past merely penetrating/ejaculating was enough, now other actions are expected -actions that will be measured within this efficacy when

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women, just as men had long done freely, begin to speak openly about their sexual partners within their circles and on social networks.

The relationship with sex, which is generally unhealthy or difficult for men, becomes even more precarious: instead of seeking to connect with alternative ways of having sex (which would involve conversations on the subject, therapy, or dialogue with their partners), men increasingly turn to medications for sexual impotence even when they do not need them, to boost their “performance”⁴. This indiscriminate use causes, or tends to cause, various forms of illness -such as psychological dependence (only achieving a certain level of performance with medication) and biological effects that are still under study.

We understand that sex is a fundamental part of the rite of becoming a man in our society. Performance establishes both internal and external taboos for men. Van Gennep⁵ allows us to understand that penetrative sex is a rite of separation- because it separates men from boys/males from females/hunters from prey/passive from active/betas from alphas -and automatically places the man in a superior position within the House of Men¹. For those who share in this hegemonic masculinity, sex is also a rite of aggregation or incorporation: one must speak about sex almost constantly, exaggerate performances, and even when one no longer has a sex life, it is necessary to recall one’s sexual history to reaffirm one’s masculinity. This phallogentric sexual performance permeates my own -and that of thousands of men - perspectives and memories of how I have related to other male beings in my life.

These rituals of manhood are all taught in the House of Men¹ -the place where boys are trained by their fathers, grandfathers, fictional heroes, friends, and others who have already been formed there. This symbolic space (which exists in the collective and individual consciousness of subjects) is the hegemonic regulator of masculinity: the man who deviates from these parameters is, in some way, diminished and compared to “the other side,” being associated with feminine traits.

In striving to reach this metric -always set higher than reality -of sexual efficacy, men violate their biopsychosocial health: they use medications, anabolic steroids, experience depression and anxiety, increase their engagement with violence, among many other outcomes⁶. As educators, researchers, and public policy agents, we must reflect on and transform this relationship.

Work efficacy³ is what supposedly drives a man to kill himself to provide financially for his family after his death, or what causes him to die from overwork, or to commit suicide when he cannot provide. It is the most effective means of recruiting men into the logic of capital: one must always earn, measure one's manhood and worth by salary, spend money on women deemed beautiful/desirable, keep one's wife and children confined at home, among other actions. When he does not, he is considered an outsider deviating from the House of Men¹. The misogynistic redpill⁷ movement claims that every woman is a social climber who will only be with successful men (and will leave you if you are not), a belief that creates an atmosphere of fear among young men (and also adults/elderly), which often devolves into hatred toward women.

These two efficacies -sexual and work-lead those who share in such masculinity to mental, biological, and social illness, affecting their relationships "inside the skin" and "outside the skin," that is, with themselves and with others- both in personal and institutional relationships. This illness does not affect only men but also all their romantic, family, work, and sexual relationships. It is a matter of structural illness in society as a whole. A clear example is the growth of misogynistic discourse among young men⁷, which has led to attacks on girls/women in Brazil and around the world, including school attacks.

We must investigate this phenomenon from various angles. As a sociologist, my initial contribution is to analyze power relations, discourse, and public policies. This text is a sharing of reflections and an invitation for us to think together -each within our own training and field of work -about this problem our society has created and continues to feed daily.

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