

# Masculinities, hegemony, and structural violence

Paul Crawshaw, Alex Scott-Samuel, and Debbi Stanistreet discuss masculinity and harm.

*Health inequalities continue to be a pressing issue for governments and communities in the Western developed nations. Recent evidence continues to highlight the prevalence of inequities in morbidity (experience of illness over the lifecourse) and mortality (death rate) and suggest that, despite significant improvement in health and wellbeing for large sections of populations, there continues to be a gap between the health of the most affluent and the poorest. These discussions are particularly pertinent to the UK, which, as Professor Marmot (2010) has documented in detail in his recent report, continues to experience significance health inequalities which are largely the outcome of differentials in socio-economic status. It is the strong recommendation of the Marmot report, and one that we would echo, that reduction in health inequalities can only be achieved by addressing their fundamental causes, as opposed to the diseases through which they are manifest at any given time, or their immediate antecedents. This fact explains both the persistence of health inequalities over time and the failure of policies which only target their immediate manifestations to have any lasting impact. Fundamental causes include unequal distribution of power, money, resources, and social status.*

At face value the theme of this discussion may seem removed from more mainstream issues of crime and criminal justice. Criminologists have long known, however, that crime

and inequality go hand in hand and sit cheek by jowl in communities facing deprivation and disadvantage. Health inequalities, like crime, are associated with high levels of social and economic deprivation, low levels of social capital, disorganised and fragmented communities, low levels of education, and high levels of worklessness. Further, crime and fear of crime have a direct impact on the health of individuals and communities, exacerbating inequalities, and further compounding the social miseries experienced by the already disadvantaged.

Thus, it is widely acknowledged that structural factors, largely determined by the economic organisation of nation states and the wider global community, are unequivocally implicated in the perpetuation of inequalities in health and the relationship between these and crime is clear. In this discussion we draw attention to a further, fundamental and yet equally remediable structural cause of health inequalities which is rarely acknowledged in mainstream discussions; hegemonic masculinity. Most significantly, we argue that hegemonic masculinity is inextricably linked with structural violence, a concept that allows us to understand institutionalised forms of discrimination, repression and legitimisation of inequalities.

The impact of gender inequality on women and girls is well documented, with the deleterious effects of patriarchy being the subject of more than 40 years of feminist scholarship. The specific impacts of gender inequality on men are a newer

concern both more generally and in terms of the study of how dominant (hegemonic) forms of masculinity and patriarchal social relationships may be harmful to not only women and girls, as is well documented, but to men themselves. Crime has long been identified as a predominantly, although not exclusively, male phenomena, with men typically identified as the majority of perpetrators and victims. Here men are presented as risky and at risk, with masculinity playing a significant role in both the construction of criminal identities and subcultures, and the positioning of men within roles, spaces, and places which make them vulnerable to becoming victims.

The contention of this discussion is that hegemonic masculinity as a form of power which profoundly determines social and political relations can be approached as a fundamental underlying cause of inequalities in health. In other words, there is a case to be made that one globally dominant or hegemonic form of masculinity is responsible for unhealthy and antisocial characteristics which are prevalent in many, if not most societies worldwide.

## Hegemonic masculinity

The concept of hegemonic masculinity has had an inestimable impact upon gender studies specifically and the social sciences more generally over the past two decades. It is said to be characterised by (arguably) negative attributes such as toughness, aggressiveness, excessive risk-taking, and 'emotional illiteracy', alongside 'positive' attributes like strength, protectiveness, decisiveness, and courage; and features of more debatable value like individualism, competitiveness, rationality, and a practical orientation. These are played out in diverse ways at both a macro and micro level; both in the actions and dispositions of individual men (although, as discussed below, hegemonic masculinity does not necessarily operate in a deterministic way upon individual behaviours) and, as is the key contention of this discussion, in the wider political

and ideological machinations of governments and nation states.

Hegemony refers to the cultural dynamic by which a group (in this case, men) sustains a leading position in social life. Hegemonic masculinity is not therefore an isolated object, rather it is an aspect of a larger structure of gender, and definitions of masculinity are deeply enmeshed in the history of institutions and of economic structures. In this sense, gender and its ideologies are always relational. Connell (2005) suggests that hegemonic masculinity can be stabilised and destabilised by other types of power relations such as social class and ethnicity. Hence, if the construction of hegemonic masculinity impacts on other power relations it has clear significance for the wider study of inequality.

The dominance of this type of masculinity is not surprising given its overlaps with the kind of competitive behaviour dictated by the equally dominant neoliberal economic model of the free market, themselves implicated in the acting out of structural violence and health inequalities. Of particular concern are the clear links between the hegemony of this form of manhood, the resulting encouragement of power inequalities between individuals and

social groups, and ultimately, how these are reflected and reproduced in power inequalities between classes, ethnicities, genders and social institutions. The impact of this

subtle process is such that even the social relations and public policies of countries which have explicitly rejected patriarchal forms of governance continue to be undermined. To summarise this phenomenon in simple language: tough, aggressive, and unemotional models of manhood generate tough, aggressive, and unemotional politics

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and public policies. It is too simplistic, however, to suggest that such hegemonic masculinity is the outcome of the actions of individual men. Rather, masculinity operates as a gender ideology which works to determine both relationships between men and women and men and other men.

These discussions illuminate the complexities of understanding how hegemonic masculinities operate in ways which may work to shape social relations at both a micro and macro level. The contention of this discussion is the potential of hegemonic masculinity to operate as a process (rather than merely a set of attributional traits (Jefferson, 2002)) which comes to profoundly shape social relations, potentially having a deleterious effect upon both men and women within consumer capitalist societies through playing an important role in the perpetuation of forms of structural violence which continue to construct inequity and disadvantage in health and wellbeing.

### **Structural violence**

The term structural violence refers to discrimination, oppression, and suffering caused by structural relationships such as the civil, social and economic relations of public

policy. It brings together in a single concept issues as diverse as poverty and income inequality, unacceptable living and working conditions, aggressive economic and trade

policies, institutionalised forms of discrimination, denial of human rights, sickness or disability caused by unaffordable health care, and the suffering resulting from war and genocide, and significantly for this discussion, likelihood of exposure to crime and fear of crime and insecurity. Like hegemonic masculinity, the operation of

structural violence is thus abstracted from the direct actions of individuals, and rather, is part of a wider set of processes and practices which act upon individuals, communities, and societies alike.

The linkages between hegemonic masculinity and structural violence may almost be self-evident. Both refer to institutionalised forms of social, cultural, and political dominance which work to systematically oppress those groups who find themselves powerless in the face of both patriarchal and economic domination. A good example of the kind of evidence suggesting that such linkages are causal comes from the field of international relations (Caprioli and Boyer, 2001). A worldwide study linking levels of female representation in national parliaments and duration of female suffrage with governmental use of political violence found that 'States that are characterised by higher levels of gender equality use lower levels of violence during international crises than those with lower levels of gender equality'. Whilst of course it is overly simplistic to suggest that the presence of women as political decision makers inevitably leads to the implementation of more egalitarian policies, it is possible that challenges to dominant masculine ideologies are potentially beneficial to the wider governance of states. While much remains to be done in terms of identifying precise linkages, it is clear that such findings carry substantial implications for how we manage our societies – including of course how we manage the health inequalities caused by the many forms of structural violence.

### **What is to be done?**

It is tempting to be fatalistic about endemic and deeply rooted issues such as hegemonic masculinity. If, as discussed earlier, challenging such hegemony is not limited to addressing the attitudes and behaviours of individual men, but rather involves a systematic assault on embedded sets of ideologies and practices which lie at the heart of political and social systems there

are clearly significant challenges ahead. However, it is also important to acknowledge causes for optimism. Firstly, alternatives do exist. Substantial proportions of men in all countries, social classes, ethnic and other social groups do not conform to the stereotypical masculine norms described and, as discussed, it is hopelessly simplistic to use hegemonic masculinity in such an attributional way. Although many religions and other social institutions continue to impose patriarchal governance and social systems on those whom they influence, it is not too difficult to envisage circumstances in which charismatic leaders in a variety of settings could promote social movements aimed at introducing a more socially cohesive norm of masculinity. Secondly,

the negative aspects of hegemonic masculinity are – at least in principle – preventable through action at the level of public policy. In Sweden, the previous government's education ministry established a Delegation on Gender Equality in Preschool, which discovered ways in which children in preschool education face policies and practices which systematically reinforce the hegemonic masculinity status quo – for example, through gender stereotyping in the way teachers differentially deal with girls and boys. The delegation made policy recommendations aimed at altering this situation (though unfortunately, the present government has not made the report available in English). Nonetheless, this demonstrates how such matters can legitimately be addressed

through public policy – though we would not pretend that this task will be an easy one. ■

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