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# The Boston "T" party: masculinity, testosterone therapy, and embodiment among aging men and transgender men

Alexis Ruth Matza  
*University of Iowa*

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THE BOSTON “T” PARTY: MASCULINITY, TESTOSTERONE THERAPY, AND  
EMBODIMENT AMONG AGING MEN AND TRANSGENDER MEN

by

Alexis Ruth Matza

An Abstract

Of a thesis submitted in partial fulfillment of the  
requirements for the Doctor of Philosophy degree  
in Anthropology in the Graduate College of  
The University of Iowa

May 2009

Thesis Supervisor: Professor Ellen Lewin

## ABSTRACT

This research explores the relationship between testosterone and conceptions of masculinity and maleness in North America. The purpose of this study was to discover how men's experiences and enactments of their own masculinity and maleness add dimensions to cultural tropes of masculinity. Aging men (ages 39-75) and transgender men (male-identified, though not born biological men), illuminate the extent to which masculinity and maleness are a cultural achievement, enacted in concert with both cultural mores and individual desires. The research is based on over 27 months of fieldwork, in and around Boston, Massachusetts, using the methods of participant observation, semi-structured interviewing, and discourse analysis. I interviewed 21 aging men and 24 transgender men. Men responded to semi-structured questions on their identity, experiences of living within their bodies, and understandings of testosterone as an object, commodity, and metaphor. Part commodity, part multi-faceted symbol, testosterone at once establishes, maintains, and enforces a coherently embodied gender.

This comparative research suggests that we cannot fully understand the complexity of experiential gender identity without first unpacking the multiple elements of identity (e.g., cultural ideals, individual performances, and biological bodies) which come together in a single human being. This dissertation exposes cultural ideals of masculinity, and shows how men work with, and against, these ideals in constructing their own identities. This research shows that men have enduring and particularistic relationships with their own bodies which both reflect and challenge dominant stereotypes of the male body. I articulate strategies for aging men and transgender men to simultaneously identify and disidentify with cultural masculinity, demonstrating the

shifting relevance of cultural masculinity in men's actual gendered lives. This work coins the term "*maskulinity*," the act of men utilizing cultural notions of masculinity to pass as men at will. I argue that in their acceptance and rejection of cultural masculinity, men in turn modify U.S. understandings of masculinity. This dissertation illuminates striking similarities between aging men and transgender men, showing how these men live in and through their bodies.

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Graduate College  
The University of Iowa  
Iowa City, Iowa

CERTIFICATE OF APPROVAL

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PH.D. THESIS

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This is to certify that the Ph.D. thesis of

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Dedicated to the memory of my beloved father, Brian Matza,  
and to my dear friend, the resilient Sarah Sachiko Ono.

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smartest woman I know – she inspired me to be the smartest I can be. To Evan and Karyn Matza, Lillian Hill Lampert, Martin Dropkin (my own personal aging cisgender man), and Joe and Suzanne Dropkin, whose loving support and encouragement kept me buoyant through the hard times. To Moune Jabre Raughley, who makes it normal to reach for the stars, I want to publicly thank you for over two decades of intimate friendship. Two small people entered my life during the writing of this dissertation, my nephew Nathan and Moune’s daughter Elanor, helping me remember that small miracles happen every day. I want to thank Shannon Marie Murphy who has helped me through the ups and downs of graduate school with her calm reassurance, delicious home cooked dinners, and unconditional love. And finally, I want to express my gratitude to Marjorie Dove Kent, for being on this journey with me. To Marjorie, my partner, confidante, grammar editor and best friend, I want to say: I literally could not have done it without you.

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## CHAPTER 1: INTRODUCTION

Bart: Boys will be boys. Marge: I hate that kind of tautology.

The Simpsons Episode 312 (2003)

You see, to tall men I'm a midget, and to short men I'm a giant; to the skinny ones I'm a fat man, and to the fat ones I'm a thin man. That way I can hold four jobs at once. As you can see, though, I'm neither tall nor short nor fat nor thin. In fact, I'm quite ordinary, but there are so many ordinary men that no one asks their opinion about anything.

Norton Juster, *Phantom Tollbooth* (1961)

One of the more entertaining elements of fieldwork for me was the near constant barrage of emails from friends and family members with the subject heading "Have you seen this??!!" referencing one or another depiction of masculinity or maleness in the contemporary United States. One day in 2006, I clicked on the link enclosed in one such email, and was transported to a website which had a video clip of a television commercial for the Burger King Texas Double Whopper. The commercial starts with a young white man walking away from his dinner in a fancy restaurant. As he walks towards Burger King he sings a *manthem*, a paean to conventional masculinity. This song is set to the tune of Helen Reddy's *I Am Woman*, but with cleverly rewritten lyrics, including: "I am man, hear me roar, in numbers too big to ignore, and I'm way too hungry to settle for chick food! Yes, I'm a guy! I'll admit I've been fed quiche! Wave tofu bye-bye! Now it's for Whopper beef I reach...The Texas Double Whopper: Eat like a man!" On his way to Burger King, he encounters an unlikely revolution of men marching in the streets clutching oversize cheeseburgers. These men walk together, singing their *manthem* while beating their chests for emphasis. Soon hundreds of men are flooding the streets, coming

together in protest. Throughout this commercial we see men flexing their muscles and being violent and aggressive, including scenes of construction workers ritualistically hitting one another. If by chance the viewers did not understand the reference to the women's movement in the choice of the parodied jingle, in one of the final scenes men walk up to a trash can on fire, rip off their underpants, and throw them in the can, as if it is a bra burning. By providing over-the-top imagery of violence, over-consumption, and a rejection of that which is deemed feminine, this commercial depicts culturally appropriate masculinity in the United States.

This advertisement is one of many developed by the Crispin Porter and Bogusky advertising agency, which also produced a series of "Man Law" advertisements for Miller Lite Beer. These television commercials aim to document unwritten rules of conduct for men. This campaign combined these rules into an encyclopedic resource they named the "Manlawpedia" which transcends the role of a traditional advertising campaign in clarifying and codifying implicit rules of "appropriate masculinity." These two advertising campaigns do more than just sell products; they are instructive of the U.S. cultural conventions of maleness and masculinity. Masculine ideals are on the forefront of marketing campaigns selling fast food and alcohol.

Scholars have looked to advertising as a discursive location of hyper-signification which both instructs and elaborates on cultural mores. Following Michel Foucault (1972, 1980), I use *discourse* to stand for sets of statements, both verbal and non-verbal, that are informed by power and both construct and are patterned by social and individual reality. Lance Strate (1992), who analyzed alcohol advertising and masculinity, maintains that television commercials provide a type of manual for the achievement of masculinity. In

other words, advertising can be seen as an explicit register of obtuse cultural rules. Advertising is just one example of the enormous corpus of cultural elements which articulate standards of appropriate behavior and appearance for particular identities. These external artifacts are internalized by the members of the cultural group who perform, challenge, or reject these cultural rules.

In this dissertation I concern myself with something that has intrigued anthropologists since the beginning of our discipline: how individuals create their lives immersed in cultures. My definition of culture is a social system which simultaneously constrains and enables individuals (Bourdieu 1977; Giddens 1984; Ortner 1984). Culture is produced both by vast structural forces and cultural institutions, such as types of government or subsistence strategies, which “shape, organize, and provoke” individual subjectivities, and by social beings who make their lives within these cultural forms (Ortner 2006:107). Social beings are unique individuals with their own systems of reason, behaviors, and thoughts. Naomi Quinn defines the *self*, “as the totality of what an organism is physically, biologically, psychologically, socially, and culturally” (2006:362). However, selves are impacted by cultural forces. Public culture “gets internalized and becomes meaningful and motivating to people” (Quinn and Strauss 2006:268). In other words, “culture is both extrapersonal and intrapersonal” (Quinn and Strauss 2006:272). These cultural forms are mutable: they change through usage and replication. A recent review article on body and the self argues that the “body-self is fragmentary, often incoherent and inconsistent, precisely because it arises from contradictory and paradoxical experiences, social tensions, and conflicts that have one thing in common: they are real, that is, experienced” (Van Wolputte 2004:263). In other

words, accepting bodies and selves implicated and imbricated within culture means accepting the incoherence and contradictions of the ethnographic subject.

The past decade has seen a dramatic increase in analyses of masculinity (Bordo 2000; Connell 2000; 2005; Gutmann 1997; 2007). Masculinity is a culturally specific construct which imparts a set of prescriptions of what it is to be an ideal man (Brod and Kaufman 1994; Gilmore 1990; Lancaster 1993). Being a man is not an innate characteristic of biological maleness, but is an *achieved* state of being. As George Chauncey writes:

Whereas manhood could be achieved, it could also be lost; it was not simply a quality that resulted naturally and inevitably from one's sex. The calculated character of the everyday rituals of male sociability, solidarity, and competition by which men enacted their manliness and demonstrated their relative virility suggests the remarkable degree to which they regarded their manliness as a kind of ongoing performance, to use Erving Goffman and Judith Butler's term. [1994:90]

Similarly, R.W. Connell argues, "Masculinities do not exist prior to social interaction, but come into existence as people act" (2000:218). Likewise, ethnographers have explored the achievement of masculine identity through rites of passage or other performances of culturally sanctioned masculinity such as alcohol consumption and fighting (Gilmore 1990; Herdt 1981). Current scholars understand masculinity as a culturally, historically, and individually variable process of gender formation. Masculinity is inflected according to an individual's ethnicity, culture, location, ability, race, age, health, and personality; that is, being a man is not fixed or universal (Brod and Kaufman 1994; Fausto-Sterling 1995; Gardiner 2002; Kimmel 2000; Martin 1991; Oudshoorn 2003).

In the same vein, I argue that we cannot fully understand the complexity of experiential gender identity without first unpacking the multiple elements of identity which come together in each human being, including cultural ideals, individual performances, and biological bodies. Each man is born and socialized into a culture, which provides scenarios for him of the behaviors and appearances of an appropriately gendered man. To be seen as men, men act in concert with or resist gendered mores. This understanding of masculinity relies on the backdrop of cultural masculinities. For instance, while an individual's self-identification is paramount, the multiple ways in which that individual is viewed and classified by others is equally significant. Consider, for instance, homophobic hate crimes perpetrated on heterosexually-identified men whose appearance leads to the presumption that they are gay. Every man experiences life with and through his body, which may or may not mirror the standards for an appropriately masculine body. This body is in constant flux, altered by activities and technologies, which are experienced through a gendered lens, and judged by an oscillating set of standards.

Early scholarship on masculinity assumed that there was a single version of masculinity to which all men wished to adhere, framed unreflectively as white, middle-class, heterosexual, and neither young nor old. All men that did not fit this pattern due to class, race, sexual orientation, ability, or other factors, were seen as deviant and therefore disempowered. Erving Goffman in *Stigma* argued,

In an important sense there is only one complete unblushing male in America: a young, married, white, urban, northern, heterosexual Protestant father of college education, fully employed, of good complexion, weight, and height, and a recent record in sports. Every American male tends to look out upon the world from this perspective, this constituting one sense in which one can speak of a common value system in America. Any male

who fails to qualify himself in any one of these ways is likely to view himself – during moments at least – as unworthy, incomplete, and inferior. [1963:128]

Goffman's understanding of masculinity, that there is a singular masculinity appropriate for every man, has been replicated in current theoretical work in masculinity studies. Many masculinity studies scholars recognize a culture-specific dominant masculinity which attempts to proscribe limits and boundaries of appropriate masculinity for all men (Brod and Kaufman 1994; Connell and Messerschmidt 2005; Gilmore 1990). R.W. Connell (1987) synthesized a model of hegemonic masculinity to theorize experiential pressures of the masculine gender role. Drawing from then current notions of hegemony, used by Antonio Gramsci to explain how capitalism works to normalize class relations, the model of hegemonic masculinity explains the normalizing force of cultural masculinity. However, integral to this formulation of hegemonic masculinity is the understanding that a man is more than a simple reflection of dominant cultural ideals. Susan Bordo claims that "most men, equally with women, find themselves embedded and implicated in institutions and practices that they as individuals did not create and do not control – and that they frequently feel tyrannized by" (1993:28). In other words, masculinity is a set of proscriptions and prescriptions that may clash with an individual's self-conception. In addition, hegemonic masculinity, as I explain in detail in Chapter 4, is a model which theorizes that masculinities are not only different across cultures but also within each culture. Men are subject to multiple ideals of appropriate masculinity corresponding to their race, their class background, their age, and so on.

Standards of appropriate gender also dictate what it is to *look* like an ideal man with corporeal as well as psychological and behavioral ideals. Human beings live their

lives inside bodies, which are subject to cultural pressures. However, neither culture nor biology is singularly deterministic for masculinity or maleness. Cultural ideals of conventional masculinity work on men's bodies in many ways. Don Sabo argues that "Superman" ideals of masculinity in the contemporary United States endanger men's health (1998). In addition, the technologization of North America has enabled an increasingly narrow and biological understanding of appropriate masculinity. Pharmaceutical technologies such as testosterone, human growth hormone, and the category of erectile dysfunction drugs such as Viagra are used to enhance the physical form to make it more culturally masculine.

As Anne Fausto-Sterling argues, "Nurture, culture, environment, geography, experience, and history—however we wish to describe it—shape nature; nature influences how such shaping proceeds" (2008:683). In this dissertation I explore biology and culture as intersecting domains. Knowledge of biomedical "facts" is tempered by cultural beliefs, and biology and physicality, in turn, maintain and modify cultural ideals. For instance, testosterone is at once a symbol of cultural notions of masculinity and a biochemical which exists in almost all human bodies. Popular and scientific accounts of masculinity use testosterone to substantiate "natural" masculinity. The use of synthetic testosterone enables men to make their physical bodies more culturally masculine (Fausto-Sterling 1995; Halberstam 1999; Hoberman 2005).

Although stereotypes of appropriate masculinity work to conceal variety, every society has numerous masculinities. Individual men are more than a simple absorption and reflection of cultural ideals. R.W. Connell and James Messerschmidt argue that "it is logically possible to define 'a thousand and one' variations of masculinity" (2005:845).

Throughout this dissertation I introduce complexity, ambiguity, and contradiction into understandings of masculinity. Cultural ideas of masculinity are in constant tension between, for example, local and global masculinities, youthful and mature masculinities, or working class and professional class masculinities (Baca-Zinn 1982; Connell 2005; Gutmann 1996, 2003; Kimmel 1987; Marshall and Katz 2006). Matthew Gutmann argues that most ethnographies do not problematize masculinity and maleness. He says, “By capriciously glossing over significant differences among men based on class, generation, region and ethnicity...such generalizations have come to invent and then perpetuate sterile ideal types and stereotypes” (1996:3). My goal in this dissertation is to illuminate individuals, who are specific and real, located in their own, gendered bodies, in order to challenge such stereotypes.

### ***Research Question and Research Goals***

My purpose in this study is to discover how men’s experiences and enactments of their own masculinity and maleness add dimensions to cultural tropes of masculinity. Scholars have documented how masculinity for individual men is inflected according to a whole host of variable factors, including their ethnicity, culture, location, ability, race, age, health, and personality; that is, being a man is not fixed or universal (Berger, et al. 1995; Brod and Kaufman 1994; Connell 2005; Conway-Long 1994; Gardiner 2002). This project aims to breathe life into understandings of both masculinity and maleness by exploring how individual men learn, internalize, and transform ideal cultural forms. Aging men and transgender men (male-identified, though not born biological men), illuminate the extent to which masculinity and maleness are a cultural achievement, enacted in concert with both cultural mores and individual desires.

My dissertation project explores how masculinity is pursued, not just through the accumulation of culturally sanctified behaviors, but also through technological modifications of the natural body. By examining aging men's and transgender men's experiences with and perceptions of testosterone as an object, commodity, and metaphor, we can increase cultural understandings of masculinity and maleness. Aging men's natural decline in testosterone production has recently been pathologized and labeled a testosterone deficiency. Testosterone therapy in aging men seeks to restore testosterone levels to those of young men. Transgender men often use testosterone to transform their phenotypically female bodies. In these men, testosterone produces secondary sex characteristics seen as markers of adult masculinity, such as lowered voice pitch, facial hair, and increased muscle mass.

Undeniably, these groups of men differ in their physiology and subjective experiences of masculinity and maleness. Nevertheless, both aging men and transgender men illuminate the individual struggle to achieve "normal" masculinity. This comparative research project explores the similarities and disparities between these two separate populations to gain insight into the constitutive elements of embodied masculinity. In addition, this research explores the relationship between testosterone and conceptions of masculinity and maleness in North America. While all healthy male and female bodies produce testosterone, testosterone is thought to be the substance that makes men "men." Part commodity, part multi-faceted symbol, testosterone at once establishes, maintains, and enforces a coherently embodied gender.

I pursue three overlapping research goals in this project:

1. To provide data on existing cultural models of masculine and male bodies, gender ideologies, and understandings of testosterone at work for aging men and transgender men. I conducted in-depth interviews with men which focused on the ways in which masculinity is embodied. I explore potential differences between aging men's and transgender men's relationships to masculinity, specifically querying whether or not men feel more or less masculine according to stereotypical appearance and reliance on testosterone therapy. I analyze men's experiences of masculinity to bring to light competing cultural ideologies.
2. To complicate ethnographic understandings of the relationships between men and their bodies. Current work exploring masculinity does not interrogate what it is to be and look like a man in the United States. I utilize the interview data to produce a robust ethnography of masculine bodies. Jeff Hearn (2006) argues that current work which focuses exclusively on masculinity while assuming that maleness is constant, naturalizes the social category of men. In this project I seek to denaturalize both masculinity and maleness.
3. To evaluate how testosterone therapy transforms individual bodies. I compare expected outcomes of testosterone therapy within and between aging and transgender men and document particular men's experiences with and their rejection of testosterone therapy.

### *Definition of Terms*

In this section, I define my use of particular terms. Each of the words I list here have been heavily problematized in both activist and academic literature. I recognize the inherent instability of these terms while at the same time I wish to codify a stable set of

meanings for this dissertation. I use the word *sex* to determine whether a person is male or female or neither. Sex is a quality of the body, indexed by primary sex characteristics (including the genitals and reproductive organs) and secondary sex characteristics (such as location and density of bodily hair, vocal qualities, body shape, and so on). I define *gender* as the cultural roles that are layered on top of the categories male and female, to include the appropriate appearance and behavior of a man or woman. The term *gender* includes both gender identity and gender expression. The culturally appropriate gender of a male-identified individual is *masculinity*. In this dissertation, when I use the term *man* I am referencing individuals who define themselves as men, though they may not be biologically male. Drawing from Gutmann (1996), I define masculinity in men as what men do as men, to be men. As Judith Butler (1993) and Anne Fausto-Sterling (1992) have pointed out, sex is not universal but is culturally determined. Likewise, *gender* is not only an affectation or quality of the identity but also has biological correlates, such as the secondary sex characteristics. *Passing* occurs when individuals configure their presentation to be *read* as their chosen sex or gender. Accordingly, individuals can intentionally change their sex (say, from being seen as female to being seen as male) without changing their primary sex characteristics.

An individual who changes his/her sex from his/her birth sex is known as a *transsexual*. Individuals who change their gender from their birth-ascribed gender are *transgender*. Both *transgender* and *transsexual* individuals' *transition*, that is, move from one gender or sex to another. *Transition* is a process that can take months or years. *Transition* is used as both a noun and a verb. In this dissertation, I intentionally leave the term *transition* ambiguous to challenge the idea that all transgender individuals undergo

particular biomedical procedures in order to *transition*. While some individuals choose to utilize sexual reassignment surgeries or hormonal therapies, not all do. Since the 1990s in the United States, *transgender* has been used as an umbrella term which subsumes many identities under one label. So used, *transgender* includes transsexual individuals, as well as gender-queer individuals who identify outside of the male/female binary. I define a *transgender man* as a person who was born with female genitals but now identifies and/or lives as male or as a man. In this dissertation, I will refer to all of the transgender individuals that I interviewed as *transgender men* because of the efficacy of this umbrella term, and because I see this term as descriptive as well as respectful. However, I do recognize that this term is not universally applicable for all of the gender variant men I interviewed (Valentine 2007).

I refer to individuals whose birth sex aligns with their gender identity and gender expression as *cisgender*, a term promoted by Julia Serano (2007). *Cisgender* is a term derived from the Latin prefix “cis,” which means “on the same side.” *Cisgender* describes individuals whose gender identities align with their phenotypical sex, that is, men who are not transgender. *Cisgender* is a term preferable to the terms “non-transgender” or “biological male” in that it explains the difference between *cisgender* and *transgender* individuals without legitimizing *cisgender* individuals as natural or authentic.

Throughout this dissertation, I use the shorthand of “ideal” and “real” to illustrate the difference between individuals and cultural forms. I recognize that “real” is an imperfect term, in that it presumes a static facticity which cannot be accessed through

ethnographic interviews. My use of these terms as a dichotomy is intended to highlight a significant difference between ideal cultural forms and actual lives lived.

This project is entitled “The Boston ‘T’ Party” as a cheeky link to testosterone, which is referred to as *T* by transgender men, cisgender men, biomedical practitioners, and in pharmaceutical company advertising materials. The title “The Boston ‘T’ Party” also signifies the historical rebellion of the Boston Tea party, in which the patriots rebelled against the status quo. But, just as importantly, I’ve come to think of my dissertation project in terms of the MBTA, the first subway system in North America. Locals refer to this train as the “The T,” after its logo, a capitalized letter T. When public transit started in this area, each subway line (the orange line, the red line, the blue line, and so on) was owned by a different company, and so were created independently. The subway lines nowadays are all owned by the Commonwealth of Massachusetts, but they continue to cross over each other, providing multiple points of intersection. My dissertation is structured in some ways like this subway, with a handful of intersecting stories I want to tell. One of the goals of my dissertation is to maintain complexity while highlighting the points of intersection.

### *Literature Review*

#### **Ethnographic Understandings of the Body**

Many scholars have claimed that ethnographic work on the body is surprisingly shallow (Lock 1993a). Academics often use the body in their analysis and write up without a sense of bodiliness, as if the body was synonymous with self or person. Terence Turner (1994) reviews Foucault’s (1973, 1977, 1980) work on the body politic, where the body is the outcome of social processes, subjected to forces beyond its control. While Foucault writes extensively about bodies, his focus is on an unmarked, universal,

and non-agentive body. Turner alleges that Foucault's bodies are anti-bodies, which are at once uniform and abstract: "Foucault's body has no flesh; it is begotten out of discourse by power" (1994:36). Naomi Quinn (2006:268) argues that one reason for this confusion is that social scientists adopted *embodiment* to supplant the term *self*.

Nancy Scheper-Hughes and Margaret Lock put forth a model of three bodies. They write that, "The 'three bodies' represent, then, not only three separate and overlapping units of analysis, but also three different theoretical approaches and epistemologies: phenomenology (individual body, the lived self), structuralism and symbolism (the social body), and poststructuralism (the body politic)" (1987:8). Thomas Csordas (1990; 1994b) calls for a more radical role for the body, scrutinizing how the body is the existential ground of culture and self. Below I sketch an anthropological analysis of the body that focuses on the social body, identity and the experiential body, and sex and gender. I then provide some background on scholars who attempt to transcend static conceptions of the body. Finally, I briefly review the paradigms of phenomenology and embodiment.

### **The Social Body**

Scholars routinely cite Emile Durkheim (1961) as one of the first to argue that "man is double," distilling the physical body from the social body. For Marcel Mauss, the body was the "first and most natural tool of man" (2007:56). Mauss argued that all bodily expression was influenced by one's culture. As a result of this early work, later scholarship critically interrogated how the physical body is trained in, through, and by cultural ideals and impulses (Downey 2007; Latour 2004; Lock and Farquhar 2007). These bodily techniques, which I will discuss more fully in Chapter 5, are relative to

history, culture, and subculture. Some claim that the physical body has little meaning without understanding the variable meanings and values that are derived from culture (Latour 1987; Lock 1993b, 2002; Martin 1987, 1991, 1994). For instance, Mary Douglas argues that “the social body constrains the way the physical body is perceived” (1970:68).

The human body always has imaginary and symbolic dimensions (Douglas 1984; Scheper-Hughes and Lock 1987). Some scholars assert that increasing attention to representations of the body led to indifference towards the body as physical reality. In other words, the material body was set aside “in favor of an emphasis on the body as a conceptual object of discourse” (Turner 1994:28). However, the physical body is distinct from representations of the body, a claim that led Csordas (1994a) to focus on an experiential understanding of being-in-the-world.

### **Identity and the Experiential Body**

In the United States, we use our body to organize and comprehend our lives. We are known to and know others through our bodies. The body is at once a personal point of view on the world and an object for others. With bodies, we express feelings and “actively occupy the spaces we inhabit,” with individuals experiencing their selves “simultaneously *in* and *as* their bodies” (Lyon and Barbalet 1994:51,54). The body is not a precultural or acultural given, but is socially informed, constructed and decorated in accordance with shared identities. Individuals use their body to construct and convey their identity, which is relationally experienced and communicated. Social scientists have worked extensively on the cultural significance the body has as the physical medium through which selves interact (Becker 1995; Laqueur 1990; Lock and Farquhar 2007;

Martin 1987). Identity is where the lines between culture and the self blur (Ortner 1984:153). Identity is displayed, reified, and contested through embodied and performed mechanisms. Contemporary theoretical depictions of the body emphasize that the body can also be thought of as a “text,” available to be interactively read by others. Intentional modifications to the body write the social onto the body, whether through medical enhancements or gender specific dieting practices (Conrad and Potter 2004; Drummond 2002; Gill, et al. 2005). In addition, contemporary work on identity considers it to be contextual and constantly in process, rather than essential or static.

### **Sex and Gender**

Until the early 20<sup>th</sup> century, there was little distinction made in the United States between sex and gender: most individuals assumed a necessary relationship between cultural roles and biology (Laqueur 1990). Margaret Mead (1935) explored the variability of gender expression through her documentation of three Melanesian peoples, the Arapesh, Mundugumor, and Tchambuli, each of which had a unique set of expectations of masculinity. What’s more, two of those societies had gender roles which did not match those of the United States in 1935. This work advanced the idea that gender roles were culturally constructed, and therefore *not* derived from fundamental biological differences. Contemporary anthropology considers gender a complex whole of explicit and implicit behaviors, thoughts, and feelings that help orient individuals within their society. Gender is enacted and performed, while also constituting a component of an individual’s identity.

Along similar lines, philosopher Judith Butler claims that gender is a performative, or an unintentional execution of cultural norms. She says, “[P]erformativity must be understood not as a singular or deliberate ‘act,’ but, rather, as the reiterative and

citational practice by which discourse produces the effects that it names” (Butler 1993:2). Performativity puts into motion the construction of gendered paradigms which structure our lives but remain opaque. Butler’s work has the effect of situating gender as a social construction, severing the categories of sex and gender. Other writings on sex and gender posit a rigid dichotomy between culture and biology. These works defined gender as a cultural construction, “written” upon biological sex (Rubin 1975). However, gender and sex fuse the self, the body, and the social world, at once intersecting biological and cultural realities. While it may be true that language is often an arena for the construction and reproduction of gendered identities, we must also remember that bodies do matter. Scholars who regard the body as an exclusively discursive construction or performance suppress the significance of physicality, and therefore, restrict themselves to a partial understanding of the body (Davis 2007; Turner 1994).

Butler (1990) claims that gender is embodied in three contingent dimensions: anatomical sex, gender identity, and gender performance. Gender as a cultural state is inextricably tied to bodies, and therefore biology. But this biology is not a universal category; each of these bodies is in turn marked by an array of differences, such as race, class, sexuality, age, and ability. In addition, scholars have recently begun to show how elements of biological sex are culturally constructed (Butler 2004; Fausto-Sterling 2005; Lancaster 2006; Oudshoorn 1994). As Anne Fausto-Sterling argues in her groundbreaking work *Sexing the Body* sex classification is a cultural understanding of a biological state. She says, “Labeling someone a man or a woman is a social decision. We may use scientific knowledge to help us make the decision, but only our beliefs about gender – not science – can define our sex” (2000:3).

### **Beyond the Body Proper**

Some science and technology scholars propose that contemporary notions of nature and culture are being reinvented. Bruno Latour (1999) argues that we can no longer envision nature as separate from culture. Paul Rabinow (1999:414) describes how nature has been modified to meet industrial and consumer norms, such as the genetic modification of the perfect tomato. Rabinow created the concept of biosociality, where nature is modeled on culture, arguing that in the future, “nature will be known and remade through technique and will finally become artificial, just as culture becomes natural” (1999:411). Lock argues that human biology must be considered local, not universal. She argues, “It cannot be assumed, therefore, that dialectics exist between an infinity of cultures and a universal biology, but rather between cultures and local biologies, both of which are subject to transformation in evolutionary, historical, and life cycle time bytes, and to movement through space” (Lock 1993a:146). We are now in a time beyond the body proper. Accordingly, in this dissertation I analyze local biologies and local cultural beliefs of male bodies.

### **Phenomenology and Embodiment**

Phenomenology is the study of the lived world of perceptual phenomena. Phenomenology focuses on subjectivity while the body as a physical entity recedes. However, phenomenology is a necessary theoretical precondition for later work which actively engages with the physical body. In addition, recent work on phenomenology and virtual reality has argued that phenomenology can more explicitly engage with the body. As Murray and Sixsmith contend, “more disciplined phenomenology reveals that the body in the world is both foreground and background” (1999:323). Anthropologists often

reference the work of Maurice Merleau-Ponty (1962) who grounded perception in an experienced and experiencing body. In other words, Merleau-Ponty argued that individuals perceive the world through their bodies. He analyzed body image, that is, the image individuals have in their heads of their bodies, which may or may not correspond to their actual bodies. Thomas Csordas argues that such work “allows us to question the difference between biology and culture, thereby transforming our understanding of both” (1994b:283). Anthropological phenomenology emphasizes praxis, grounded in the particularities of lives lived. Murphy Halliburton (2002) suggests using “local phenomenology” as a starting point for cultural analysis.

The paradigm of embodiment enables insight into the epistemological significance of lived experience and bodies. Andrew Strathern in *Body Thoughts* argues that embodiment “reminds us of the concrete, here-and-now presence of people to one another and the full complement of senses and feelings” (1996:2). Drawing on Merleau-Ponty (1962), for whom objects do not exist a priori but need to be perceived by an individual, Thomas Csordas argues the physical body cannot be known by itself, but it *can* be perceived through embodiment, where the body is at once subject and object. Embodiment as a paradigm theorizes that personal knowledge of the body is thought to be negotiated through cultural understandings. In addition, the experience of embodiment impacts culturally specific notions of personhood, exploring how the self is situated in and related to a body (Becker 1995). Therefore, embodiment stipulates that all understandings of the body are culturally relative. Embodiment lets us go beyond the obvious recognition that men have bodies to explore how and why masculine embodiment differs from other forms of embodiment. Csordas claims that paradigmatic

embodiment does not require a singular methodology “but a methodological attitude that demands attention to bodiliness even in purely verbal data such as written text or an oral interview” (1999:184). Margaret Lock argues that the “question of the body” is a uniquely difficult situation because “it brings with it the difficulty of people both having and being bodies; subjectivity and its relation to biology and society cannot be ignored” (1993a:136). The rest of this chapter explores the many ways scholars have attempted to explain these multiple layers of the lived experience.

### **The Tensions Between Individuals And Culture**

As I mentioned above, this project is concerned with the specific relationship between individuals and ideal cultural forms. Scholars have worked out many different ways to evaluate the impact of social pressures on individuals who accept, resist, and transform these pressures. In this section, I will review the concepts of normalization and the social production of knowledge to provide necessary conceptual background for an understanding of the tensions between an individual and their lived cultural context.

Theorists in the social sciences have wrestled for decades with questions of how to place in conversation different levels of human existence. Mauss (2007) offered the concept of *habitus*, or learned and habitual bodily practices, which could be seen as culture in the body. Pierre Bourdieu (1977) reworked the concept of *habitus* to include beliefs and “dispositions” that come from the internalization of cultural forms. Lock argues that despite its critics, Bourdieu’s *habitus* had “pervasive influence on anthropological thinking about the bodily practices of everyday life, their reproduction through enculturation, and their relationship to discourse” (1993a:137). Practice theory argues that human action is constrained by structural forces, even as these practices have

the potential to shape the structure (Bourdieu 1977; Ortner 1984, 2006). For instance, exploring the relationship between practice and structure, Emily Martin (1994) and Rayna Rapp (1999) analyze how biomedicine in the urban U.S. simultaneously constrains and empowers individuals. Some science and technology studies scholars use Actor-Network Theory (ANT), which creates a network out of connections between actors, such as people, texts, and technologies, and their influences (Latour 1987; Oppenheim 2007). Martin (1998) critiques Latour's (1987) version of ANT, claiming that this theory ignores the broader cultural context. Bruce Knauff (2006) argues that most anthropologists have given up grand theories, or theories that attempt to make sense of the entirety of cultural systems, for "mid-level articulations." The next two sections discuss some mid-level theories which offer ways of thinking about ethnographic data.

### **Authoritative Knowledge**

An understanding of the body and embodied practices requires an exploration of the cultural meanings that make sense of them. Systems of knowledge are socially produced and pluralistic, yet are ranked. Authoritative knowledge is the understanding that certain knowledge systems "carry more weight" than others. In the United States, biomedicine and science are both seen as true registers of meaning about the human body. These knowledge systems therefore carry more authority. Following Foucault's (1972) work on biomedical power, knowledge systems both construct and are patterned by social and individual reality, and enable and constrain what can be said. For Foucault, knowledge and power are inextricable; knowledge generates power, which in turn generates knowledge. To understand culture, it is essential to examine the conditions under which knowledge is produced and maintained.

Research on authoritative knowledge critiques the dominance of a single knowledge system, which is intensified when biomedicine establishes itself as the arbiter of authoritative knowledge. Research has also focused on how authoritative knowledge systems are created and maintained, for instance, through the construction of authoritative texts. Essential to this work is the recognition that the biological sciences influence the public's knowledge of testosterone and men's bodies. Accordingly, I will explore in detail in Chapter 2 discourses of testosterone produced and circulated throughout biomedicine. Other research has focused on the metaphors involved in the intersections of science, bodies, and identity and how these scientific metaphors influence personal identity (Hausman 1999; Martin 1991; Oudshoorn 1994).

### **Normalization**

Many scholars use Foucault to facilitate understanding of the relationships between culture and bodies. For Foucault, power is exercised through relationships rather than possessed by individuals (1973, 1977, 1978, 1980). This power is exercised through biopower, which is the "subjugation of bodies and the control of population," which produces subjects who are simultaneously empowered and are "docile bodies" (1978:140). In examining how surveillance creates docile bodies, Foucault used the example of Jeremy Bentham's concept of the Panopticon, a prison where the actions of the prisoners are always visible (Foucault 1977). This omnipresent visibility is imprinted on the mind of the prisoner who then self-polices. This system of control could work even without literal guards; that is, the threat of the gaze is enough to ensure compliance with the rules of the prison. Drawing on Foucault, Peter Conrad (1992) describes medical surveillance as a form of social control in which conditions are understood through a

“medical gaze,” transferring authority away from individuals to biomedicine. This gaze becomes normalized, and individuals continue to use the techniques of medical surveillance, such as medical conceptual frameworks, to make sense of their own bodies.

Science is one institution that exerts normalizing power, impacting conceptualizations of bodies, cultures, and physical worlds. A central tenet of science and technology studies is that science shapes cultural perceptions, and so it would be detrimental to ignore it or its power. Some medical anthropologists explore the power of the medical system to define medical normality, using biomedical authority to diagnose healthy from sick and normal from abnormal. The meanings of normal health and sickness are functions of social consciousness (Baer, et al. 1997). For instance, work comparing Japan and North America in relation to menopause and the meanings of death has shown significant cultural variability. Lock (1993b) compares the U.S. category of menopause to the Japanese category of *konenki*, demonstrating that both menopause and *konenki* are not universal conditions, but instead each is culturally normal. Her more recent work shows that the meanings of death change not just between cultures but over time; specifically, she explores how organ donation technologies have challenged cultural understandings of brain and body death (Lock 2002). Other scholars analyze medicalization, where conditions are created under medical authority, such as childbirth, adolescence, or masculinity (Conrad 2007; Rosenfeld and Faircloth 2006). Conditions can also be unmedicalized, such as occurred for homosexuality in the United States, or remedicalized. In most of these cases, the expected outcome of medicalization is modification of the human body to conform to cultural expectations (Conrad and Potter 2004). In another words, if a person’s body is determined to be sick or abnormal by

medical authorities, medical technologies can be used to attempt to change it to match conceptions of normalcy. Eugenia Kaw (1993) explores the medicalization of racial features, focusing on how Asian American women use cosmetic surgery to look less stereotypically Asian. She explains that plastic surgeons use medical terms to problematize the shape or shapes of women's eyes in order to define their eye shapes as a medical condition. For instance, she witnessed a doctor claim that certain women have excess fat over their eyelid. She argues, "With the authority of scientific rationality and technical efficiency, medicine effectively 'normalizes' not only the negative feelings...but also their ultimate decision to undergo cosmetic surgery" (Kaw 1993:83). These transformations are inherently conservative, changing the individual rather than the cultural ideology (Conrad and Potter 2004:208).

It is important to recognize that science as a cultural institution is mutable. Science is challenged and changed by nonscientists and cultural shifts. Martin claims that the traditional image of science as a citadel, a fortress, is erroneous. Science, she asserts, is "porous and open in every direction" (1998:29). So while science exerts normalizing power over individuals within the contemporary United States, the cultural context compels science itself to morph.

### *Research Design*

#### **Data**

Male masculinity is often ordinary rather than extraordinary. This does not mean that masculinity does not deserve ethnographic study; rather, it is its dailiness which calls for examination. The ubiquity of masculinity suggests that it is simultaneously everywhere and nowhere, and therefore very difficult to see. There is no one perfect moment that exemplifies local attitudes towards masculinity; ideal masculinity shifts and

sways and hides and morphs. How does the ethnographer see something that is everywhere and nowhere at once? And how does one document a phantasm that is also a reality? Anthropology conducted in an urban environment on a topic as broad as gender renders everything the stuff of fieldwork: movies, television shows, newspapers, interactions with friends and coworkers, advertisements, hospital visits, funerals, religious ceremonies, and professional meetings. Charles Briggs uses the term “fieldwork” to indicate research methods other than interviewing (1986:7). My use of the terms “fieldwork” and “ethnography” includes all of the research methods for this project, including the interview data.

The deliberate exploration of multiple domains enables a single geographical location to serve as the locus for multiple fieldwork sites (Marcus 1995). Accordingly, drawing from medical anthropology and science and technology studies methodologies, I conducted fieldwork for 27 months. I targeted three local populations in Boston who are differentially positioned with respect to the cultural production of masculinity: (1) aging cisgender men who do and do not utilize testosterone; (2) transgender men who do and do not use testosterone; and (3) physicians, researchers, and pharmaceutical professionals who produce and prescribe testosterone. I consider all three of these populations to be co-producers of masculine norms. Innovatively exploring gender in two intriguingly divergent populations generated ethnographic depth and breadth on embodied identity and the use of testosterone therapy and examined (a) “everyday” lived experiences and discourses, both public and private; and (b) social moments and discourses that foreground challenges to identity. Ethnographers who attempt to bridge separate domains have to piece together methodologies. It is, in fact, incumbent upon anthropologists “to

imagine and invent new ways of describing, interpreting, and explaining cultural emergence and variation” (Gutmann 1996:13). Researchers should not treat these facets as separate analytical categories, but instead must investigate how they can be reciprocally constructive (Geertz 2000). This project builds on these methods by emphasizing the intersections of cultural, material, and discursive contexts.

My ethnographic fieldwork was situated in and around Boston, Massachusetts, a city known for its health care services. Boston receives international acclaim for both its biomedical efficacy and as one of the earliest locations of foundational feminist health activism and resistance to biomedicine. Health spending per person in Massachusetts is the world’s highest (Sager 2005). In addition, Massachusetts is home to a large population of aging cisgender men. According to the 2005 figures on the U.S. census website, [factfinder.census.gov](http://factfinder.census.gov), close to 50 percent of the state’s population of 3 million men is over 40 years old (U.S. Census Bureau 2009). The Greater Boston area is also home to a diverse and robust transgender male community.

### **Context**

Masculinity, while often thought to stem from biology, is resolutely local. In this time and place, certain performances, both physical and performative, are considered exclusively masculine, whereas other performances are not. Appropriate masculinity is often defined by what it is not – not female, not prepubescent, not homosexual. A partial list of assumed traits of masculine men within the contemporary United States includes independence, physical strength, confidence, a particular type of sexuality, courage, and indifference to physical and emotional pain. Psychological measurement scales differentiate certain qualities as masculine, such as being aggressive, ambitious,

analytical, assertive, or athletic. Conversely, other qualities scored as feminine include being affectionate, cheerful, childlike, compassionate, and easily flattered (Hearn 2006:39-40).

A quick survey of masculinity in the United States public culture during the period of my fieldwork (2005-2007) includes the election of hyper-muscular Arnold Schwarzenegger as the Governor of California; the success of Brokeback Mountain, a movie lovingly depicting sex and romance between two male cowboys; the admission by 62 year-old Sylvester Stallone to using testosterone therapy and HGH to gain weight and muscle for RAMBO 6; the enactment of conventional upper-class masculinity by Donald Trump on The Apprentice, a show watched by millions of American viewers; unconventional diet and exercise performed by men to lose weight on the television show The Biggest Loser; the guilty plea of heterosexual Senator Larry Craig for disorderly conduct in a public men's room; steroid scandals in both baseball and cycling littering the sports section for the entire period of fieldwork; Thomas Beatie gaining national attention for being a pregnant transgender man, only to be derided for being "really a woman"; and (mostly male) American soldiers sent to war, to return home injured war heroes. This construction is necessarily brief; it is not meant to be a complete depiction of cultural masculinity. I recognize that by elaborating and codifying men's understandings of cultural masculinity I am reifying certain cultural rules and discounting others. My explicit elaboration of masculine characteristics should not be taken as an implicit categorization of feminine characteristics. I believe it is necessary to provide a sketch of conventional traits of masculinity and maleness to make these cultural ideals visible. While men are the primary objects of a great deal of research, it is rarely as men. Michael

Kimmel argues, “When we study men, we study them as political leaders, military heroes, scientists, writers, artists. Men, themselves, are invisible as men” (2000:5). This invisibility has been facilitated by work on embodiment that effaces or obscures the diversity of men’s lived realities and their bodies. This research project makes visible individual men’s lives and specific embodiments.

### **Research Methods**

Matthew Gutmann insists that to see masculinities requires “a constant refocusing of one’s vision” (1996:9). My research methods with both aging cisgender men and transgender men involved semi-structured interviews, participant-observation, discourse analysis, and media monitoring. In addition, I examined the influence of competing ideologies by comparing and contrasting emergent individual realities with official discourses, gathered from local physicians as well as scientific texts and Internet health sites. I explored how testosterone and masculinity were represented in popular magazines such as Time and Men’s Health and newspapers such as The Boston Globe and Boston Herald, as well as on the Internet. I treated technical literature as another source of data, and I read text books, medical journals, and secondary literature on men’s health. Following Arjun Appadurai (1996), I explored the Internet as an additional research site.

### **Participant Observation**

Using the method of participant observation of social events, I gathered information on the importance of gender identity in men’s lives (Emerson 1995). Before beginning this research, I had already volunteered with two Boston-based transgender community organizations, the International Foundation for Gender Education and the Massachusetts Transgender Political Coalition. As an active ally, I used these locations to

build relationships with members of the transgender community. I attended the poetry night “Gender Crash” every month, as well as attending and occasionally volunteering at other social events, including transgender conferences, memorials, and political events. In addition, I became familiar with the services and location of the GLBTQ health center, Fenway Community Health.

Participant observation of aging cisgender men required a different research strategy. While there are aging cisgender men everywhere in Boston, I desired to focus on men in situations where they wanted to be *seen* as men. However, cisgender men do not establish support groups to discuss issues with their masculinity unless they focus on a particular health condition. Cisgender men do not design political events focused on their shared identity, nor do they host poetry events celebrating their gender. My participant observation with aging cisgender men primarily provided me with interview subjects. I attended several men’s health fairs, sporting events, and GLBT political organizations that targeted aging cisgender gay men. In addition, I briefly volunteered at a Veterans Hospital.

### **Interviews**

In this dissertation I report my findings produced from ethnographic interviews. I invited aging cisgender and transgender men to participate in extended interviews on the general topic of masculinity. Potential interviewees were located from participant observation and by fliers posted in cafes, supermarkets, community centers, and on the Internet (see Appendix B: Call For Participants). I explained my research project to men in each of these locations, and requested extended interviews and/or interview referrals. The sampling methods include both snowball sampling and quota sampling (Bernard

2002). Men told me that they self-selected to participate in this research due to interest in this topic. Although I recognize that this strategy does not produce an unbiased or representative sample, it enables the collection of a large cross-section of relevant data, useful as the basis for future research. I recorded interviews with permission, after explaining to each interviewee that the recordings would be kept confidential. The questions asked during the semi-structured interviews ranged from short-answer to open-ended questions. The short-answer format enabled systematic collection of the same kinds of information from all of the interviewed men. The open-ended questions focused on the participants' understandings of masculinity and maleness as these relate to behavior, presentation, and cultural ideologies.

I interviewed 21 cisgender men between the ages of 39 and 75 (mean age 53), and 24 transgender men between the ages of 22 and 45 (mean age 31). Fifteen men had female partners, 7 men had male partners, 3 men had (or desired) both male and female partners, and 20 men self-identified their sexuality as queer. Fifteen of these men were single, 27 were partnered, and 3 had multiple partners. All of the men had finished high school, and about half had attended some college. There was significant variation in occupations, from priests to nonprofit workers, roofers to drivers. I did not ask the men their racial background, and there was limited racial diversity in the sample, with fewer than 20 percent of the interviewed men spontaneously identifying as non-white. In the text, all men are referred to by pseudonyms that I drew from the All-Star list of the Boston Red Sox.

Within each interview, I questioned the men about their identity and experiences of living within their bodies (see Appendix A: Interview Schedule). The questions

focusing on embodiment explored masculinity and maleness in the body. For instance, I asked each man how to account for his experiences of having a male or masculine body. I asked men to explain the importance to them of their own strength, athleticism, facial hair, sexual vigor, sexual desire, and general health. I asked, “How would you explain testosterone to a young boy who knew nothing about it?” I then inquired if each person currently was or had ever been on testosterone therapy. If he had used testosterone therapy, I explored his associations of changes to his body, mind, and relationships. Were there results from testosterone therapy that he did not like, such as increased aggression or resentment over the reliance on a prescription? If an interviewee had not undertaken testosterone therapy, I asked if it had been offered to him, and the factors that influenced his decisions. I elicited narratives from all of the men about changes to individuals they were familiar with that they attribute to testosterone therapy. Finally, I asked the men what they had seen or heard recently from peers or the media on testosterone and masculinity. Questions elicited the cultural models at work in individual men’s conceptions of sex hormones, endocrinology, and testosterone.

Additionally, I conducted semi-structured interviews with 10 local biomedical and pharmaceutical stakeholders. These interviews elucidated the process of biomedicalization, including how a new “syndrome” is created, and the foreseeable cultural and biological ramifications of testosterone therapy (Clarke, et al. 2003). I asked these stakeholders to compare testosterone therapy for aging cisgender men and transgender men. I also gathered information on the cultural models at work for scientific specialists. These interviews documented biomedical knowledge production at the intersection of individual understandings and scientific discourse.

Ethnographic methodologies are more robust than interviewing. Indeed, prolonged steeping in a community is an essential part of what separates anthropological research from other types of research. This research relies heavily on interview data, but is supplemented by more traditional fieldwork methods such as participant observation. Briggs (1986:10) notes that interview data can be occluded by disparities between ethnographers and their informants. I have lived in Boston, Massachusetts for two decades, and the United States for my entire life. By being an insider in this environment, I have already “learned how to ask,” in that I am conversant in appropriate metacommunicative strategies (Briggs 1986). In addition, men selected to be interviewed included individuals I had known for up to a decade. Being an “insider” in this environment helped me reduce bias in the interviews.

I consider my gender an advantage for research on masculinity, both because I had the benefit of an outsider’s analytic view, and because it may set certain men at ease. Frank (2002) argues that her male informants, who were patrons of strips clubs, were more comfortable discussing their masculinity with a female anthropologist. Interestingly, many men who I located through posted advertisements told me that they expected their interviewer to be male, due to both the topic and the androgyny of my first name. Other men appeared to participate in these interviews for the opportunity to discuss their gender with a young female. For these men, the interview was a location for them to buttress their gendered sense of self.

### **Data Analysis**

Aging men’s and transgender men’s interview transcripts were coded for the following categories: gender identity, testosterone usage, gender passing, concepts of

masculine behavior, sexuality, and embodiment. In addition, the data were coded for specific concepts regarding testosterone and other sex hormones (Bernard and Ryan 1998). I used SPSS 16.0 to prepare descriptive numerical data. I explored similarities between aging and transgendered men's relationship to masculinity. Do these men think that testosterone helps uncover a "natural" masculinity that is already there? Does reliance on testosterone therapy make these men feel more or less masculine? Do men use testosterone therapy as a strategic resource, and if so, how? How do circulating discourses work to not only motivate but also justify actions? These data were analyzed to identify possible causal patterns in the relationships between testosterone therapy and masculinity as they emerged from interview data and questions.

### *Significance of The Dissertation Research*

This project explores a topic of great theoretical significance for anthropology, the relationship between culture and identity. By shifting the unit of analysis to masculinity and maleness, this original ethnographic approach will advance theoretical discussions of the relationship between ideal cultural forms and lived realities. In addition, this project innovatively fuses two methods of multi-sited research, following the "object" and "metaphor" of testosterone and gender through different contexts (Appadurai 1986; Latour 1999; Marcus 1995; Martin 1998). This research will address four lacunae within social science scholarship: (1) the ongoing need for work on embodiment, social experiences and identity that links discourse analysis and phenomenology; (2) the limited attention to masculinity, which rarely interrogates a full range of masculinities or the tensions that arise from competing definitions of masculinity. This project innovatively compares marginalized and ordinary masculinities, exploring gender across many forms of difference; (3) the inadequate ethnographic consideration of the complexity of aging

men's and transgender men's identities and relationships to their bodies, and; (4) the paucity of research on the new phenomenon of testosterone therapy. While ethnographies have discussed gender variance in different cultural contexts, few of them concentrated on transgender identity in non-native North America. Rather than continuing to regard the transgender community as an "other," I chose to work with transgender men because these individuals are members of communities in which I have been active for the past decade. Working simultaneously as an insider and outsider, a friend and an ally, allows for greater ethnographic depth. By combining the aforementioned epistemological approaches with innovative conceptual terrain, this research advances theoretical discussions in science and technology studies, cultural anthropology, and feminist studies. This work will offer needed attention to masculinity at the intersections of culture, biology, and semiotics, and in it I have gathered data and produced analyses that should prove useful for solving problems in a range of applied projects.

### *Outline of Study*

Chapter 1 has been an introduction to the general topic of this dissertation, including an overview of the data, methods, and context of this research. Chapter 2 provides an extensive exploration of testosterone as an object, commodity, and a metaphor, using both narrative accounts and discursive materials. Chapter 3 presents an extended look at the complexity of male embodiment, providing a diverse range of narratives of embodiment which both reflect and challenge dominant stereotypes of the male body. In Chapter 4 I consider on one of the themes that surfaced in every interview: each man distanced himself from tenets of cultural masculinity. I grapple theoretically with the concepts of identity formation exploring how men both identify and disidentify with cultural masculinities. In Chapter 5 I argue that both transgender and cisgender men

experience themselves as passing as men, using their bodies to invoke cultural norms of gender for various strategic purposes. Finally, in Chapter 6 I summarize the study and provide insight into future consideration of the relationships between idealized cultural forms and real lived identities.

## CHAPTER 2: FITTING BOSTON TO A “T”: AN ETHNOGRAPHY OF TESTOSTERONE

### *Introduction*

For as long as socio-cultural anthropology has existed, anthropologists have struggled with the meaning of the word “culture.” In 1952, Alfred Kroeber and Clyde Kluckhohn enumerated 164 definitions of culture, acknowledging that this list was not exhaustive. This search for a firm definition of the word culture is even more difficult now, as essentialist squabbles over nature–nurture or heredity–environment have been revealed as false dichotomies. Culture is not the opposite of nature, biology, or heredity; each is a filament which intersects and overlays the other. It is now recognized that human biology is influenced by the way people live their lives, and that culture is created in relation to the limitations and needs of the human body.

I argue that while testosterone is a biological substance which has some universal qualities, to know testosterone requires a consideration of gender, science, and other cultural domains. In this chapter I will distill testosterone - at once an object, metaphor, and commodity - into its constituent parts. In so doing, I will explore the intersections of the human body and the cultural context that surrounds it. Testosterone is an object made in nature and produced in laboratories. It is a product sold for profit and shared among friends. It is a “controlled substance,” used heavily in the uncontrolled “black market,” and thought to create uncontrollable aggression. Testosterone naturally exists in all male and female bodies yet it is used as a metaphor for a particular type of masculinity. It is a product used therapeutically to assist with both a “mental disorder” and a physiological pathology of the endocrine system. Testosterone is all these things and more.

Testosterone simultaneously functions as a biochemical, a commodity, and a symbol. In this chapter I will explore testosterone, journeying from testosterone as a molecule to a more amorphous cultural residue. Along the way, I will survey the contextual climate that informs current understandings of testosterone.

I begin by summarizing and surmising the multiple components of testosterone in the United States. In order to show how testosterone is used as a commodity or symbol, I need to step back and examine the durable facts of this biochemical. What is the history of testosterone as an object? What is routinely believed about testosterone as an object? How did we come to know what is known? I then shift into ethnography, providing data on the emic definitions of testosterone and two related terms. I demonstrate how the isolation of testosterone as a chemical paved the way for the commodification of testosterone, fitting this process into histories of anti-aging medicine, hormone replacement therapy in women, and Viagra, all of which are implicated in the cultural and biomedical circumstances of testosterone manufacture. Accordingly, I illuminate the creation of the pathologies that call for testosterone replacement for transgender and cisgender men. I will explain how these pathologies are diagnosed, and how testosterone is prescribed by biomedicine and used by individuals. I then reveal the complicating conditions of science for profit. Following this, I present ethnographic testimony of how testosterone as an object and commodity is used and conceptualized in individual men's lives, including analysis of testosterone as a "bio-reductive" substance. I provide "testosterone stories," narratives of how testosterone therapy is conceptualized and used in a handful of men's lives. I will arrive at the broadest component in the ethnography of testosterone: how testosterone is used as a symbol of a particular type of masculinity.

Using data drawn from cultural sources during the past two years, I will provide a multitude of examples to show that testosterone is used as a metaphor, and I will attempt to extract and make manifest implicit cultural assumptions in these meanings. Finally, I will conclude this chapter with a consideration of the ways in which testosterone is simultaneously a metaphor and an object. I argue that in these situations it is nearly impossible to distill these facets into individual components. The ethnography of testosterone, therefore, concludes with a demonstration of the intersectionality of the different usages and meanings of testosterone.

### **Testosterone and Local Biology**

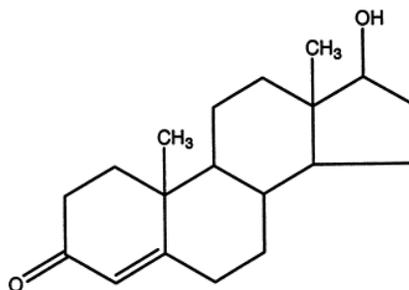
Some scholars propose that the categories of nature and culture are being reinvented. Many philosophers and social scientists have provided new terms for these new understandings: Bruno Latour's hybrids (1999), Donna Haraway's cyborgs (1991), and Nancy Scheper-Hughes and Margaret Lock's model of the three bodies (1987). Accordingly, scientific objects are thought to be both biological and cultural. Some objects are known only through social construction, such as the genetic code, which Lily Kay refers to as a "period piece" (1999:226). In the last few years scientists have produced research demonstrating that even genes and bones, assumed to be profoundly biological, are influenced by culture (Fox Keller 1995). For instance, Anne Fausto-Sterling's recent work on bones provided multiple examples of how culture shapes bone. She argues that the bones of urban ultraorthodox Jewish youth are impacted by their culture, since these youth have "lowered physical activity, less exposure to sunlight, and drink less milk than their more secular counterparts" (2005:1491).

Diseases are not naturally existing categories that wait patiently for discovery. Medicalization has fostered the recognition that conditions move in and out of medical jurisdiction. Ian Hacking states that multiple personality disorder as an idea, as a clinical phenomenon, and as a type of person were invented in 1875 (1999:162). In this way, we can talk about medical conditions being “made up.” The creation of new disease categories creates new identities, a central facet of biomedicalization. Peter Conrad (2007) uses testosterone therapy marketing as a current example of medicalization which is driven by commercial and market interests. While defining the contours of the medicalization of masculinity through the marketing of testosterone therapy was one of my goals when I began this research project, in the interim, the work of many other excellent scholars has illuminated these processes. (For a fascinating exploration of how masculinity itself has been medicalized, see Conrad 2007; Marshall 2007; Rosenfeld and Faircloth 2006; Tiefer 1994; Watkins 2007, 2008).

While science and biomedicine are institutions that exert normalizing power, impacting conceptualizations of bodies, cultures, and physical worlds, these institutions are simultaneously influenced by culture and bodies. Margaret Lock created the concept of local biology to elucidate how knowledge about biology and culture are intertwined (1993b, 2001). She argues, “The material body cannot stand, as has so often been the case, as an entity that is black-boxed and assumed to be universal, with so much sociocultural flotsam layered over it. The material and social are both contingent – both local” (Lock 2001:484). In this project, I explore the “local biology” of testosterone, at once an artifact of both biology and culture.

### *Testosterone as an Object*

All healthy human and animal bodies produce testosterone. It is a steroid hormone with a chemical formula of  $C_{19}H_{28}O_2$ .



**Figure 1. Testosterone**

Hormones are chemical messengers that relay information from one cell to another. Testosterone is part of a group of hormones called sex hormones, which are classified into estrogens and androgens. “Androgen” comes from the Greek and means “maker of males,” whereas the word “estrogen” relates to reproduction, specifically the estrus cycle. Sex hormones are part of a group of hormones named steroid hormones, which include glucocorticoids and mineralocorticoids. Steroid hormones are part of the endocrine system, which is a series of ductless glands. Such hormones are released directly into the blood, not into a duct, and so are unlike salivary glands or sweat glands which store and then secrete.

Testosterone is primarily made in the testes of males and the ovaries of females, but the adrenal glands in both male and female bodies also make testosterone. In a man’s body, the Leydig cells in the testicles produce the majority of testosterone. Testosterone in both men and women seroconverts, or converts in the blood, into various other sex hormones – for instance, from testosterone to estrodial and back again, as needed.

Testosterone levels in the body are determined by the pituitary gland in accordance with a negative feedback mechanism involving luteinizing hormone (LH) and follicle stimulating hormone (FSH). LH and FSH levels are in turn regulated by the gonadotropin-releasing hormone, which is secreted by the hypothalamus. Testosterone is found in the blood in three forms: according to one source, about 40 percent is bound tightly to sex hormone-binding globulin, and not available to body tissues, about 58 percent is weakly bound to albumin, but *is* available for use, and 2 percent freely circulates in the blood (Cunningham, et al. 2003:7).

Testosterone production begins early in fetal development, and it is part of what determines sexual differentiation in the third or fourth month of pregnancy. Testosterone production in the male fetus begins between eight to ten weeks after gestation and peaks between weeks thirteen and fifteen. Thereafter, blood levels decline and plateau (Johnson 2007:15). Serum testosterone levels at birth are slightly higher in males than females (Liverman and Blazer 2004:17). Testosterone levels in the infant male rise for the first three to five months of their life, and then drop (Johnson 2007:136). After that, testosterone levels in both male and female children remain uniformly low until puberty. Before gonadal testosterone production sets puberty in motion, there is an increase in adrenal androgens, sometimes called adrenarche, which occurs between eight and fifteen years of age, and is linked to pubic and armpit hair growth (Johnson 2007:137). Adrenarche is thought to happen earlier in females than males, during which time female children will have higher levels of testosterone than male children. During male puberty, the testes' production of testosterone increases and generates secondary sexual characteristics of a phenotypic male. Within the adult male body, testosterone is thought

to influence skin, hair, muscle tone, bones, voice, and of course, sexual function and desire.

### **Testosterone: An Ambisexual Hormone**

It is important to note that testosterone cannot rightfully be called the “male hormone” because both healthy male and female bodies produce testosterone. “The term ‘male hormone’ is thus a misnomer, a misapplied reduction of the concept of sex to the chemicals that produce sex effects” (Hausman 1995:40). Sex hormones cannot be called male or female hormones because occasionally the “average” female body can have more testosterone than the “average” male body, potentially during childhood, during adrenarche, and throughout pregnancy. Due to hormonal fluctuations, there are times when adult cisgender men and adult cisgender women have similar testosterone levels, and other times when men’s and women’s estrogen levels are the same. John Money describes the early nomenclature of sex hormones as misleading. He writes, “When the sex hormones were isolated in the 1920s and synthesized in the 1930s, they were named for estrus (estrogen), for the testis (testosterone), and for gestation (progesterone), thus setting the stage for an oversimplified myth of causality, relating masculinity and femininity of behavior, as well as of morphology and reproductive function, to male and female hormones, respectively” (Money 1980:189). Chandak Sengoopta (2006) writes that medical hormone researchers have known about the ambisexuality of sex hormones since the 1930s. However, historical analysis of the scientific journals of that period conducted by Nelly Oudshoorn (1994) shows how difficult it was for many scientists to accept that sexual differentiation was not as simple as the presence or absence of a single sex hormone in the body. Knowledge of this ambisexuality of hormones, what early

scientists called “heterosexual hormones,” still has not become public (Oudshoorn 1994:27). Indeed, it was not until I began research for this project that I understood how inaccurate the terms “male hormone” and “female hormone” really are. As one male scientist privately quipped, the knowledge of the biochemical similarities between estrogen and testosterone means that “there but for one hydroxyl group go I” (Long Hall 1976:20). Anne Fausto-Sterling argues that rather than using the terms “androgen” and “estrogen” we should refer to sex hormones as steroid hormones, to remove all gendered implications of these terms (2000:193).

### **“Normal” Testosterone Levels: The Great Unknown**

There is inadequate data on optimal or “normal” serum testosterone levels for men, and so there is no consensus among researchers (Wang, et al. 2009:5). Many clinicians use an assumed standard that adult cisgender men have between 300-900 nanograms per deciliter (ng/dl) of total testosterone in their blood (a nanogram is a billionth of a gram). One such study, cited over two hundred times in the last decade, and used in the marketing materials of AndroGel (the leading synthetic testosterone product), is based on data of the total testosterone level of only 250 men. This is an extremely small number of subjects to be generalizable to the 300 billion men alive in the world today. Likewise, many scientists maintain that testosterone levels change often in adult cisgender men, with the assumed highest levels reached between 6:00 a.m. and 8:00 a.m.. One article claims that, “Changes in circulating testosterone concentrations as a function of time have been well documented, and these changes appear to follow annual, monthly, weekly, and daily rhythms” (Gupta, et al. 2000:731). However, an oft-quoted study which shows differences in serum testosterone levels as a function of the time of day,

cited in hundreds of journal articles and used in the marketing materials of Bayer Shering Pharma, had a sample size of only 29 men, with 17 men between 23-28 years old, and 12 men between 58-82 years old (Bremner, et al. 1983). These results have not been duplicated, but instead have become part of the corpus of assumed facts of testosterone levels in adult cisgender men. Historians of science have pointed out many such assumed facts and statistics that are widely circulated as truth, without sound empirical research to establish their veracity. In 2007, the Center for Disease Control started a new project calling for standardization of testosterone testing procedures, citing the difficulties of accurate testing, the lack of consensus of the *type* of testosterone to test (free testosterone, bioavailable testosterone, or total testosterone), and the “lack of generally accepted reference ranges for people at all ages, sex, and ethnicities” (Center for Disease Control 2008).

The history of testosterone as an object is often traced back to 1849, when Arnold Berthold discovered that castrated roosters whose testicles were removed and then implanted in their abdominal cavity did not experience the same corporeal changes as castrated roosters. Since the testes were no longer connected to the nerve system, he concluded that the testicles must secrete a substance into the blood (Freeman, et al. 2001:371). In 1889, Charles Edouard Brown-Séquard announced at the Society de Biologie in Paris that he had “rejuvenated” himself with an extract derived from dog and guinea pig testicles. Brown-Séquard, a 72-year-old physiologist, claimed that these injections provided him relief from his aging body, increasing his strength, energy, appetite, and lengthened the arc of his urine. Since this time, this experiment has been proven to be the result of the placebo effect, not of research science. However, Brown-

Séquard was one of the first to consider what he called “internal secretions” as regulators of the human body, and is therefore seen as one of the founders of modern endocrinology. Originally these substances were called “chemical messengers.” In 1905, William Hardy coined the term *hormone* derived from the Greek “I arouse to activity,” though it was first published by and is often attributed to Ernest Starling (Freeman, et al. 2001:372).

Testosterone was discovered simultaneously by three competing pharmaceutical research teams working independently: Organon from the Netherlands, the German company Schering, and Ciba, from Switzerland. In 1929, Adolf Butenandt successfully isolated the first sex hormone, estrone, from the urine of pregnant women. In 1931, Butenandt derived 15 milligrams of androsterone, a non-testicular hormone, from between 15,000 - 25,000 liters of policemen’s urine. Soon after, researchers realized that the testes contained a more potent androgen than urine. After Butenandt published his findings, these three research teams sprinted to isolate testosterone from animal testes and publish their results. The Organon group, led by Ernest Laqueur was the first to isolate and name testosterone, with results published on May 27, 1935, in an article entitled, “On Crystalline Male Hormone from Testicles (Testosterone).” In August of that year, Schering’s Butenandt and G. Hanisch published a paper on the structure of testosterone and how to synthesize it from cholesterol. The Ciba research team led by Leopold Ruzicka published a similar paper a week later, simultaneously announcing a patent application for the production of testosterone (Hoberman and Yesalis 1995:78). The Nobel Prize in Chemistry in 1939 was jointly awarded to Butenandt and Ruzicka for this

work, although the Nazi government forced Butenandt to decline the honor. He received the medal and diploma in 1949.

*Emic definitions of Sex Hormone, Endocrine System,  
and Testosterone*

In addition to cataloging what I've learned about testosterone as an object, I believe it is equally important to explore the relevance of this information to the men I interviewed. While I am intrigued by how testosterone was "made up," as an object, I want to balance these facts, figures, and issues with the cultural models at work in the lives of actual men (Hacking 1999). One question I asked in interviews was where the men received their information on testosterone. Most cisgender men told me that they were not aware of receiving information on testosterone. Transgender men told me that they primarily got their information through peers, websites, zines (circulated pamphlets) and email lists. During my fieldwork, I noted references to testosterone in newspapers, movies, advertisements (for testosterone and other products), television shows (documentaries and situation comedies), news shows (especially when covering the topics of anti-aging or transgender identities), popular books, scientific reports, health websites, comic pages, jokes, and editorials.

As part of my interview schedule, I asked men to define the terms sex hormone, endocrinology, and testosterone. My goal in doing so was to illuminate cultural models of these objects. I was less interested in whether or not they got the answer "right," and more interested in the language they used to define these objects conceptually. When I asked the men if they could define sex hormone, most men did not know the correct answer. Only half, 56 percent (n=25) ventured a guess, whereas 44 percent (n=20), declined to answer the question. Cisgender men were slightly more reticent, with 60

percent (n=12) declining to define the term sex hormone, compared to 40 percent (n=8) of transgender men who declined to answer. The most common responses were variations on, “I don’t know” or, “something to do with having sex.” When I asked men to define the endocrine system, only 12 men (27 percent) offered any definition, right or wrong, and 33 men (73 percent) declined to answer. The results are similar for cisgender men and transgender men. Answers were very broad; for instance, “a system that includes your blood,” or “I don’t think they fight infections, do they?” Three men provided biomedical answers, two of whom had been trained as physical scientists. Besides these three men, who were confident that they knew the “correct” answer, only nine men felt comfortable “taking a stab” at the definition. Interestingly, twice that number of men had had medical appointments with endocrinologists, yet they did not feel comfortable defining the endocrine system.

Finally, I asked men in the interviews how they would define testosterone by way of the following question: “How would you explain testosterone to a young boy who knew nothing about it?” I hoped this question would highlight the cultural models of testosterone at work for the men that I interviewed. These men all agreed to an interview that was “about the place of testosterone in men’s lives” and so I expected that they had a working definition of testosterone. While more men answered this question than the previous two questions, a full 35 percent of cisgender and transgender men (n=16) declined to answer. They told me that they would want to “read a book” first, or said things like, “Oh my God. I have no idea. I mean. Oh my God.” Twenty-nine men, (65 percent) did provide an answer to the question, of whom 12 were cisgender men and 17 were transgender men. Notably, a few told me that they would explain testosterone after

first describing “mommy’s hormones,” which were seen as easier to describe. Only a handful of men mentioned that both healthy women and men have endogenous sources of testosterone.

These data surprised me. I had expected that the answers would be wrong, since the last time most of these men would have learned anything about testosterone was in high school (if it was taught at all). However, I did not expect that the men would simply not answer the question. This very small sample sheds light on an interesting point: these men do not feel connected enough to testosterone as an object to know how to define it. This is complicated by the metaphorization of testosterone: when testosterone is expected to stand for the negative elements of masculinity, such as violence, aggression, and an insatiable sex drive, it may be hard to connect this essence with oneself, in words that can be used to explain to a young boy. In addition, peppered through these conversations was the insistence that these men “don’t want to be wrong,” which may be linked to the conventionally masculine ideals of authority and intelligence. The emic definitions of sex hormone, endocrinology, and testosterone, also elucidate the separation of knowledge systems in the United States, where biomedical knowledge even about one’s own body is rarely employed in daily life.

### *Testosterone as a Commodity*

In 1935 *Time Magazine* reported that Dr. Leopold Ruzicka and his research team had successfully produced synthetic testosterone: “To produce one ounce of natural testosterone would require the castration of some 1,000,000 sturdy men. German and Swiss chemical laboratories are already prepared, said Dr. Ruzicka last week, to manufacture from sheep’s wool all the testosterone the world needs to cure homosexuals, revitalize old men” (1935). From this quote it is readily apparent that by the time

testosterone was manufactured, it was already infused with culturally specific norms of appropriate masculinity. The initial uses of testosterone as a commodity were not to treat a medical condition as much as to cure flagging masculinity in aging men and homosexual men. Another article in *Time Magazine* reported that when synthetic testosterone was used on “almost-males,” it “created or restored full masculinity” (1945b). While it is not clear what the author meant by “almost-males,” I assume this referred to effeminate homosexual men, and not transsexual men. Interestingly, one of the first uses of synthetic testosterone was the first hormonal transition by a transgender man, Michael Dillon, in 1939 (Kennedy 2007). During this time, Paul de Kruif published his now famous work *The Male Hormone* arguing that synthetic testosterone was “a new gleam of hope for prolonging man’s prime of life,” what he referred to as his own “chemical crutches” (1945). Christine Jorgenson, arguably the most well known transsexual woman in the United States, said that she got the idea of using hormones to change her sex from *The Male Hormone* (Kennedy 2007:102). Indeed, ideas of synthetic hormones in the cultural imaginary were made popular by proselytizing books and newspaper articles. However, testosterone therapy did not become popular among cisgender men as an anti-aging therapy for another sixty years. Elizabeth Watkins (2007) maintains that male menopause, or more specifically, the male climacteric (change of life), was a topic of interest to the medical community in the United States from the late 1930s through the mid-1950s, then “virtually disappeared” for the next forty years. In the next section I will contextualize synthetic testosterone and then explain why and how testosterone therapy became one of the top 200 drug treatments prescribed in the United States in 2006 and 2007 ([www.rxlist.com](http://www.rxlist.com) 2008). I will explain in detail how testosterone

therapy is used by aging men and transgender men in the United States, including how and why testosterone is prescribed and utilized.

### **Contextualizing Testosterone**

In the United States, we have entered an age of the postmodern body, the merging of science and technology to create new understandings of the human body. Surgeries and pharmaceuticals that were once seen as miraculous have folded into common expectations of living in a modern society. Nowadays in the United States exogenous hormones are routinely ingested to modify the body in a myriad of ways. Women use hormones to control or facilitate pregnancy; bodybuilders inject steroids to increase their muscle mass; hormones are used to reinstate gonadal function after disease or injury; sex offenders are chemically castrated; synthetic hormones are prescribed for menopause, cancers, infertility, muscle wasting, or to stop or start puberty. As I've just reported, androgens and estrogens were only "made up" eighty years ago; how is it that now they seem so routine? I argue that the current climate for testosterone therapy in the United States was heavily influenced by three phenomena: anti-aging medicine, the medicalization of menopause in women, and the invention of Viagra. The circumstances surrounding these conditions and commodities set the stage for a hormonal deficiency to be medicalized in aging men, with pharmaceutical companies at the ready with a product to fix it.

Testosterone therapy was not the first anti-aging therapy specific to men that gained popularity in the United States. The first writings about the male climacteric as a disease state were written in 1813, over a hundred years before the "discovery" of testosterone (Halford 1813). In the late 1800s, Brown-Séquard and others attempted to

“rejuvenate” aging men by organotherapy, which attempts to use crushed organs such as human and animal testicles to cure disease. At the turn of the 20<sup>th</sup> century in the United States, there was a rash of attention paid to the phenomenon of getting “Steinached,” a glorified vasectomy that was intended to masculinize the aging male body (Sengoopta 2003). Participants included William Yeats, Sigmund Freud, and Harry Benjamin. In the 1920s, thousands of men had the gonads of monkeys, goats, or other humans grafted on their testicles. The scientific search for anti-aging elixirs that can slow down or forestall aging continues today (Fishman, et al. 2008). The *New York Times* estimates that the anti-aging industry nets \$50 billion dollars a year, with one professional organization, the American Academy of Anti-Aging Medicine, claiming that it has 20,000 members, primarily physicians (Wilson 2007). Whether or not testosterone therapy is prescribed as an anti-aging elixir, these terms are linked in the cultural imaginary. For instance, a search on Google.com for web pages that include both of the terms “anti-aging” and “testosterone” yields half a million results (2009).

The medicalization of menopause and of the development of Viagra as an erectile dysfunction (ED) pharmaceutical are both stories of successful marketing of highly profitable commodities. Since the 1930s, millions of women in the United States have been prescribed hormone replacement therapy (HRT) to alleviate symptomatic difficulties of menopause. One such product, Premarin, was an overwhelming commercial success for its maker, Wyeth-Ayerst, beginning with its introduction in 1942. In 1966, Robert Wilson authored *Feminine Forever* (1966), which suggested that a menopausal woman’s decreased amount of estrogen reduced her femininity, and therefore that aging women should use exogenous estrogens to replace what is missing

from their bodies. By the mid-seventies, Premarin became the fifth leading prescription drug in the United States. However, in 1975, two studies published in the *New England Journal of Medicine* indicated that estrogen therapy increased the risk of uterine cancer (Kolata and Petersen 2002). For the next quarter of a century, menopausal women who had their uterus were given estrogen with progestin, which can create a monthly pseudo-period. Until 2002, the benefits of HRT were thought to outweigh both the potential risk and irritating side effects. In that year, the Women's Health Initiative prematurely ended a long term clinical trial on the risks and benefits of HRT, concluding that the benefits of HRT did not outweigh the cardiovascular risks or increased risk of breast cancer for women who had their uterus. Some have suggested that the precipitous drop in profits after the WHI stopped its clinical trial directly impacted the intensity of the marketing of testosterone to aging men. Barbara Marshall cheekily asks, "are aging men the new women?" (2007:509).

The menopause story is one of strident marketing of a medical disorder in order to sell a commodity. In 2002, Ronald Wilson, Robert Wilson's son, told the *New York Times* that Wyeth-Ayerst, the maker of Premarin, had paid for his father's expenses for writing *Feminine Forever*, including his speaking engagements and his research organization (Kolata and Petersen 2002). As I will show in more detail, testosterone therapy is an equally heavily marketed commodity, with similarly conflicted relationships between researchers and corporations.

Unfortunately, the promotion and marketing of testosterone therapy for men has not learned from the cautionary tale of menopause. Estrogen and testosterone are biochemically very similar and the relationship between HRT and cancer may have

parallels with testosterone therapy. Yet testosterone therapy has not been tested in long term clinical trials, even though the Institute of Medicine published a report calling for such research and warning against sustained off-label usage (usage that has not been approved by the FDA) of synthetic testosterone (Liverman and Blazer 2004; c.f. Miner and Seftel 2007).

Viagra and the other ED pharmaceuticals are also significant elements of the current context of testosterone therapy. Viagra helped redefine “impotence” as “erectile dysfunction,” which could be cured with vasodilators that increase blood flow to the penis. Impotence was thus changed from a psychological issue to a medical condition, which could be diagnosed and medicated (Fishman 2007). Viagra is the fastest selling drug in the history of the United States. Pfizer, the pharmaceutical company that produces Viagra, grossed over a billion dollars in the first year of production (Loe 2004:8).

Viagra and the entire corpus of ED pharmaceuticals have increased discussion of male sexuality and kept male bodies in the spotlight. Men have come to expect their bodies to “work better” from the use of a pharmaceutical, with very little risk associated. Elizabeth Watkins argues that one reason why testosterone therapy was never successfully implemented as a curative for the male climacteric in the years before Viagra was that testosterone did not cure impotence, which was assumed to be part of the climacteric. With the success and popularity of Viagra, “male menopause was re-interpreted as a persistent condition of hormone deficiency associated with ageing, whose symptoms, which no longer included the now easily treated erectile dysfunction, could and should be remedied with testosterone replacement” (Watkins 2007:370).

Viagra is also notable for the way that Pfizer marketed it. In 1997, the FDA Modernization Act granted the pharmaceutical industry the right to advertise prescription drugs directly to consumers. These rules stipulate that any claim must be “fairly balanced,” by listing both the potential benefits and risks of any pharmaceutical. However, corporations can avoid this fair balance condition by running “reminder ads,” which advertise a drug name without specifically indicating what it treats, or “help seeking ads,” in which companies talk explicitly about the condition and the company name but not the drug name (Loe 2004). Viagra used this loophole to run suggestive ads, where, in one notable example, the ad did not have a single word in English. Pfizer relied on suggestive content and dialogue such as, “Minky Viagra noni noni boo-boo plats!” to sell this ED product.

On February 27, 1991 testosterone was added to Schedule III of the United States Controlled Substances Act. Testosterone is now a controlled substance, making possession of synthetic testosterone without a prescription a federal crime (DEA 2006). The Federal government officially labeled synthetic testosterone a controlled substance to limit “illegitimate” use of testosterone and testosterone by-products by bodybuilders. However this recategorization of testosterone blocked access to women (as a sexual therapy) and transgender men. What this effectively means is that in order to be prescribed testosterone, a man must be officially diagnosed with a condition that is thought to benefit from testosterone therapy. Though there are many similarities between transgender men and cisgender men using testosterone therapy, there are tremendous differences between a diagnosis of hypogonadism and a diagnosis of gender identity disorder. The following is a discussion of how these two conditions were “made up.”

### **Diagnosing Low Testosterone**

In popular books, magazines, and newspapers the term “male menopause” is still quite common, though healthy men’s testosterone levels decrease slowly over decades, a situation that is not clinically comparable to menopause in women. The National Institute on Aging, part of the U.S. National Institute of Health, says that there is “scant evidence” that men’s hormone production drops abruptly as it does during menopause in women. In addition, there is no clinical consensus of whether this drop in women’s endogenous hormone production is normal or a pathology needing treatment.

Low testosterone in cisgender men can be caused by the effects of aging on testosterone production; testes-based conditions, including trauma, castration, radiation treatment, chemotherapy, and testicular tumors; pituitary/hypothalamus conditions; and genetic conditions (Cunningham, et al. 2003:4-5). Lowered gonadal function, known as hypogonadism, can be categorized as either primary or secondary. Primary hypogonadism is directly related to ovaries or testes while secondary hypogonadism stems from other parts of the body. Women can be hypogonadal; menopause in women can be seen as a form of primary hypogonadism. However, in this dissertation, all references to hypogonadism are to primary hypogonadism in men.

While popular sources still use the terms “male menopause” or the “male climacteric,” increasingly biomedical terms have flourished of late. Hypogonadism is also known as age onset hypogonadism, androgen deficiency of the aging male (ADAM), andropause, partial androgen deficiency in the aging male (PADAM), partial endocrine deficiency of the aging male (PEDAM), testosterone deficiency, or viropause. According to the Endocrine Society and the Hormone Foundation, the most popular name in the

United States is Androgen Deficiency Syndrome (AD). Recently published recommendations use the terms late-onset hypogonadism and age-associated testosterone deficiency syndrome (Wang, et al. 2009). Solvay Pharmaceuticals, the maker of AndroGel, refers to hypogonadism in their marketing materials as “Low T,” which is a much less pathologized moniker. Interestingly, transgender men have been calling testosterone “T” for years.

### **Testosterone Therapy: Beyond Anti-Aging**

When I started this project in 2005, there were explicit links made in the media and biomedical community between testosterone therapy and anti-aging. Doctors prescribed testosterone therapy in aging men to restore testosterone levels to those of young men, though no research ever stated that this was healthy or efficacious. Male aging was branded a syndrome or deficiency which required a commodity to be fixed. AndroGel used the following image on the main page of their website in 2007, which attempted to correlate being low on energy or “gas” with low testosterone.



**Figure 2. AndroGel Advertisement**

Today testosterone therapy has moved beyond this anti-aging propaganda. For instance, the *Hormone Foundation's Patient Guide to Androgen Deficiency Syndromes in*

*Adult Men* explicitly says that using testosterone therapy to prevent aging may be harmful to a man's health. It is now believed that levels of bioavailable testosterone in cisgender men remain constant from puberty until their thirties to forties, and then drop about 1.2 percent per year (Liverman and Blazer 2004:17). In the past year, AndroGel's website has begun to normalize the age-related reduction of testosterone by explicitly showing a range of normal testosterone level per age grade. This chart indicates that "normal testosterone levels" for a 25-34 year old man are 446 to 786 ng/dl, and for a 55 to 64 year old man they are 366 to 756 ng/dl (AndroGel 2008). Whether or not these numbers are correct, this chart normalizes a reduction in testosterone production as a man gets older.

There is contention over whether or not age-related hypogonadism exists or requires a treatment of testosterone therapy. Some clinicians argue that if a man's testosterone level is lower than what is assumed to be normal for his age, he is hypogonadal, and would benefit from exogenous testosterone. Other clinicians and researchers believe that labeling aging men hypogonadal unnecessarily pathologizes a normal decline in testosterone production. Still others dispute the reliability of laboratory testing methods and argue that the lack of consensus on healthy levels of testosterone means that we simply do not know if these men require treatment. Finally, pharmaceutical company marketing materials lament the millions of untreated hypogonadal men who *desperately* need access to their products, which they would be happy to provide. Current research has begun to show that low levels of testosterone may be related to obesity, diabetes, sleep apnea, high blood pressure, high cholesterol, HIV, asthma, and opiate drug usage. While it is now generally accepted that testosterone levels decrease in men as they get older, and that these changes may be uncomfortable or

unhealthy for a small percentage of these men, there is no consensus among clinicians, researchers, or pharmaceutical companies about whether anything should be done about this situation.

If a doctor suspects that her cisgender patient is hypogonadal, she takes a blood sample to measure that person's total testosterone. She then compares these results to what she believes is normal for a patient of that age. The issue here is the designation of "normal." As one recent set of recommendations said, "There are no generally accepted lower limits of normal" (Wang, et al. 2009:3). If "normal" does not exist, how do doctors know when their patient needs treatment? The *Testosterone and Aging* report by the Institute of Medicine added a stipulation that men who have low testosterone levels should not be diagnosed as hypogonadal unless they have at least one symptom that can be alleviated by testosterone therapy (Liverman and Blazer 2004). In other words, a low level of circulating testosterone is not enough in itself to prescribe testosterone therapy.

However, the symptomology for hypogonadism is also highly debated, with imprecise screening mechanisms. The Hormone Foundation claims that androgen deficiency syndrome may have the following symptoms: "decreased sex drive; erectile dysfunction; increased breast size and tenderness; reduced energy; loss of body hair, reduced muscle bulk and strength, brittle bones (osteoporosis), and smaller testicles" (Matsumoto and Vigersky 2006). Many of these symptoms, such as erectile dysfunction and reduced energy, could be attributed to many other causes. The *Androgen Deficiency for Aging Males* questionnaire is one of the primary tools used to screen aging men for hypogonadism. It is reproduced on most self-screening materials for patients to consider

if they have hypogonadism, including doctor's office brochures, websites, and magazine articles. There are ten questions on this list:

1. Do you have a decrease in libido (sex drive)?
2. Do you have a lack of energy?
3. Do you have a decrease in strength and/or endurance?
4. Have you lost height?
5. Have you noticed a decreased 'enjoyment of life'?
6. Are you sad and/or grumpy?
7. Are your erections less strong?
8. Have you noted a recent deterioration in your ability to play sports?
9. Are you falling asleep after dinner?
10. Has there been a recent deterioration in your work performance?

The user is instructed that if they answer yes to having a decreased libido or weaker erections, or if they answer yes to any three questions, they have hypogonadism (Morley, et al. 2000). Using this questionnaire, it is quite difficult to distinguish low testosterone from aging or depression. A recent study of close to two thousand Swedish men between 55 and 75 years of age found that most reported some of the symptoms of hypogonadism found on the ADAM questionnaire, regardless of their levels of testosterone (Gladh, et al. 2005). In addition, one doctor I interviewed told me anecdotally that this questionnaire was initially scribbled on the back of a napkin, and that he never uses it to evaluate his patients. The 2009 recommendations published by collaboration among the International Society of Andrology (ISA), International Society for the Study of Aging Male (ISSAM), European Association of Urology (EAU), European Academy of Andrology (EAA), and American Society of Andrology (ASA) do not recommend using this or any other questionnaire as part of a diagnosis of hypogonadism (Wang, et al. 2009:2). Yet these screening questionnaires remain on every testosterone product website and other media outreach materials.

As we can see, diagnosing low testosterone in aging men is quite controversial. As an academic (and therefore a person who is apparently seen as representing a legitimate authority), I was repeatedly asked the same question whenever I attempted to explain my project: “Does this syndrome exist? What do you think?” After a few years of research, I, along with most medical professionals, do not yet know if age-related hypogonadism is a real condition, nor do I know if testosterone therapy would be a safe or efficacious treatment. Until long term clinical trials have been conducted without the direct or indirect support of pharmaceutical companies, we simply will not know. However, we do know that for aging men to gain access to testosterone therapy, they must be diagnosed with hypogonadism, as complicated and ambiguous a diagnosis as this is.

### **Diagnosing Gender Identity Disorder**

Transgender men have a different, yet related and no less complicated, route to gaining access to testosterone therapy. Individuals who identify or pass as the “opposite sex” have existed over several centuries and in many different cultures. However, the availability of medical technologies to change the secondary sexual characteristics and the related creation of a diagnostic category of gendered disorder is a recent set of inventions. In the United States, transsexualism is defined as a pathology with treatment protocols. Indeed, transsexual is a category of personhood defined by the biomedical community. Bernice Hausman points out that, “transsexuals must seek and obtain medical treatment in order to be recognized *as transsexuals*” (1995:3). A quick note about nomenclature: while throughout the dissertation *transgender* is my preferred “umbrella” term to encompass all individuals who transgress gendered boundaries, in this

section I write speaking specifically about *transsexuals*, those who desire to change their body's sex, either through hormone administration or surgical intervention. Harry Benjamin is credited with being the first and most vociferous physician in the United States who argued that transsexuals could not be "cured" of their disorder without modifications to their bodies. However, Benjamin did not advocate surgical and hormonal treatment for every individual, but instead endeavored to ferret out the "true" or "primary" transsexuals (Lev 2005:43). The story of testosterone therapy for transgender men fits into the larger story of the development of sexual reassignment surgeries (SRS) in the United States (Meyerowitz 2002).

There are many links between the stories of testosterone therapy for aging men and cisgender men. In the beginning of the twentieth century, Eugen Steinach, the same doctor who attempted to "rejuvenate" Freud and Yeats, was the first to perform successful surgical attempts at changing animal sex. His experiments involved transplanting gonads into castrated male and female guinea pigs and rats. In one experiment, he transplanted testes into a spayed female guinea pig, which then developed "male" characteristics such as increased body mass and increased aggression (Steinach 1940). Harry Benjamin, mentioned above, started out as a specialist in gerontology using hormones to "alleviate the symptoms of old age" (Kennedy 2007:139). Again, testosterone has been used by transgender men since it was first produced for cisgender men in tablet form.

As I mentioned above, testosterone was synthesized in part to cure homosexuality in cisgender men. Scientists in the early 20<sup>th</sup> century decided that the ratio of male to female sex hormones was an indicator of sexual preference. In the United States,

“testosterone treatments” were given to cure homosexuals, with some homosexual men receiving transplants of heterosexual male testicular tissue (Freeman, et al. 2001). At that time, homosexuality was seen as a mental disorder, but one that could be cured by resetting the hormonal imbalance. Then, the American Psychiatric Association took homosexuality out of the Diagnostic and Statistical Manual of Mental Disorders (DSM) in 1973, “because it failed to meet the criteria for distress, disability, and inherent disadvantage” (Lev 2005:40). Shortly thereafter, in 1980, *transsexualism* first appeared in the DSM. In 1994, in DSM-IV, this term was replaced by *gender identity disorder* (GID). Thus it was only after homosexuality was demedicalized that transgenderism became a psychological disorder, treated in part by testosterone therapy.

Using the above definition of hypogonadal, nearly all transgender men are hypogonadal men because their natural testosterone level is lower than the average cisgender man. However, testosterone therapy for transgender men is not given as a response to blood tests which indicate testosterone levels lower than the average man. For a transgender man to get access to testosterone therapy, he needs to be diagnosed with a psychological disorder, GID. Arlene Lev points out that this diagnosis is problematic “because it labels all gender-variant people as ‘disordered,’ including those who meet no other criteria for having a mental disorder and do not experience disorder or distress” (2005:48). Testosterone therapy for transgender men is prescribed to stabilize what is assumed to be the disordered psychological identity of the transgender individual, bringing the body in line with the mind. Interestingly, testosterone therapy for aging men is thought to cure a physiological syndrome through a pharmaceutical that in turn has beneficial effects on mood, such as an increased sense of well being.

Transgender men who desire legal access to testosterone must seek biomedical intervention, which often means they are subject to predetermined standards of care. The most common standard of care is the set popularized by the *Harry Benjamin International Gender Dysphoria Association*, now known as *World Professional Association for Transgender Health* (WPATH). WPATH stipulates that there are three requirements for adults to use hormone therapy: that the individual is 18 years old, that he or she knows the risk and benefits of hormone therapy, and either “a documented real-life experience of at least three months,” or three months of mental health evaluation (Meyer, et al. 2001). These standards of care exist to limit access to testosterone to transgender individuals who can benefit from these therapies, such as individuals who know the effects of testosterone and are mentally stable enough to experience the radical corporeal changes that come from testosterone use. Those that are determined to be appropriate recipients are diagnosed with GID, and referred to a physician who can prescribe testosterone. One effect of this process is that doctors and therapists become gatekeepers, making decisions about who is deserving of testosterone therapy. A great deal has been written that details how transgender individuals who desire access to hormone therapies coach each other in “the narrative,” that is, what they are expected to say and do in order to secure access to their desired hormonal treatments (Bolin 1988; Butler 2004). The sense-making strategies of the original standards of care have now been subverted because these coached transgender men present as ideal subjects. In addition, this medical model legitimates certain gender expressions as authentic and deserving of treatment, restricting access for individuals with alternative gender identities.

### **Prescribing Testosterone**

The number of testosterone prescriptions is rising at a staggering rate. One study reported a 500 percent increase in testosterone prescriptions between 1993 and 2003 (Tan and Culberson 2003). Watkins says that between 1992 and 2004, “the number of testosterone prescriptions filled in the United States per year increased 20-fold, from 122,000 to 2.4 million” (2007:370). One testosterone manufacturer alone boasts that their product has had, “over 7 million prescriptions written since 2001” (AndroGel 2007b). In its annual report, AndroGel’s parent company Solvay Pharmaceuticals claims that its international sales of AndroGel in 2007 were valued at 308 million Euros (Solvay 2007:23). This is just one of many testosterone products marketed in the United States.

Testosterone is not FDA-approved for either cisgender aging men or transgender men. The prescription information for AndroGel, which claims to be “the #1-prescribed testosterone replacement therapy on the market,” does not include age-related hypogonadism (or transgender related hypogonadism) in its FDA approved indications. Instead, it says testosterone therapy is for “Primary Hypogonadism (Congenital or Acquired) - testicular failure due to cryptorchidism, bilateral torsion, orchitis, vanishing testis syndrome, orchiectomy, Klinefelter’s syndrome, chemotherapy, or toxic damage from alcohol or heavy metals” or “Hypogonadotropic Hypogonadism (Congenital or Acquired) - idiopathic gonadotropin or luteinizing hormone-releasing hormone (LHRH) deficiency or pituitary-hypothalamic injury from tumors, trauma, or radiation” (AndroGel 2007a). Hypogonadism, as it is defined here, is a relatively rare condition, and does not include lowered testosterone levels from an age-related decrease in testosterone production. However, so-called off-label usage allows a physician to prescribe

testosterone for conditions not approved by the FDA. Testosterone marketers have seized this loophole, aggressively marketing their testosterone products to aging cisgender men, a rapidly growing population. In addition, testosterone prescription information indicates that it is not to be used by “women,” which complicates its use among transgender men who were born women.

Testosterone as a commodity is available in the United States in a variety of ways, both as a generic product and under a variety of patented delivery systems. Testosterone therapy has become increasingly popular in the last decade, since the production of transdermal (through the skin) delivery systems. Current methods of testosterone delivery approved by the FDA for men include long acting or short acting injections, a daily patch, either on the scrotum or on the back and shoulders, a daily gel, or a buccal tablet placed on the gum line inside the mouth. Doctors in the United States do not prescribe testosterone in a pill form for testosterone replacement therapy in men because it is largely broken down in the liver and rendered ineffective. Each delivery system has drawbacks. For example, transdermal administration has the potential to pass testosterone through the skin to one’s partner, and, in one case, caused two preschool children to begin puberty because of their father’s usage of transdermal testosterone products (Sanghavi 2006). On the other hand, testosterone by injection requires a large gauge needle inserted into muscle and is painful. In addition, biweekly administration means that the individual has peaks and valleys in their levels of circulating testosterone, often resulting in a fluctuating mood and sense of well being. In transdermal systems, the testosterone is continuously absorbed into the skin, which in turn releases it into the bloodstream. Transdermal systems appear to be the most popular for cisgender men. One

doctor who I interviewed claimed to have the highest prescription rates of testosterone in the country (his patient base is entirely cisgender men). He told me that he exclusively prescribes transdermal products to his patients because of its lack of pain and ease of use. The most commonly marketed testosterone products in the United States are AndroGel, Androderm, Testim, Testoderm, and Striant.

The *Hormone Foundation's Patient Guide* lists as the first goal of testosterone therapy for cisgender men to “improve and maintain masculine characteristics” which should include “improving and/or maintaining the signs of masculinity (e.g., deep voice, growth of beard, pubic hair), and improving sex drive (libido), erections, muscle bulk and strength, and bone strength” (Matsumoto and Vigersky 2006). Hypogonadism has now moved beyond the goal of anti-aging to return to its original purpose: to reinstate masculinity in aging men. Why must an aging man maintain the visible signs of his masculinity? Who does this therapy help? What if improving his sex drive or beard growth is not a goal of an aging man?

Transgender men often use injectable testosterone, either testosterone enanthate or testosterone cypionate, suspended in oil. With injected testosterone, one has a greater ease in varying the dosage, and because it is often generic, it is the least expensive method of testosterone delivery. This is significant because many transgender men do not use health insurance to cover their testosterone prescriptions, either because they do not have health insurance, their insurance does not cover exogenous testosterone, or because their health insurance records their sex as female, thus precluding access to testosterone treatment. Testosterone therapy is not marketed to transgender men, and there are no data on the number of transgender men utilizing testosterone therapy. However transgender

men do benefit from lowered prices, new delivery systems, and calls for increased clinical trials of testosterone therapy for cisgender men.

### **Science for Profit**

The history of testosterone shows that it was isolated as a biochemical not for the increase of knowledge about the human body, but as a potential source of profit for the three competing pharmaceutical firms, Organon, Schering, and Ciba. According to his obituary in *Time Magazine* (1976), the man who first synthesized testosterone, Leopold Ruzicka, went on to identify “the various chemical compounds that produce the distinctive flavor of the raspberry” which significantly helped the artificial fruit flavored food industry. Nelly Oudshoorn (1994) writes of how the production and creation of sex hormones explicitly enabled future profiteering by pharmaceutical industries. These profits were the reason for this search in the first place. *Business Week* wrote in 1945, “Of all the sex hormones, testosterone is said to have the greatest market potentialities” (1945a:48). Testosterone as a natural product has been a commodity since its discovery.

Testosterone therapy did not come into widespread use for aging men until the late nineties, when the transdermal gel delivery system was approved by the FDA. This product, AndroGel, generated a media explosion which asserted the salubrious qualities of testosterone to reenergize a masculine body, including coverage in the *New York Times Magazine*, *Time Magazine*, *Newsweek*, and the *Los Angeles Times* in the summer of 2000. This timeframe coincided with the passing of the FDA Modernization Act, which in 1997, granted pharmaceutical industries the right to advertise prescription drugs directly to consumers. As mentioned above, rather than knowledge about new drugs and medical options remaining within the patient/doctor dyad, patient-consumers were

learning about pharmaceuticals through the media and targeted mailings. In addition, these developments coincided with the “graying” of the baby boomer generation.

All pharmaceutical company-funded research has a strong interest in identifying opportunities for profit. One recent study claims that 38.7 percent of aging men tested had sub-normal levels of testosterone in their bodies. However, this study was funded by Solvay Pharmaceuticals, the maker of AndroGel (Mulligan, et al. 2006). The AndroGel website pathologizes lower levels of testosterone, reminding readers that “Low T is not a natural part of aging” and that, “There is no cure for Low T. It is a medical condition that requires ongoing treatment” (AndroGel 2007b). A recent report responding to the Institute of Medicine report on testosterone and aging (Liverman and Blazer 2004) declares that, “Based on current knowledge, testosterone replacement therapy is unlikely to pose major health risks in patients without prostate cancer and may offer substantial health benefits” (Miner and Seftel 2007:622). However, the authors of this report received compensation in the forms of grants, research support, or consulting fees from the pharmaceutical companies Auxilium, GlaxoSmithKline, King, Lilly-ICOS, Pfizer Inc., Sanofi Aventis, Schering-Plough, and Solvay (Miner and Seftel 2007).

### **Using Testosterone**

The therapeutic goal for testosterone replacement therapy is the same for transgender and cisgender men. In both populations, the intent is to raise serum testosterone to the assumed normal level, usually between 300-900 ng/dl, and to drop circulating estrogen to under 400 pg/ml. As I mentioned above, there is no clinical consensus on what “normal” testosterone levels are, both because reliable data have not been collected, and because testosterone testing methods are inconsistent (Wang, et al.

2009:5). Because of this, there is no agreement as to what the therapeutic goals of testosterone should be for either transgender men or cisgender men. In addition, there are no accurate data on the number of cisgender or transgender men using testosterone. The AndroGel website claims its target population is the 13 million untreated men in the United States who “may have Low T” (AndroGel 2007b).

For decades, transgender men have been using significant dosages of testosterone to morph their biologically “female” bodies to a more stereotypical male physical form. While sexual reassignment surgery is an assumed standard for transgender men seeking to transition, many transgender men rely on testosterone alone or in addition to surgery to transform their bodies. Transgender men who use testosterone therapy expect to increase their ability to “pass” as a man. Exogenous testosterone does not increase height, hand, or foot size, or create an Adam’s apple. However, it is expected to thicken the vocal cords and deepen the voice; increase hair growth on the face and body; increase the body’s ability to build muscle, particularly in the upper body; significantly enlarge the clitoris; end menstruation; redistribute body fat from the hips, thighs and buttocks to the abdominal area; increase production of oil in the skin (which often leads to acne); change the individual’s body odor; thicken the skin (yet also thin the vaginal walls, resulting in more painful penetrative sex); and increase libido. In addition, high levels of testosterone initially convert to dihydrotestosterone (DHT), which often leads to initial hair loss at the temples and crown of the head, and sometimes male pattern baldness. While the breast tissue does change a bit, wearing a tight chest binder produces more changes than changes from testosterone therapy. With continuous testosterone therapy, most of the major physical changes start immediately, level off in approximately two years, and

mostly finish in five years, though most transgender men undergo lifelong testosterone administration to maintain their transformation. Many, but not all of these changes are permanent.

According to my research, transgender men who desire testosterone therapy do not uniformly seek legal testosterone; some men reject the medicalization of their identity; some challenge dominant conceptions of masculinity; some locate black market testosterone which they use without biomedical supervision; and of course, some people cannot afford to purchase these services. Black market testosterone, referred to as “Street T,” came up in approximately half of my interviews with transgender men. While none of the men I interviewed were using “Street T,” they indicated that it was easy to find, either by sharing prescriptions, buying testosterone products on the Internet, or traveling to another state where institutions practice a harm reduction model (which advocates giving individuals access to hormones on demand thereby producing less harm than the psychological or physical damage of restricting access).

### *Testosterone and Embodiment*

So far in this chapter I have provided data on testosterone as an object and as a commodity. Many of these data were culled from a variety of textual sources, from newspaper articles to biomedical texts, from marketing materials to websites. During the past two years I have traced testosterone as an object that travels in cultural space. In particular, I have talked with men about the various roles that testosterone plays in their lives. This next section explores how testosterone as an object and a commodity functions in the lives of men that I interviewed.

Roger Lancaster argues that Americans increasingly use biology to explain social behaviors, what he calls “contemporary bioreductivism” (2006). In other words, in the

United States individuals live in a culture that encourages the belief in a single biological source as the “true” cause for behaviors, medical conditions, sexualities, body shapes, and so on. In particular, the language of biology authorizes testosterone as an essentialist cause of certain behaviors, feeling, and phenotypes. For instance, some claim it was “natural” that Eliot Spitzer, the former Governor of New York, cheated on his wife with prostitutes because, “He’s got very high cheekbones and a very heavy brow. And these are signs of extremely high testosterone” (Goodman 2008). In coverage of a xenophobic attack at Guilford College perpetrated by football players on Palestinian students, the school’s administration used testosterone to explain the racially motivated attacks. When the Dean for Campus Life, Aaron Fetrow, was asked how this attack happened, he said, “I think like it happens anywhere. There was some alcohol involved. There was some testosterone involved” (Hochberg 2007). While the men I spoke with did not use testosterone to explain their propensity to cheat or to be xenophobic, many did make explicit connections with their endogenous testosterone levels and attributes assumed to be coupled with testosterone.

Jason Varitek is a 29-year-old transgender man, who, without external hormones, spontaneously grew a beard in his late teens and early twenties. (Again, the names of the interviewees are pseudonyms). Jason had a thick, full goatee long before he made the decision to use testosterone therapy. He says, “I think it’s really fascinating that I’m naturally a bearded lady with a real beard, really hairy, really strong, kinda look like a boy to most people. And I have low natural testosterone levels and totally normal estrogen levels.” Jason said that he, like many other people, assumed that he would have naturally high testosterone levels, or naturally low estrogen levels. “Everyone would

think I had high testosterone levels. And I didn't. I had perfectly normal levels for a girl.” Similar to Jason, many transgender men that I talked to assumed that they had naturally high levels of testosterone. Interestingly, both transgender men who were using testosterone and transgender men who were not using testosterone made assumptions about their endogenous testosterone levels. For instance, J. D. Drew, a transgender man who uses testosterone, told me that when he had his endogenous testosterone levels checked before he went on testosterone, they were on the low side for women, which made him, both, “fascinated and kind of disappointed.” Four other transgender men who were not on testosterone also told me that they assumed that their testosterone levels were high because of the shape of their bodies, their body hair distribution, or their sexuality. Two other men told me that the fact that their body rejected exogenous estrogen or progesterone, as in birth control pills, meant that their natural testosterone levels were high.

This bioreductivism can be alluring, even for those who profess not to believe in it. A doctor told one transgender man, Dom DiMaggio, who had never used testosterone therapy, to stop using testosterone. His doctor had assumed that Dom was using black market testosterone due to the physical attributes of Dom's body. Dom is 38-years-old, and has a heart condition. He says:

I *finally* got diagnosed with a heart condition, and you know they go through it all, what it means, this that and the other, and they give you your life expectancy; it's *not* a pleasant conversation. At the end of it, my doctor says, 'Well there is one more thing we have to talk about.' And I'm thinking, 'what's left?' And she said, 'Well we have to talk about testosterone.' And I thought, 'Well, that doesn't make any sense,' so I said 'what do you mean?' And she said 'Well, you have to stop taking it.' I've never in my life taken testosterone.

Dom's story is also emblematic of the distrust that doctors have of their patients. Because of the biomedical gate keeping which limits patient access to testosterone, many doctors know that some of their patients step around these restrictions. Dom's doctor assumed that Dom was on testosterone, even though he had told her on numerous occasions that he was not.

Another man I interviewed, Bobby Doerr, is a 39-year-old cisgender man who is strongly against medicalization of all kinds. He says that partly in response to incessant teasing from other men calling him a "fag," while in his twenties Bobby hit on "every single woman" until a female friend pointed out that this was disrespectful. At that point, he wished there was something "that would chemically change" him to lower his sex drive, which he assumed was biologically determined. He expresses relief that his aging process has reduced his sex drive. Instead of desiring testosterone therapy, he says that he would have rebelled at the idea of taking testosterone. However, when I asked him about "male menopause" a few minutes later in the interview, he didn't know much about it, and so I showed him the PADAM questionnaire, referenced above. He asked, "Are you serious? They call it a deficiency?" a response that I expected, due to his suspicion of medicalization. He then surprised me when he asked, "Am I getting that, am I at that age?" He immediately shifted from proclaiming happiness that his testosterone levels had decreased to professing fear that he had such a deficiency.

I cannot dismiss these claims as "false consciousness" without admitting that I, too, fell prey to seductive reductive notions about my own hormone levels. In the middle of my dissertation, I was so steeped in the rhetoric of testosterone that I became fascinated with knowing my own testosterone level, and with understanding how my own

body fit under the rubric. I asked my doctor to test my testosterone levels and found that I was “normal.” At the same time that I was critical of the laboratory results, I was relieved to know this little bit of “truth” about my own body. One of the androgen researchers that I interviewed, a middle-aged cisgender man, admitted to me that he had used pharmaceuticals to inflate his own production of testosterone. He told me that he was so charmed by the discourse of testosterone that he was drawn to experimenting on himself to see how he felt with artificially inflated levels of testosterone. These two examples illustrate the pressure to view testosterone as *the* singular source for many facets of embodiment.

During my fieldwork, I interviewed 45 men, 14 men of whom were currently using testosterone (1 cisgender man and 13 transgender men). Twenty-nine men had never used testosterone therapy (20 cisgender men and 9 transgender men). Two more transgender men had used testosterone, but stopped within a few months. Those using testosterone therapy had been using testosterone between one month and twenty years.

**Table 1. Usage of Testosterone Therapy in the Sample Population**

	Cisgender	Transgender	Total
<b>Used Testosterone</b>	1	13	14
<b>Did Not Use Testosterone</b>	20	9	29
<b>Used Testosterone, Then Stopped</b>	0	2	2
<b>Total</b>	21	24	45

Due to the rising numbers of prescriptions, I was surprised by how few cisgender men I could locate who were using testosterone therapy. I interviewed one cisgender man who had used testosterone therapy sporadically, and two others who desired testosterone therapy for erectile dysfunction issues, though one of those two had a natural testosterone level that was too high for a diagnosis of hypogonadism. In addition, one cisgender man told me that he had thought of using testosterone as a steroid to, “keep up with the younger guys in my profession.” Testosterone, both as an endogenous substance, and as an exogenous therapy, comes across in the media as an elixir, able to give men a renewed sense of vim and vigor. For transgender men, there is enormous pressure to have faith in testosterone as a miracle drug. I have selected a small sampling of the men I interviewed to provide anecdotes of their experiences with testosterone therapy. Roger, Jacoby, Mike, and Rudy all have used biomedical authorities to gain access to testosterone therapy. These are their stories.

### **Testosterone Stories**

The following are narratives that demonstrate the varied relationship that men have with accessing and using testosterone, and maneuvering through the medical world.

#### **Roger**

Roger Cramer is a 32-year-old events manager at a nonprofit agency and a multi-issue social activist who describes himself as “the boy next door who is a gender-queer.” Three years ago he decided to start testosterone at a “low dose,” or a “lower dose than what is presumed to be the norm.” The standard dosage for transgender men attempts to increase their “free T” [free testosterone] levels so that they match that of cisgender men. In other words, the *standard* dose is also the *highest* dose. Roger decided that he wanted a

different course of action. Even on his “low dose,” his voice dropped “pretty quickly,” and he had a full beard within six months. He told me that transgender men are routinely jealous of his beard, but “you can’t take credit for your eyes either.” Roger is a Sephardic Jew with polycystic ovarian syndrome, and believes that because of this he is predisposed to certain effects of testosterone. This is another reason why he is distrustful of hormone protocols. One of the reasons Roger wanted to go on a lower dose of testosterone was that he didn’t want “tranny voice,” which he describes as having a tinny quality. (This vocal quality comes from a sudden increase in testosterone which causes the larynx to grow quickly. It is a permanent change.) He says, “I’m very aware that I’m a guinea pig, and I wanted doctors who were gonna admit that. I didn’t want someone who would say ‘no everything is fine just do these three steps’ because I’m an individual. There is no such thing as protocol when you get to this.” Roger has changed his driver’s license to say that he is male, but he intends on keeping his health care identification as female because if he needs a hysterectomy, he wants to “minimize the chances of it being denied.” As a result, he pays out of pocket for his testosterone.

Roger told me that he wished that he could change the world to be more accepting of “gender blurred” individuals: if it was, he does not think he would have used testosterone. Roger is an eloquent and articulate man, who is proactive and agentive when it comes to negotiating his desires from his biomedical practitioners. His strategy for low dose testosterone served him well, according to Roger, in that he passes extremely well, even with other transgender men who do not realize that Roger is transgender.

## **Jacoby**

Jacoby Ellsbury came out as a lesbian when he was 14-years-old. Halfway through his senior year of high school, he came out as a “trans man,” a transgender man. He told me that before that time he didn’t know that transgender men existed. As soon as he heard of the concept, it felt like an articulation of who he was. He had chest surgery shortly thereafter but was not interested in hormonal transition. His chest, “was the only thing about myself that I wanted to change.” However, Jacoby has a reproductive disorder which his doctors told him requires him to either birth a child or use exogenous sex hormones. He was on birth control pills for the first decade of his transgender identity, but had recently switched to low dose testosterone to see if his body was more comfortable with exogenous testosterone than it had been with birth control pills. He is not looking forward to the gender changing elements of testosterone, such as increased facial hair. When I asked him how important facial hair was to him, he said, “almost not at all. I didn’t take T [testosterone] for it or any of the other sex - gender - trans reasons. If I could choose, I wouldn’t bother with it.” Jacoby sees testosterone as a substance that he takes for the good of his health, not to determine his gender.

Jacoby’s testosterone story is interesting because it illuminates the biomedical reliance on sex hormones as curatives for certain reproductive disorders, which in turn illuminates the ambisexuality of sex hormones. Jacoby could use either birth control pills (estrogen and progesterone) or testosterone, because sex hormones are very similar biochemically. In addition, Jacoby’s testosterone story illuminates that some transgender men do not desire the bodily changes brought on by testosterone therapy.

**Mike**

After a year of advertising for my project, I finally received a message from a cisgender man who was using testosterone therapy, Mike Timlin. I contacted him, and we set up a time to meet. He didn't show up. We then set up another time to meet, and this time we met at his place of work, with his wife present. Mike was erratic and chain smoking, pacing around the room and refusing to comply with my interview format. I realized quickly that the medical community has mistreated Mike, and has given him very little information about his own body. Mike has a 9th grade education, and does not use the Internet as a resource of medical information. He has relied on his doctors to tell him what he needs to know. However, his doctors lied to him and were unresponsive to his needs. Our interview quickly devolved into an education session, where I recommended resources and physicians who would treat him with dignity.

Mike was diagnosed with diabetes. A year and half later he noticed he was having issues with erections. However, at the time, he knew nothing about erectile dysfunction. "I didn't know what ED was. I didn't know anything about it. I don't know a whole lot about it now." He tried Viagra, Cialis, and Levitra, with very little success, because his sexual desire had diminished. To prove to me that his sexual desire was gone, he told me that I, "look just like John Wayne." Mike went to a urologist, who gave him an injection of testosterone, after saying that it would not hurt. As mentioned above, testosterone by injection is administered intra-muscularly, through a large gauge needle, which is painful. Mike refused to go back to the urologist. His desire for sex had all but vanished. "I like looking at nude girls like everybody else does. But they don't do anything for me." Because of his ED, he says, "I'm between a rock and a soft place." Mike went to another

doctor, who prescribed AndroGel, which also did not improve his condition. He went to a third doctor, and received a few rounds of biweekly shots. After a few weeks he had sexual desire but still did not have erections. However, Mike refused to return to this doctor as well, and so his testosterone level remained lower than the assumed normal.

Mike's story is one example of the hesitancy of doctors to treat cisgender men with testosterone therapy. Even though testosterone pharmaceutical companies advertise high prescription rates for their products, many general practitioners and urologists supervised very few patients using testosterone therapy. I assume that the doctors that Mike saw did not have experience treating men with testosterone therapy. Testosterone therapy has not been approved by the FDA for aging men, and it is up to individual doctors to determine their comfort level in prescribing testosterone off-label. Mike's difficulties navigating biomedicine, as a white, heterosexual man, are illustrative of the potential difficulties all men may experience when attempting to get access to testosterone therapy.

### **Rudy**

Rudy York is a 40-year-old transgender man, who recently started testosterone therapy for the second time. He had attempted to use testosterone when he was twenty years old but stopped because he had no social support system. He recently restarted with a gender therapist, following a formal plan. Because he has endometriosis, which is the growth of cells similar to those that line the uterus but outside of the uterus, his insurance pays for oral testosterone [which is not prescribed at higher dosages because of the impact on the liver]. He then had his ovaries surgically removed, which removed his supply of endogenous sex hormones. Accordingly, his doctor switched him to a high dose

of injectable testosterone to replace the endogenous sex hormones. Since his insurance had been paying for the testosterone, it was seen as a continuation of his therapy, and so his insurance continued to pay for his testosterone therapy. He had difficulties with injectable testosterone, including a “crazed sex drive,” night sweats and hot flashes that were all quite uncomfortable. At that time, his blood level of testosterone was extremely high, around 1300 ng/dl. One of Rudy’s biggest issues with using testosterone therapy is that his wife identifies as a lesbian, and therefore is uncomfortable with the changes that Rudy is making to his body to look more male. “So there is a constant tension,” he says, “between what I want my body to look like, what I can afford to have my body look like financially, and what I can afford emotionally and relationally.” He says that the physical changes brought on by testosterone therapy feel too slow to him and too fast to his wife. Rudy’s testosterone story is heartening, in that his doctor is ushering him along the path of gender transition, rather than being an obstacle in his way, and his medical care is paid for by his health insurance. However, his doctor’s reliance on protocols made Rudy’s original testosterone level extremely high, which was both uncomfortable and dangerous for his health. In addition, Rudy’s story illustrates the reverberating impacts that testosterone therapy can have on loved ones.

Roger, Jacoby, Mike, and Rudy, are four very different men each utilizing testosterone therapy. Roger, Jacoby, and Rudy are three transgender men who each exemplify issues with applying the “standards of care” for transgender men: Roger did not want to transition quickly, Jacoby did not have any of the assumed goals of testosterone therapy, and Rudy experienced several uncomfortable months as his testosterone levels stabilized. All of the men exemplify the difficulties of navigating the

biomedical system to secure their own health care; Roger has to pay for his own testosterone out of pocket so that he will not have to pay for a future hysterectomy; Jacoby has to insure that his testosterone levels are not raised to the “assumed to be normal” levels; Rudy had to stop using testosterone therapy during his first round because he had no support; and Mike is uninformed and dismissed by the doctors that he entrusts with his health care. Each man is using testosterone therapy for his own unique reasons; some want to change their body, some want to improve their health, and others care only for testosterone’s libidinal boosting power. Unlike other pharmaceuticals which are prescribed for a particular set of reasons in accordance with well established understandings of their effects, it appears as if each man is a “guinea pig,” a unique case, among millions of other unique cases.

### **Why Men Do Not Want Testosterone Therapy**

Twenty-nine of the forty-five men I interviewed had never used testosterone therapy. While some men sang the praises of testosterone in their interviews, many gave me very specific reasons why they were not interested in using testosterone therapy. Many cisgender men make literal associations between sexuality and testosterone therapy, and thus their reasons for not wanting to use it were primarily sexual. As I will describe in the next chapter, some cisgender men told me that sex, or penile sex, was not important enough to them to warrant use of testosterone therapy, and other cisgender men told me they wished for their sex drive to decrease. Other men were fearful of the health implications associated with testosterone therapy, or simply did not want to take what they saw as unnecessary medication. One cisgender man told me that he wouldn’t want testosterone therapy because it would make him too hairy. Another cisgender man,

Dwight Evans, told me that he didn't want testosterone therapy because he wasn't attractive enough. He says that he does not want exogenous testosterone unless "commensurate with that I could have the wherewithal to change my appearance, dress the way I'd like, have my mouth fixed, and kind of be competitive [as a potential suitor]."

In listing their reasons for refusing testosterone therapy, the transgender men I interviewed focused primarily on what they thought they would have to give up in order to use testosterone. Many transgender men told me that they did not want to use testosterone because they thought it would make them look like heterosexual men, thereby erasing their queer identity, a subject I take up in more detail in Chapter 5. Six transgender men told me that they did not want to take testosterone because their singing voice was too important to them and they did not want to lose their ability to sing in their current range. Other transgender men told me that they wanted to birth children, and were wary of the wholly unexplored biomedical impact of testosterone on their reproductive system. A handful of transgender men were distrustful of losing their ability to cry or fearful of extreme changes to their libido. One transgender man that I interviewed stopped using testosterone because he thought there was "too much grooming" involved with growing facial hair and increasingly oily skin. One transgender man, Eddie Bressoud, who does not desire a surgical or hormonal medical transition, told me that he does not want to use testosterone because he does *not* want to stop menstruating. In this section, I have explored some of the ways men use and conceptualize testosterone, as an object and as a commodity. The last section of this chapter explores how testosterone is used as a metaphor in the media and within biomedical contexts.

### *Testosterone as a Metaphor*

The cover story of the *New York Times Magazine* on March 2, 2008, was “Teaching to the Testosterone,” written on single sex classrooms in public elementary schools (Weil 2008). The article was accompanied by two pairs of photographs: one pair depicted a classroom of second grade African American boys, and the other pair showed a racially diverse classroom of fourth grade girls. The images of the young boys included one serious photograph and a “candid” shot of the boys acting rambunctious. From these photos, a casual observer is led to believe that the photograph of the unrestrained boys is somehow their natural state, “boys being boys.” Though the word testosterone does not show up anywhere else in the text of the article, the naming the article “Teaching to Testosterone” is an attempt to authorize differences between young girls and young boys as innate or biological. And yet, the average male and female child has the same amount of circulating testosterone. There may be hardwired differences in male and female bodies, but the amount of testosterone in a child’s body is not one of them. Why would the writers specifically use this term in their article? Why is testosterone used as the symbol of masculinity, when endocrinologists have proved that this is not true?

In “Metaphors We Live By,” George Lakoff and Mark Johnson argue that metaphors are everywhere and help structure people’s lives. They assert, “Metaphors may create realities for us, especially social realities. A metaphor may thus be a guide for future action. Such actions will, of course, fit the metaphor. This will, in turn, reinforce the power of the metaphor to make experience coherent. In this sense, metaphors can be self-fulfilling prophecies” (Lakoff and Johnson 2003:156). In other words, what is accepted as true in a society is based on a shared understanding of that truth. Though I have just laid out several “truths” about testosterone that contradict cultural knowledge

about testosterone, the shared truths below are in some ways *more true* than the above scientifically proven truths. Testosterone as a metaphor has its own history, its own reality, separate from testosterone as an object or commodity. Andrew Sullivan, in an online article extolling the virtues of exogenous testosterone, argues that, for him, testosterone is “a substance that has become such a metaphor for manhood that it is almost possible to forget that it has a physical reality” (2000). Fausto-Sterling argues that testosterone is blamed by some for “aggression, violence, crime, riots, [and] war” (1992:126). In this section, I provide examples of how testosterone was used as a metaphor in newspaper articles collected during my fieldwork.

Sometimes testosterone signifies the broad category of men. The article “Add a Pinch of Testosterone” talks about men who are food writers (Arnett 2006), or Greg Behrendt talks about wanting to “inject some testosterone,” in his daytime television show, which, he explains means that he wants to provide “a man’s perspective” (Zaino III 2006). One article rife with such gender essentialism is entitled, “Nationalism, like Gangs and Testosterone, is a Man Thing” (Reid 2007). Other instances where testosterone serves as longhand for maleness, include references to the “testosterone crowd” (Plumb 2006), “testosterone set” (Steinberg 2008), “planet testosterone” (Burr 2008), a set of new “testosterone-friendly tweezers” (Barker 2007), or women as “testosterone-challenged” (Harris 2008).

Most metaphorical uses of the word testosterone are negative, standing in for aggression, a particular type of sexuality, or, most allegorically, power. Interestingly, these references typically conceptualize testosterone as an additive, a supplement to normal maleness or masculinity. Consider the phrase “testosterone poisoning” coined by

Alan Alda, which means that men behave abnormally due to a natural “overdose” of testosterone. In addition, the phrases “testosterone-fueled,” “testosterone-addled,” “testosterone-laced,” or the opposite, “testosterone challenged,” invoke testosterone as a supplementary substance which, when added to the human body, produces certain behaviors and actions. In these instances, testosterone signifies a particular form of masculinity separated from the larger category of men. Writing about men who write advice columns, Harlan Cohen says, “Even if it doesn't drip testosterone, it’s still coming from a man's head” (Beam 2005). In this reference, Cohen is separating men who “drip” testosterone from those who do not, indicating that some men are more culturally masculine than others. The most common use of testosterone as a metaphor is the assumption that testosterone, when present, is the literal fuel for aggression and rage. In Boston, the Bruins, the local hockey team, is said to carry “hopes of pumping up the Black-and-Gold testosterone level” (Dupont 2007). On the national stage, there is an anecdote about Barack Obama quelling a potential fight on a basketball court where “there was all this testosterone exploding, and he just kind of had perspective” (Levenson and Saltzman 2007).

Newspapers use testosterone as a metaphor to signify a particular type of masculinity that thrives on violence, describing, for example, a movie as “absolutely not for feminists...it's a cocktail made up of three parts testosterone to one part brains” (Burr 2007). Sometimes testosterone stands for aggressive frenetic energy, as in, “We had a lot of testosterone going tonight. It was kind of a hectic night” (Benjamin 2008). Other references include testosterone as edgy. For instance, Clyde Philips describes how a television show subjected to increased regulations would “lose a lot of its testosterone. I

think we would lose a lot of our edge” (Weiss 2007). A blatant use of testosterone as a metaphor of stereotypical masculinity can be found in an interview with the actor Jonathan Rhys Meyers who says, “Playing Henry [VIII] was about having people see me as a lean, mean, testosterone machine, as an alpha male. [Mandrake] is a real, muscular, testosterone, up-on-a-wire action hero” (Greenfeld 2007).

Sometimes testosterone is a symbol for sex, in particular, a type of sexuality assumed to be held by young heterosexual men lusting after young heterosexual women. Thus we have “testosterone-fueled fantasies” (Campbell 2007), or Fabio describing the 1980s as a time when he “was a testosterone machine. Oh my god, I was going through models like crazy” (Greenfeld 2008). In one weekly newspaper in Boston, local musician J. Grimaldi was asked to define “Cock Rock,” specifically, “[do] you need a cock to play cock rock?” The answer was, “no, not necessarily – but you need to imagine you have a cock, even if you don’t have one. Cock is probably short for testosterone-fueled rock” (Brodeur 2005:31). The artist supplants one metaphor for another, the phallic metaphor of maleness to the hormonal metaphor of cultural masculinity. Roy Simmons referenced a party he had for members of the New York Jets where, there was “a whole lot of testosterone under one roof, so I had to be prepared. I made sure all the bedrooms had locks on the doors so people could go in, close up, and get to it [sex]” (Macmullan 2006). Recently, Floyd Landis, a competitive cyclist, tested positive for using testosterone as a performance enhancing drug. In response to the results of that test, one columnist wrote, “You’d think he’d be violating every virgin within 100 miles. How does he even get on his bicycle?” (Sokolove 2007). In this use of testosterone, all knowledge of testosterone

as an object is subsumed by its metaphoric connotations of an uncontrollable sexual drive.

Testosterone is used as a short hand for power, either power actualized in the physical body, or figurative grappling for power. Accordingly, one article describes female lawyers as having difficulty gaining the upper hand in “testosterone-heavy” sporting events such as golf where business deals often take place (Pfeiffer 2006). Other times, however, this use of testosterone as a metaphor for power is separate from the literal object. In an article entitled “Testosterone Chips” on the new fast and extremely powerful computer microchips, Drew Lanza recounts how the expressed goal of production was “engineering testosterone” (2007).

Even upon intensive consideration, it is sometimes difficult to understand the intended meaning of the word “testosterone” in some of these instances. Consider two references to testosterone in the *Boston Globe* that describe musical forms: “testosterone-laden super metal” and Verdi’s “testosterone-laced 1844 opera” (Eichler 2008; Shaer 2007). In the first reference, “testosterone” is modifying “super metal,” and therefore does not add much descriptive value, since “metal” is short for heavy metal music: loud, brash, and highly gendered. However, in the second reference, the use of the word “testosterone” is incomprehensible: what is testosterone in the opera? Is it a loud opera, an aggressive opera, a highly sexualized opera, an opera that is mostly performed by men?

Testosterone as a metaphor of stereotypical masculinity extends to the academic world as well. C. J. Pascoe, writing about masculinity in high school, references “testosterone-fueled verbal jockeying” (2007). What does she mean by this term? As

Judith Butler reminds us, “There is no reference to a pure body which is not at the same time a further formulation of that body” (1993:7). Every reference to testosterone, in turn, shapes cultural understandings of masculinity and testosterone. There are countless other examples of this easy reduction of testosterone as a metaphor. The most rampant is the ubiquitous, if untrue, reporting of testosterone as “the male hormone.” A search on Google.com reveals 344,000 websites which refer to testosterone as the “male hormone” (2009).

### *Conclusion: From Metaphor to Muscles*

Testosterone is more than simply a metaphor; it is also an object that exerts certain effects in the body. I want to end this chapter back at the beginning, looking briefly at how testosterone as an object and a commodity is influenced by culture. In turn, culture is modified by testosterone as an object and commodity. I elucidate three examples to reveal the intersectionality of testosterone, at once an object, commodity, and metaphor.

Biomedicine and research science are biased by assumed cultural knowledge of testosterone. Work in science and technology studies has demonstrated the susceptibility of biomedicine and research science to cultural mores. Martin (1991) details how the story of the egg and the sperm told within lay and scientific communities to explain human reproduction is a cultural tale of gender relations. Evelyn Fox Keller (1995) writes of how the metaphorization of the gene has clouded understandings of the gene. Likewise, the metaphorization of testosterone is so widespread that it is hard to know what is actually true about testosterone. Throughout this chapter, I have provided examples of how research on testosterone has always been connected to pharmaceutical companies that fund this knowledge to make a profit. However, even science that is not

conducted at the behest of pharmaceutical science is overlaid by gender norms. Oftentimes the research conducted on testosterone creates cultural mores repackaged as biological truths; researchers' attempt to use the language of science to substantiate gendered norms. For instance, there is research that examines whether men who cheat or commit violent crimes have higher testosterone levels, even though, "there is no simple one-to-one relationship between testosterone and machoism or aggressiveness or sexuality" (Booth, et al. 2006:167). In research science, it is near impossible to extricate testosterone as an object from testosterone as a metaphor.

The next two examples show how testosterone as a literal object and commodity shape cultural beliefs about gender. By looking at children's toys, such as action figures, we can see the confluence of testosterone as an object, commodity, and metaphor. Harrison Pope (1999) uses action figures to analyze changing male body image in the United States. He provides data on the extreme muscularity and muscle definition of modern action figures as compared with previous generations. Pope argues that the figures have not only grown increasingly muscular, but the definition of the muscles have become more visible. The earliest G.I. Joe doll shows "no visible abdominal muscles; his 1975 counterpart shows some abdominal definition; and the 1994 figure displays the sharply rippled abdominals of an advanced bodybuilder" (Pope Jr., et al. 1999:67). How and why did these dolls get so muscular? I argue that the enlargement of these dolls correlates with the popularity of testosterone derivatives and anabolic steroids in the 1970s and 1980s. Some men used biotechnologies such as steroids and testosterone, and as a result their bodies morphed, becoming increasingly muscular. As a result, the cultural ideals of masculinity changed, which in turn influenced the production of toys for

children. These action figures have become a physical manifestation of idealized masculinity. Interestingly, as Downey points out, it is not muscles that matter when fighting, as relatively small men win the *Ultimate Fighting Championship* by making use of grappling holds (Downey 2007). Yet, masculinity as communicated to children by way of their action figures privileges muscularity. And as a result, the extreme muscularity of these action figures keeps increasing, fueled by a symbolic testosterone which amplifies the muscles of the action figures beyond actual human attainment.

Finally, one realm where it is difficult to extract testosterone as a metaphor from testosterone as an object or commodity is the use of testosterone as a defense or “mitigating factor” in legal arguments. In one case, Cornell Moore, the defendant attempted to substantiate his plea for insanity by claiming that while psychological tests showed “no mental deficiency,” blood testosterone levels were “slightly higher than normal” (1986:np). Moore attempted to substantiate his insanity defense “premised upon uncontrollable urges caused by hormone imbalances, a so-called testosterone defense” (1986:np). While Moore did not achieve his goal of having himself declared insane by way of testosterone imbalances, Deborah Denno argued that while defenses relying on high testosterone levels are not “entirely successful,” they “have been influential in some cases” (1994:128). For instance, proof that a defendant has used anabolic steroids has reduced the defendant’s sentence. Denno points out that courts have recognized the benefits of lowering endogenous testosterone levels, so called “chemical castration” (1994:131). In a recent case in 2007, *People v. Guillermo Romero*, Romero was charged with murder but was convicted of the lesser offense of involuntary manslaughter. Romero killed his male lover, Felix Antonio Acosta Ramos, when Acosta Ramos initiated a

“violent quarrel” after taking an extra shot of testosterone. This case exemplifies how exogenous testosterone is seen as a dose of uncontrollable aggression. In these court cases, it is not possible to separate the metaphors of testosterone from understandings of testosterone as an object or a commodity. Did testosterone actually make Moore temporarily insane, or Acosta Ramos violent and aggressive? Are these simply metaphors of testosterone? How can we know?

In this chapter, I have shown how notions of cultural masculinity are informed and influenced by testosterone as an object and commodity. I have shown how the discursive constructions of testosterone are in fact reformulations of cultural ideals of masculinity. I have demonstrated the intersections between the knowledge sets of testosterone as an object, and commodity, and metaphor. While the rest of my dissertation focuses on enactments and experiences of masculinity, rather than on the specifics of testosterone, knowledge of testosterone as an object, commodity, and metaphor are integral to understanding masculinity in the United States. Testosterone is the background to and the underlying structure of cultural notions of masculinity. It is how masculinity is talked about, imagined, and engaged. Testosterone is a synecdoche of cultural masculinity. The next chapter explores how men understand and experience their own embodiment, including understanding their health, sexuality, age, and other levels of embodiments. Testosterone remains significant throughout this analysis as a necessary backdrop to any understandings of embodied masculinity.

### CHAPTER 3: WHAT IS IT LIKE TO LIVE IN YOUR BODY? MEN DESCRIBE HOW THEY SEE, ENACT, AND EXPERIENCE THEIR OWN BODIES

I recently traveled to Paris, where I saw Auguste Rodin's famed bronze statue, *The Thinker (Le Penseur)*, which depicts a male figure, deep in thought. While I was standing in front of this statue, all I could see was the immense corporeality of this larger than life figure. Yet this statue is often used as a symbol of man's intellect, which is thought to elevate men out of their bodies and into the realm of the mind. Whereas feminism has allowed women to recognize their own bodies as a source of knowledge and pleasure, men, particularly white heterosexual men, are still given narrow access to their own embodiment. Current United States stereotypes dictate that the "normal" man does not care about his body, save for looking strong and feeling sexual. Men are stripped of the rest of their corporeality, including their aesthetics and health, except for that which is assigned to specific types of men according to specific U.S. cultural beliefs. For instance, stereotypically gay men are expected to take care of their appearance, African-American men are thought to be good at sports, and weightlifters are perceived as obsessed with their musculature. Fat men, disabled men, and sick men are all so saturated with their defective corporeality that they become invisible as men. While these "extraordinary" men are intensely linked to their bodies, "ordinary" men are conceptually disembodied. *The Thinker* depicts an ordinary man, at once in his mind and in his body. One goal of this chapter is to analyze the various ways in which the body is both the subject and object for men. I endeavor to unite men with their own corporeality, their materiality. At the same time, I remain mindful that men's bodies are not universal, pre-cultural givens, but are instead are *local bodies*. Judith Farquhar and Margaret Lock

argue that *local bodies* “are evolving and historical forms of life that are multiple and material at once, refusing all biological reductions and proposing a new politics that seeks solidarity among bodies while refusing to resort to commonsense presumptions about universal bodies or human nature” (2007:4). As such, in this chapter I am looking to uncover a multiplicity of *bodies*, rather than an ahistorical or universal “body.”

As Farquhar and Lock argue, “If bodies and lives are historically contingent, deeply informed by culture, discourse, and the political, then they cannot be summed up in any one kind of narrative” (2007:2). Yet U.S. stereotypes continue to posit a single “normal” male body. In this chapter I elucidate specific relationships between men and their bodies to articulate the complexity of male embodiment. Ethnographic interviews provide a unique set of tools to break down stereotypes of “normal” masculinity and maleness. During my interviews I asked specific questions to elicit individual relationships between men and their own bodies. Some responses aligned with cultural expectations of masculinity and maleness while other responses threw those expectations into sharp relief. In this dissertation I continue the interrogation of male bodies I began during the interview process, by providing a richly heteroglossic account of male embodiment. By detailing men’s actual experiences and enactments of their body as derived through interviews we can add dimensions to U.S. cultural tropes of masculinity.

In this chapter I explore different facets of male embodiment, including the U.S. cultural milieu which renders most male embodiments discursively absent. I then detail ways in which men have satisfying relationships with their bodies, and the circumstances which allow men to increase their connection to their own embodiment. I then move beyond composite renderings of individual men’s bodies to fragment those very same

bodies. I separate strength, athleticism, facial hair, and aging as aspects of the body which may or may not relate to gendered embodiment. I show that individual men variably rate the importance of each of these elements for their own embodiment. In doing so, I show that U.S. cultural assumptions of male bodies do not encompass the range of actual male embodiment.

Paradoxically, in the United States, men are conceptually disembodied, yet their sexuality is thought to be biologically determined and thus universal. Since male sexuality is one location where stereotypes are thought to be apt depictions of men, the second half of this chapter explores individual men's relationships to their sexuality. I explore a multiplicity of meanings of sexuality for the men whom I interviewed. Using numerical data, I demonstrate that men do not consistently value sexual vigor or sexual desire, with some men professing a low sexual drive, other men wishing for a lowered sexual drive, and still other men identifying as celibate. Finally, I end this chapter by briefly engaging the topic of the penis, thought to symbolize male embodiment. I show that while some cisgender and transgender men see the penis as the essence of conventional masculinity and maleness, other men are content to live "beyond the penis."

In their ethnographic texts, anthropologists translate cultures in order to facilitate comprehension of cultural difference. These ethnographies are often subject to a high level of generalization, which contributes to a view of culture as a coherent entity. In 1991, Lila Abu-Lughod challenged anthropologists to stop portraying culture as a homogenous and static entity (1991). She encouraged anthropologists to "write against culture," to write against cultural coherence and discreteness by writing ethnographies of the particular. This chapter advocates "writing against the body" to work against a false

sense of coherence of male bodies. It is essential to go beyond assumptions and stereotypes to see real men and their relationships to their bodies, at once experiential, phenomenological, and cultural.

### *Coming to Terms with Embodiment*

In this work I rely heavily on the understanding of embodiment popularized by Thomas Csordas, who maintains that the body is the existential ground of culture and self (1994b, 1999). This paradigm of embodiment takes the experience of being in a body as the starting point for understanding culture. Embodiment lets us explore how men's lives are impacted by their relationships with their own body. Through embodiment we gain a new lens through which to view men's lived experiences.

By exploring a range of male bodies, including those on the margins and in the center, this chapter writes against a system that unintentionally reifies the disembodiment of "non-marginalized" men. Denaturalizing and particularizing male bodies allows us to see how each person is uniquely situated amidst competing discourses and identifications. Consider Paul Byrd, who told me that he was "not vain," a conventional attitude of a heterosexual man who is expected to be careless about his appearance. However, Paul's birth family downplayed the value of appearance because his mother was blind. This man's lack of vanity cannot be reduced to mainstream conventions of masculinity.

Using contextualized male *bodies* as a point of analysis does not mean that we need to disregard commonalities among men. The 45 men I interviewed represent different sexualities, races, and economic classes. While I remain attuned to their distinctive circumstances, I want to refract their differences through the lens of their similarities. The men I interviewed each lived in Massachusetts at the same point in history, sharing a gendered designation in a cultural system that swirls with sex and

gender proscriptions. I do not wish to “white-wash” differences which are central to many individuals’ core identity. Thus, I argue that by simultaneously writing against the unified male body and exploring parallels between men’s relationships with their bodies, we can articulate actual gendered experience.

The human body always has imaginary and symbolic dimensions. Some claim that the physical body has little meaning without understanding the variable meanings and values which are derived from culture (Becker 1995; Csordas 1994a; Latour 2004; Martin 1987). Consequently, personal knowledge of the body is thought to be negotiated through cultural understandings. The physical body is distinct from representations of the body but representation and experience, as ways of understanding the body, are intimately connected. Csordas contends, “When we once again focus on the body per se we recognize that it can be construed both as a source of representations and as a ground of being-in-the-world” (1999:184). While in this chapter I will not make explicit links to the metaphors of testosterone explored in Chapter 1 or the metaphors of masculinity explored in Chapter 2, these cultural discourses are a significant component of masculine embodiment.

Finally, a particularistic account of male embodiment allows me, as an ethnographer, to go beyond my own presumptions. Recent work on masculinity has detailed the rapidly increasing number of representational images of male bodies used in advertisements, suggesting that this will influence male identity and embodiment (Bordo 2000; Gill, et al. 2005). Accordingly, in the interviews I asked men, “Can we see masculinity in the body? If so, what parts of the body are masculine? Does this vary with different people?” I had assumed that men maintained an image of the ideal masculine

body, and could not only list such stereotypes but could categorize these by race, sexuality, ethnicity, and geography. To my surprise, many men said that, no, they could not see masculinity in other men's bodies. Instead they said that they read other men's masculinity through their confidence, "inner strength," or "gentleness." I realized quickly that my questions in fact serviced my own conceptualizations of male bodies, and not the lived understanding of masculinity for the men I interviewed. Similarly, I realized one day that the limited number of doctors engaging in chest reconstruction surgery for transgender men meant that only a handful of individuals were responsible for sculpting transgender male chests. I quipped one day that due to this there was a potential for a "hegemony of the nipple" wherein all transgender men who had chest reconstruction surgery would have similar chests, which would then become the new normal. However, hegemony and plastic surgery were not active objects of discussion for the transgender men I spoke with. In this chapter I am more concerned with the relationships these men have with their bodies.

### *The Disappeared Male Body*

In this section I refer to the male body as "disappeared" due to the suppression of language about the male body in U. S. culture. Men often do not have access to language that allows them to articulate their own embodiment. While stereotypes of masculinity and maleness are discursively inescapable (see the previous two chapters), it is only certain types of masculinity that are talked about, and only in particular ways. Judith Irvine and Susan Gal (2009) argue that linguistic phenomena which do not fit the dominant ideology are erased, ignored, or transformed. Conversely, articulations of "normal" male bodies are often muted, compared to aberrant men who are seen as having "too much" body. These overly corporeal bodies are marked as "abnormal" whereas

“normal” bodies remain unmarked. Paradoxically, men whose bodies are seen as normal are often disregarded, which is both a privilege and a predicament. This silencing renders the “normal” male body conceptually absent in both the minds of men and in U.S. culture. Restrictions on discussing the male body may be related to gendered principles of male stoicism and strength, or simply Cartesian dualism, which strips men of their natural bodies. This disembodiment may also be due to broader U.S. forces that relegate bodily functions as inappropriate for discussion. Due to this discursive disappearance, men’s consciousness of their own bodies is disrupted. This in turn disappears “normal” men’s bodies.

Many men told me that they thought one of the benefits of being male was that they could disregard their body. Paul Byrd, a 41-year-old cisgender college professor and poet, told me that he didn’t think about his body, because, as a man, he didn’t think he *had* to think about his body. However, he contradictorily linked masculinity with “having a body.” When I asked Paul when he first noticed masculinity, he thought for a few moments, then said, “In junior high school, the moment when I thought about it [masculinity] first...some girls in the class were saying that there was some guy that they were interested in, and they said he was the only one that had a body. He was taller than me and had a broader chest.” I find it telling that Paul used the phrase “had a body,” indicating that in junior high his narrow chest rendered him somehow without a body. Similarly, Wade Boggs, another man I interviewed, talked about masculine men as “physical specimens”; accordingly, men who are *not* masculine would *not* be “physical specimens.” In these instances “having a body” is removed from ordinary men. The average male body becomes silent, unseen, and unarticulated.

Many men told me that they were primarily conscious of their body when they were sick, hurt, or undergoing physical changes. In other words, many men notice their bodies when they have a distinct reason to pay attention to them, “dissociating” from their body at other times. Bobby Doerr, a cisgender man in his early forties, explains that he does not treat his own body very well. He told me he treats his body like a car: “I just want to get to my destination in my car.” He says,

I notice my body when things are wrong with it. As an aging person, it’s forced into my awareness because I have so much wrong. Right now, my back kind of hurts, my feet are a little numb, I’m too heavy in the middle, I have this sore throat and want to cough, and have pain in my neck and my upper back. It’s almost like background noise, all these little aches and pains. If the background noise gets louder, so loud it intrudes on my consciousness, then I’ll pay attention to it. Once it recedes to the back, I don’t want to focus on it anymore.

Bobby acknowledges that this is not a healthy way to regard his body. Other cisgender and transgender men express similar distancing mechanisms in relation to their own body. J.D. Drew, a transgender man, told me he mostly experiences himself as “a popsicle stick with a head on it,” even after chest surgery and experimentation with testosterone. The male body may be linguistically and phenomenologically disappeared in the everyday life-worlds of men, but simply creating a space through the interviews for men to think about and explore their own embodiments spawned a copious amount of data. These data, by their very volume, challenged the idea that men do not have intense and enduring relationships with their bodies. While these relationships may superficially “disappear,” they can be prompted to return. While the disappeared male body is a contextual factor in understanding U.S. male embodiment, for the rest of this chapter I will survey the ways in which men *do* connect with their bodies.

### *Love the One You're With*

When I asked men what it was like to live in their bodies, some men told me they were very connected to their embodied selves. Virgil Vásquez, a cisgender man, professed a love of his body, and a close intimate relationship with every part of his body. He says, “How can you love yourself if you don’t know your own body?” Many transgender men were quick to tell me that they never disliked their body, to counter psychological hypothesis that all transgender men are “body dysphoric.” However, these transgender bodies are often reformulated. One transgender man who was not using testosterone told me that he refers to his period as his “mister monthly” to conceptualize his *menstruation* in a way that reinforces his maleness. Other men told me about parts of their body that they appreciate, such as their “gravelly voice” or their “furry chest.” Some men are very highly aware of their bodies though they do not take pleasure in them. Some of these men referenced feeling overweight, whereas others told me that they always thought they were too skinny. Dwight Evans told me that he thinks he is ugly because he is short, with small hands, small feet, and a distorted mouth. Other men referenced near constant pain as their primary connection to their body.

The changing body emerged as a theme of bodily recognition. Transgender men who were undergoing biomedical transition and aging men who noted their body changing as they age both told me that their body resurfaced in their awareness. Transgender men who underwent biomedical transition told me that they needed to relearn their bodies, including changes to how they sound, look, and feel. In addition, they needed to learn how to take care of their new body, including how to bathe and groom themselves. Some men told me that deliberate changes they made to their bodies helped them love their bodies more. Roger Cramer told me that since his

transition, he has become fascinated by his appearance, telling me that, “I discovered reflections everywhere.” Two transgender men who were not using testosterone told me that they had tattooed their bodies with the “trans symbol,” which is a hybridization of the male symbol and the female symbol.



**Figure 3. The Trans Symbol**

Eddie Bressoud calls this tattoo the “seventy dollar medical transition,” because it permanently marks his body as a transgender body. This body modification helps Eddie see his body both as a “guy’s body” and as an intentionally crafted presentation. Chris Carter, who is tattooed with a similar image, found that it “has really changed the way I am with my body.” He says that this tattoo is “a utility tattoo,” which functions to mark his body as transgender whenever he is naked. Since getting tattooed he does not always bind his chest or wear a prosthetic packing device (used to simulate the shape and weight of a penis and testicles), practices he used to undertake on a daily basis, because the tattoo permanently marks his body as transgender and makes him “feel transgender” no matter what he is wearing. This tattoo functions to make him more connected to, and as a result, more enamored of, his bodily configuration.

Carlton Fisk, a cisgender man, told me that he is considering hair replacement surgery. Carlton lost most of his hair as a side effect of a drug taken during his treatment for thyroid cancer. He said that he woke up one day with male pattern baldness, even though it does not run in his family. He says, “the only part of my body I would change is to have my hair back. It drives me crazy.” He is considering having hair plugs taken from the back of his head and placed on top of his head, a procedure which costs close to ten thousand dollars. Carlton thinks about this element of his appearance a great deal. Interestingly, there are other changes that occurred in his body which he does not desire to alter, for instance, his drastic voice change. Carlton told me that he does not want the procedure because he thinks other people will find him more attractive, but just so that he can find peace within his own image of himself. He says he is debating whether or not to do it, “only to make me feel better, not for anybody else.” For Carlton, most of the changes that occurred to his body through his experience with thyroid cancer did not alter his enduring connection to his body. However, he sees his sudden hair loss as a rupture in his established gendered self-image. In this section I offered a few examples of men’s connections to their bodies. In the next section I intentionally fragment men’s bodies, providing testimony not just of the multiplicity of men’s bodies, but a further splintering of the elements which cohere in a masculine body.

### *Fragmenting Men’s Bodies*

This section fragments male bodies, teasing out components of individual men’s gendered experiences. To be clear, I am not claiming that the men themselves conceive of their bodies in this way, as Claudia Strauss argues in her work on postmodern fragmented subjects (1997). The fracturing of composite selves is an epistemological shortcut, intended to provide explicit topics in order to allow men to contemplate specific facets of

their own embodiment. Indeed, the vague question “what is it like to live in your body?” often went unanswered. In the interviews, I asked a series of questions about the relative importance for men of health, strength, athleticism, facial hair, age or aging, sexual vigor, and sexual desire. I chose these questions based on what I assumed were the primary tenets of embodied masculinity in the United States. While some men did not have the ability to answer me beyond a few words, other men relished the opportunity to think and talk about their own corporeality. The questions were “opened ended,” yet many men chose to answer in one or two word answers. I mapped their answers to relative categories, and input the data into SPSS. The categories I used were the following: **Not Important** (I don't think about it, Not very, Just a little, Not that, Not Terribly, Mildly Important); **Important** (Somewhat, Moderately, Fairly, In the Middle of Importance, Kinda Important, Quite a lot; **Very Important** (Pretty Important, Really important, Very Much, Think About on a Daily Basis, Extremely, Enormous, It's Essential, Super Important). Some men did not answer certain questions, or told me that they did not relate the concept with their body.

### **Health**

While health is not a primary category of analysis for this project, health is significant in terms of context. The U.S cultural notions of masculinity assume a de facto level of health and ability. These men's real lives conflict with the ideal of ubiquitous health. Much like Carlton, above, whose connection with his body was disrupted by cancer, embodied lives are lived within the confines of bodies that get sick and scarred, recover, or remain ill. In this section I briefly list other health-related issues that influence the bodies of the men I interviewed. Many of the transgender men have reproductive

disorders including polycystic ovary syndrome, ovarian tumors, and endometriosis. A few cisgender men have enlarged prostates and resultant difficulties urinating, and two men are prostate cancer survivors. One man has thyroid cancer, two others have heart conditions, and other men have Crohn's disease, diabetes, and kidney stones. One man has congenital adrenal hyperplasia and lupus. Three cisgender men have been diagnosed with erectile dysfunction, and others have used E.D. drugs recreationally. Some men told me that they have psychological problems such as lifelong struggles with depression, histories of suicidal tendencies, panic attacks, bipolar disorder, and one man has trichotillomania, a hair pulling disorder. Other men have arthritis, a bad back, or bad knees. Some transgender men who desire access to testosterone therapy have preexisting conditions such as heart trouble or migraines which are contra-indicated for testosterone therapy. Men's health is also affected by the health of members of their family, either as a descendant or as a care provider. Men's family members have a range of cancers, including breast cancer and leukemia, lupus, Asperger's Disorder, and multiple sclerosis.

### **Strength and Athleticism**

**Table 2. Strength**

	<b>Frequency</b>	<b>Percent</b>
<b>Not Important</b>	5	11.5 %
<b>Important</b>	24	54.5 %
<b>Very Important</b>	15	34 %
<b>Total</b>	44	

As Table 2 shows, physical strength is important, with close to 90 percent of the interviewed men reporting that strength was important or very important to them. Some men said that they desire to *look* strong. Alex Cora told me that, “I want to look like I have muscle, like I could take somebody out.” Other men said that they do not care if their strength is visible. Some men link their desire for strength with their gender, while others do not. One man told me that strength is important to him as he gets older because he does not want to “fall out of his chair.” Carlton Fisk told me that strength is important to him, “to do the things you want to do without having to ask for help.” This, on the surface, sounds like a gendered proposition, since in the United States men are expected to be independent. However, Carlton is a two-time widower who nursed one wife through cancer and the other through dialysis. He was the primary caretaker of his mother, who had breast cancer, heart, and lung problems for the last few years of her life. His sister lives with him, and she just had her legs amputated due to a vascular problem. For Carlton, independence is not a strictly gendered trait, but also an index of health and ability.

As Table 3 demonstrates, men were not nearly as interested in athleticism.

**Table 3. Athleticism**

	<b>Frequency</b>	<b>Percent</b>
<b>Not Important</b>	17	38.6 %
<b>Important</b>	21	47.7 %
<b>Very Important</b>	6	13.6 %
<b>Total</b>	44	

While close to 60 percent of the men (n=27) said that athleticism is important or very important to them, almost 40 percent of the men (n=17) told me that athleticism was not important to them. I postulate one reason for this discrepancy is that while strength relates to health, athleticism is primarily recreational. I propose this relates to the age of the men I interviewed, which ranges from 21-75 years old, with an average age of 41. Most individuals do not participate in organized sports after their twenties, and so athleticism may become decreasingly important as one gets older. It could also simply be that while athleticism is a trait of ideal masculinity, it is not one that pervades daily living. These data clearly show a pattern of difference between the importance of strength and of athleticism for the men that I interviewed, though further research would be needed to establish the reasons behind this disparity.

### **Facial Hair**

The next question I asked men was how important facial hair was to them. I knew that transgender men often cite facial hair as a principal reason for using testosterone therapy, and so I wanted to see how important facial hair was to transgender men who both were and were not using testosterone therapy. In addition, I wanted to compare between the answers of transgender and cisgender men.

**Table 4. Facial Hair**

	<b>Frequency</b>	<b>Percent</b>
<b>Not Important</b>	12	27.3 %
<b>Important</b>	22	50 %
<b>Very Important</b>	10	22.8 %
<b>Total</b>	44	

Table 4 reveals that 12 men (27.3 percent) told me that facial hair was not important to them, 22 men (50 percent) told me it was important, and 10 men (22.8 percent) told me that facial hair was very important. Of the 10 men who said that facial hair was very important to them, nine of these men are transgender men, seven of whom were currently using testosterone therapy. Transgender men often see facial hair as the “gold standard” of looking like a man. While not all cisgender men can easily grow facial hair, transgender men who desire testosterone therapy are often seduced by the idea of themselves with a “full beard.” However, not all transgender men desire facial hair. J.D. Drew, a transgender man, told me that facial hair was one of the primary reasons he stopped taking testosterone. He told me that facial hair, “started to be a pain. I like being able to get up and go or take a shower every other day. When I was on T [testosterone], I had to groom constantly.” Another transgender man, Mel Parnell, told me that as an Asian American man, facial hair was important to him but quite difficult to achieve. He consoled himself that he had more facial hair than his cisgender brother.

A few cisgender men provided contradictory responses to this question. Rick Burleson told me that facial hair was “to a degree not so important. As long as you’ve got a beard.” Their general response was that to be seen as male, one needs the *ability* to have a beard, though it does not matter what the facial hair configuration is, whether a full beard, goatee, mustache, or clean shaven. One cisgender man said that he only grows facial hair to hide his face, because he thinks that he is ugly. Overall, men had very individualistic responses to this question. Facial hair is used as a marker of maleness by both cisgender and transgender men, but beyond that, the importance of facial hair varied man by man.

### Age and Aging

One of the questions I asked men is the importance they assign to age, both looking and feeling their age.

**Table 5. Age**

	<b>Frequency</b>	<b>Percent</b>
<b>Not Important</b>	8	19.1 %
<b>Important</b>	28	66.7 %
<b>Very Important</b>	6	14.3 %
<b>Total</b>	42	

As we can see from Table 5, age is clearly important to most of the men I interviewed. While 8 men (19.1 percent) told me that age is not important to them, 28 men (66.7 percent) told me that age is important to them, and 6 men (14.3 percent) told me that age is very important to them. Interestingly, some men said age is important because they want to look older, and other men told me that they want to look or feel younger. One gay cisgender man told me that he does not know how to compare his age with other men, because, “I look younger than most straight men my age, and I look older than most gay men my age.”

Whether or not they were using testosterone, transgender men said that they feel like they continuously look younger than other men their age, what one man called, “the transgender fountain of youth.” For transgender men, perceived age is often about being seen as both male and adult. Transgender men utilizing testosterone therapy told me that before testosterone, they looked younger than their age. Roger Cramer, a thirty-year-old

transgender man, told me that before using testosterone, he experienced an inverse relationship between gender and age: the more male he appeared, the younger he looked. One reason he used testosterone therapy was that he “wanted to grow up, look more my age.” As I wrote in Chapter 1, normal male puberty includes an increase in testosterone production which transforms a boy into a phenotypic man. Transgender men who use testosterone are initiating a type of puberty to change their bodies to look like an adult man. Many of the transgender men I spoke with who desire testosterone therapy said that one of their stated goals for testosterone is to look older, to transition as much from female to male as from boy to man.

As I mentioned in Chapter 1, testosterone therapy for aging men is sometimes advertised on a platform of anti-aging. Paradoxically, testosterone therapy is prescribed both for pro-aging and anti-aging purposes. As a result, I expected that making themselves look and feel younger would be a goal of many cisgender men. However, the older cisgender men are not as critical of aging as I had assumed. Carl Yastrzemski told me that his preconceptions of what life would be like at 60 were wrong, and that in fact, “I don’t feel as old at 60 as I thought I would.” Other men told me that they appreciate their bodies more now that they are older. In 2007, Boston Pride hosted a roundtable with Gay, Lesbian, Bisexual and Transgender veterans at the Boston Public library. I met and later interviewed three men from this event. Two of the men in the audience were Jackie Jensen, a 71-year-old gay man, and Josh Beckett, a 63-year-old gay man. Both Jackie and Josh each told me that their relationship with their body gets better as they age. Jackie said that as the years go by, he grows more comfortable “in my own skin.” Josh said that when he was young, he wanted to change a lot about his body, but as he gets older, he has

become more at ease with his body. Both of these men came out as gay early in their lives. Josh had already come out when he was drafted, but made the decision to stay in the closet during his time in the army. I posit that their increasing comfort with their aging bodies partially relates to the increasing societal acceptance of homosexuality. In addition, their age also frees them from feeling the need to participate in bodily practices engaged in by young gay men in urban U.S. environments, such as dieting and weight lifting. Finally, for gay men socialized in a homophobic period in United States history, and for transgender individuals living in a transphobic time period, age is also an indication of survival. Roger Cramer told me that before he transitioned, he could only envision a “bleak future” for himself. Since his transition, every year that he survives, he thrives, and gets stronger. For many transgender men, getting older is seen as a positive sign in that they are alive, and managed to find comfort within the limitations of their bodies.

### *Individual Men and their Sexuality*

Author: What parts of the body are masculine?

Dom DiMaggio: Depends on who you are talking to.

A: I can make it [the question] harder.

D: Well, in that case it might be masculine.

For the rest of this chapter, I focus on male embodiment and sexuality. North America is rife with assumptions about male sexuality, the type of sex men like to have, how often, with how many partners, and what types of pleasure they derive from it. Many scholars argue that E.D. drugs restrict ideas of normal sex for aging men (Croissant 2006; Loe 2004; Marshall 2006). Men are now expected to have erections on demand, in what some call the age of “compulsory tumescence” (Marshall and Katz 2002). However, in this project I spoke with men who do not enjoy sex, other men who do not care about sex,

men who reject E.D. pharmaceuticals; and men who transcend their penis in their sexualities. Mathew Gutmann argues, “It is high time to queer our dull understandings of male heterosexualities, that is, to consider the woefully unmarked category of the male heterosexual that, despite and perhaps because of its hidden dominance in models of sexuality, has nonetheless too long gone overdetermined and understudied” (2007:30).

In the rest of this chapter I will provide a heteroglossic account of male sexuality and embodiment in order to explode preconceived notions about male sexuality. I will first show that men’s relationships to their own sexualities are unique, and determined in concert with many factors. I will then explore the importance of sexual vigor and sexual desire in men’s lives. In particular, I will detail the stories of four different men who each identify as celibate. Finally, I end by illustrating the variety of viewpoints of the penis for transgender and cisgender men. I devote a significant amount of this chapter to male sexuality in order to challenge dominant U.S. attitudes. While this may unintentionally reify the association between men’s bodies and their sexuality, my goal here is to use ethnography to present a range of men who both hold and challenge conventional beliefs about male sexuality.

### **Unique Sexualities**

While the U.S. cultural belief is that men’s sexuality is universal, determined largely by their innate biology, the men I interviewed each had a unique relationship with their sexuality. For example, two different men told me that they had a vasectomy. Whereas one man says that his sex drive increased after his vasectomy, another man thinks his vasectomy “neutered” him. Men’s narratives of their own sexuality disrupt the idea that sexuality is natural or innate. Bobby Doerr told me that he was taught how to

masturbate quite accidentally. He said that he first learned about masturbation by watching his friend, Rob Elliot, “look at a poster of Cheryl Tiegs and make a pantomime masturbation movement. I’m like ‘What’s that about?’ I went home and did that little movement, and that’s how I discovered what that did.” In this one moment Bobby learned the culturally “correct” way for him to masturbate and an appropriate object for his youthful lust. In this anecdote we can see that male sexuality is cultural as well as natural.

Carl Yastrzemski, a cisgender man, compared his and his sons’ sexual lives to demonstrate that three men who share a great deal have very different sexualities. Carl is a trim 61-year-old man with a shock of white hair and bushy beard, quick to smile and eager to engage. I met Carl in a suburban coffee shop in a strip mall about an hour outside Boston where, on a whim, I had placed an ad during a previous interview. Carl told me he had been diagnosed with a heart murmur when he was young, and so could not compete in sports. He said that while growing up, he was “skinny” and a “bookworm.” He started to play in a “rock and roll band” in his twenties because “the one area where skinny guys could become sex symbols was rock and roll.” Carl says that the value of sex in his own life has diminished since those rock and roll days. While he still appreciates having sex with his partner, he is glad for the slackening of persistent sex drive which he saw as “too dominant” in his younger years. He says, “I love sex. But what percent of your life do you do that? And should it spill over to the rest of your life? I don’t think so.” Carl compared his sexuality to that of his two sons. His 19-year-old son is “the most romantic young man” who has girlfriends and has fallen “madly in love” several times since he was 12-years-old. Carl’s other son is 18-years-old and has

Asperger's Disorder. Carl believes he is asexual, as he has never gone on a date and never speaks of crushes on boys or girls. These three men who share genetics and a home have three very different sexualities: one man is glad for the respite of his previous sex drive, another man is more concerned with romantic notions of love than casual sex, and his brother does not act as though his sexuality is a priority.

Sex is about many things, including pleasure, gender, disability, and the desire or fear of intimacy. Some cisgender and transgender men told me that they never had any desire to be “studly,” or sexually promiscuous, and some put off having sex for decades of their life (some for the first thirty years, another for the last thirty years). Due to high levels of physical pain or sexual abuse histories, some men do not take any pleasure in their body, including their sexuality. For transgender men, sometimes sexual expression is linked to their gender identity. Sex with a partner can allow the expression of gender in an intimate environment. Many transgender men told me that they first started to think of themselves as transgender because of how they envisioned themselves during sex and through their sexual fantasy life. Jerry Remy said that he was drawn to gender transgression through his sexuality: “I started out doing gender play as a sex thing. I became increasingly drawn to male expression as a sexual thing.” In sum, a man's sexuality is individualistic, determined by personal desires and biology. In the next section I explore the stated importance of sexual desire and sexual vigor for the men that I interviewed.

### **Sexual Desire and Sexual Vigor**

In every interview, I asked men to rate the importance of sexual vigor and sexual desire for their bodies. While these concepts are complementary, they are not parallel:

sexual vigor is the energy for sexual relations, whereas sexual desire is the longing for sexual relations. Sexual vigor indexes ability, age, and relationship status. Sexual desire, on the other hand, is whether or not someone wants to have sex.

**Table 6. Sexual Desire**

	<b>Frequency</b>	<b>Percent</b>
<b>Not Important</b>	12	26.7 %
<b>Important</b>	30	66.7 %
<b>Very Important</b>	3	6.7 %
<b>Total</b>	45	

As you can see in Table 6, when asked specifically about sexual desire, 12 men (26.7 percent) told me that sexual desire is not important to them, 30 men (66.7 percent) said that it is important to them, and 3 men (6.7 percent) told me that sexual desire is very important to them. However, looking just at cisgender men, ranging in age from 39-75 years old, 7 men, a full third (33.3 percent), rated sexual desire as not important to them, and only one cisgender man told me that sexual desire is extremely important to him.

**Table 7. Sexual Vigor**

	<b>Frequency</b>	<b>Percent</b>
<b>Not Important</b>	13	28.9 %
<b>Important</b>	27	60 %
<b>Very Important</b>	5	11.1 %
<b>Total</b>	45	

Table 7 shows that sexual vigor and sexual desire are almost equally important to the majority of men I interviewed. Thirteen men (28.9 percent) told me that sexual vigor is not important to them, 27 men (60 percent) said that it is important, and 5 men (11.1 percent) told me that sexual vigor is very important to them. While many men told me that their body's capacity for sexual desire and sexual vigor is important, over a quarter of the men I interviewed told me that sexual desire and sexual vigor are "not important" to them. Only a handful of men told me that sexual desire and sexual vigor are "very important" to them.

A few men indicated that they had a low sex drive. One transgender man told me that sex had only become important to him when he was 27 and met his fiancée, even though he had transitioned 7 years earlier. One heterosexual cisgender man, Carlton Fisk, told me that he did not fault himself for having a low sex drive. Carlton is a gentle 51-year-old man, who has been widowed twice and is currently single. He told me that "if I went [had sex] every couple of months, I'd be happy...I wouldn't want it once a week." Carlton told me that throughout both of his marriages he had a lower sex drive than his female partners. "When I was married it was more important to her than it was to me. I was the one with a headache. It [sex] is not all that important to me." Carlton told me that he wouldn't take erectile dysfunction drugs "for my own enjoyment" but he would if it was important for his partner. Carlton does not see his low sex drive as threatening to his self-image as a heterosexual man.

A handful of cisgender men who told me that sexual desire is important to them said that they wish it was less so. Two men told me that they wish for a pill that would reduce their sex drive. Rick Burlson told me that he wishes for a decreased sex drive

because he thinks a large part of his bodily experience is “literally living for sex.” He told me that he once asked his friends if they would take a pill to “reduce their horniness level” and a lot of his respondents said that they would take such a pill. He considers “that whole sexual thing” a “tremendous weight, a tremendous burden.” However, he was quick to point out that without access to any sexual drive, he would feel “dead.” This bachelor told me that his sex life is his “masturbation life...but I’m glad that my body is still functioning, every three or four days or whatever, and I still have that physical desire.” Similarly, Jon Lester told me that he wishes for his sexual urges to dissipate. Jon is a 51-year-old divorced dad who lives with his “much younger” girlfriend. Jon said that he thought his sexual desire was “a double edged sword.” He said, “I’m a highly sexed person for my age. It is important to me, but I wish it wasn’t. It must be really nice to be in your sixties and seventies and be able to get beyond having sex influence decisions.”

While my low sample size means that my data are not statistically significant, they do show a pattern that I find noteworthy. Simply stated, the data do not support the cultural belief that sexual desire and sexual vigor are extremely important to all men at all times. Low sexual desire is listed as the primary symptom of “low testosterone” in cisgender men; that is, men with “reduced” sexual desire are seen as not “normal.” My data suggest that “normal” men rate their sexual desire and sexual vigor with varying levels of importance. In addition, the data demonstrate that cisgender men who have higher sexual drives sometimes wish to lessen their sexual impulses. Low sexual desire is not a pathology; it is sometimes intentional.

## Celibacy

I interviewed four men who told me that they are celibate: Jonathan Papelbon, a young, queer, transgender man, Josh Beckett, a 63-year-old gay man, Justin Masterson, a 47-year-old heterosexual man, and Erik Hanson, a 61-year-old bisexual man in a heterosexual marriage. While Josh is the only man who claims that he no longer has sexual desire, Jonathan, Justin, and Erik identify as celibate for different reasons. I focus on these men because U.S. stereotypes take for granted that healthy men should do whatever is in their power to have sex whenever they can. Yet these four men, who are gay, straight, bisexual, and queer, young and old, cisgender and transgender, choose to not have sex. Their stories are each highly individual, yet bring to light some of the larger forces in which their experiences are grounded, including disease, intimacy, and gendered embodiments.

Jonathan Papelbon, a soft spoken and endearing 23-year-old transgender man, had recently started testosterone in accordance with his desires of one day “becoming an old man.” Jonathan is in divinity school, and saw his transition as a spiritual journey as well as a set of physical changes. He said that through his transition, his body is starting to feel more like home, but that this, in turn, has opened up new questions for him: “How do you recognize it feeling like home when it’s never felt like home before?” Jonathan is a virgin, partially because his body before biomedical transition felt uncomfortable to him. He said that his un-transitioned body had “never felt like something I connect with in sexual manner.” In addition, when he was dating queer women, his body was read by these potential partners as a female body, to which they were attracted. Being sexual with these partners made him even more aware of his body as not male, and so he made the

decision to remain a virgin. In other words, Jonathan felt so distant from his body, which he and his partners read as female, that he was unable to engage in a sexual relationship. He believes that his transition will allow him greater access to feeling connected to his body, including his sexuality.

Jonathan talked openly about his sexual desire. He told me that his recent usage of exogenous testosterone has contributed to a spike in his libido. Within the transgender community there is a great deal of debate on the relationship between sexual desire and testosterone; while many transgender men on testosterone say their sex drive becomes “super charged” from testosterone, others say that the substance does not have this effect on them. I suggest that this discourse about sexual desire occurs in a context that assumes sexual activity. The discourse about testosterone therapy and sexuality demands a silent, unmarked partner who is complicit with increased sexual desire. While testosterone therapy does not increase a cisgender man’s ability to have an erection, in both cisgender and transgender men, testosterone has been described as producing desire for more frequent sexual release and an almost uncomfortable bodily ache if that release is not satisfied. This narrative brings to light questions surrounding men’s experiences using testosterone therapy when they are not interested in exercising their sexuality.

Another illustration of celibacy appears in the account of Josh Beckett. Josh is a 63-year-old gay man who works as a second-shift janitor in the public school system. We met on a blustery day at a café in downtown Boston. When Josh was young, he caught three sexually transmitted diseases simultaneously: hepatitis, secondary syphilis, and gonorrhea. As a result, his boyfriend left him. Then, in the summer of 1983, Josh found out that AIDS was transmitted by body fluids. Judging from his behavior over the last

decade, he was afraid that his promiscuity would lead to his death. “He says, “I had a pre-taste of AIDS just before the plague hit... I just stopped having sex. It’s now 23 years later. [If given the opportunity] I don’t know if I’d even want to have sex.” Josh’s celibacy began two decades ago to avoid disease transmission, but since that time he has changed his identity, in that sexual activity is no longer a part of his daily needs or desires.

Another cisgender man, Justin Masterson, stopped having sex when his wife was diagnosed with multiple sclerosis. I met Justin in a coffee shop in Quincy, a southern neighborhood in Boston, one brisk evening in September 2007. Justin is a trim 47-year-old maintenance man with a wife and two kids. Justin and his wife married 26 years ago, when they were in their twenties and thirties, he says, he and his wife “had a lot of fun.” Ten years ago his wife was diagnosed with multiple sclerosis, gained a lot of weight, and lost her desire for “intimacy,” his term for sexual behavior. Justin says, “None of these changes are her fault, it’s the damn disease.” Six years ago she convinced him to try nude modeling. He appreciates having an outlet to be physically intimate with other people, in this case, the photographer and the other nude models. He says that the nude modeling has changed him as a person. “I still may look at a beautiful women, just like the next guy does, but I think I’ve kind of mellowed in that. I’m not foaming at the mouth like a lot of guys might be.” He sees this modeling as an expression of aesthetics, and being a part of making art makes him feel good about himself. In addition, his nude modeling has supplanted his need for sexual relations with his wife. Because of this arrangement, their relationship has strengthened.

Finally, Erik Hanson is a 61-year-old celibate man whose core identity relies on a self-image of a highly sexual person. I met Erik in a bar in downtown Boston in the early afternoon. Erik chose the location because he thinks the “barmaids” are pretty, and his eagerness to talk about sex and sexuality peppered most of our conversation. We spoke for an hour and a half in the bar and then went for a walk around a local park so that he could talk more explicitly about his sexuality. Erik is married and lives with his wife in Canton, Mass. They are monogamous, but not sexually active. As a result, Erik considers himself a “celibate bisexual.” Erik has erectile dysfunction, and uses E.D. pharmaceuticals. When I asked him why as a celibate man he attempts to get access to E.D. drugs, he became shy. I then asked him if it was for “self-stimulation” and he muttered an affirmative response. After the interview, Erik wrote me an email asking me out on a date. He admitted to be nervous about the request, but asked if I wanted to meet “socially at a café or bar in the future.” While he wrote that this meeting was on the precondition that I respected his vow of celibacy, in the next sentence, he offered to tell me the story of “Tanya, a comely Russian lass” who almost got him to break his vow. In the email he referred to himself as being in receipt of a “Harem” with a “bevy of barely legal babes” all after him. From these exchanges, it appears that for Erik, talking about sex and fantasizing about having young lovers remains important even if he is celibate.

In this section I’ve illustrated a diverse range of sexualities, ranging from the very enthusiastic to the uninterested. I have provided these examples in order to demonstrate the variety of “normal” men’s sexual expressions is much larger than U.S. cultural expectations. Sexuality is only one part of the male embodiment, but it is one of the most

discussed and considered. To end this chapter, I want to move on to the most often and most simplistically considered part of a man's body: the penis.

### **Penis**

Though the “penis pees more than it penetrates,” the chief understanding of the penis in U.S. discourse is as the symbol of manhood, the essence of being a man (Bordo 1998:19). Medical decisions about whether or not to intervene and sexually reassign sexually ambiguous infants often has to do with the size of their penis at birth (Fausto-Sterling 2000). This is a very physical understanding of sex, which is tied intimately and intrinsically to one relatively small part of the human body.

In the U.S., the penis (or phallus) surfaces as a discursive symbol of masculinity. Deborah Cameron had her college students collect slang terms for the penis, which she then categorized. She argues that these metaphors are expressions of culturally-specific notions of masculinity, positing that the terms, “recapitulate well-worn themes and conventions having to do with cultural prescriptions for masculinity (both sexuality and, even more saliently, gender-identity)” (1995:373). Accordingly, she argues that symbols of the penis, and by extension, conceptions of the organ itself, are intensely cultural. Cameron compares the data from U.S. college students with the !Kung of Botswana, where, “if there were a !Kung equivalent of *wienie* it would be a compliment, since small-to-moderate penis size is valued” (Cameron 1995:378; c.f. Shostak 1983).

In the United States, the “normal” man is expected to be in possession of the “normal” penis. Yet, what is the “normal” penis? Anne Fausto-Sterling points out that in one study, almost half of the 500 men surveyed fit the clinical definition of hypospadias, where the urethral opening is not located at the very tip of the penis. She writes “Judged

by the ideal penis, only 55 percent of men were normal” (Fausto-Sterling 2000:57). However, most men do not know that their urethral opening is located in the “wrong” place: what is pathologized as abnormal is normal for them. This discrepancy illustrates that cultural beliefs of “normal” genitals are more salient than a biomedical or biological standard of normalcy.

Billy Goodman, a cisgender man, projected onto his son his desires for a conventionally masculine presentation and assumed “normal” genitals. I met Billy in JP Licks, a noisy and active ice cream shop, café, and social center. Billy articulated his concern over his ten-year-old son who was born with undescended testicles and a small penis. He told me that his wife is concerned with the smallness of their son’s penis, and that she regularly says things such as, “Oh he’s gonna have a difficult sex life growing up and he’s going to need to find a partner that is understanding.” Each time he spoke of his son’s genitals, his voice faltered. Billy attended an overnight camp as a child, which was his first encounter with penises, “in a whole variety of sizes, from very large to very tiny...That’s something girls don’t experience, it was a big deal. I remember that was a big deal. Penis size is something boys are aware of.” He then told me he thought his son was aware of his small penis size, going so far to attribute his son’s shyness to his penis size. Billy also said that his son has small hands and a weak grip, which Billy wanted to change. However, he didn’t see this as instilling culturally appropriate masculinity, but “that’s more just for anyone,” indicating that certain behaviors which are appropriate for men should also be taught to women.

Billy told me many times during our interview that he does not consider himself a traditionally gendered man. He told me that he is a member of his Temple’s men’s

softball team, but that they are always beaten by the other men's teams who are much more competitive. However, Billy's apprehension about his son made me think that he is more concerned with elements of conventional masculinity, such as a firm grip and assumed normal penis size, than he realizes. His son hasn't hit puberty yet, and Billy is overly anxious about his post-pubertal penis size (Fausto-Sterling points out that there is little correlation with penis size at birth and after pubertal changes [2000:58]). So while Billy takes pride in his own identity as an unconventional man, he simultaneously frets over his son's future success as a conventional man. Billy is evaluating his son's future success as a man by the size of his genitals and the strength of his handshake. This is one example of the significance placed on the penis to be the symbol of successful masculinity and maleness.

Another example of how the penis is used to delimit "true" sex can be found in the story of Chris Carter, who found his penis in an unusual location. Chris is a transgender man who was born female but always believed that he was male. Since male individuals have a penis, he assumed he had a penis. When he was 8 or 9 years old, he became curious about the location of his penis, which was not on the outside of his body, like other boys. He said that he was "desperate" to find it. In looking for his penis, he found his cervix, and decided that his cervix was his penis, "stuck inside." While he did think that this was a problem, he was "totally convinced" for the next decade that this organ was his penis. He said that he masturbated by stimulating his cervix-penis. Locating what he thought was his penis on his body helped him naturalize his identity as male.

### **Beyond the Penis**

In my interviews, a few men explicitly told me that their penises do not function for them as a symbol of their manhood. As I related above, for some cisgender men their sexuality is not vital to their core self-conception, and so their penis is not any more significant than any other body part. One cisgender man told me that while his sexuality is important to him, he does not restrict his sexuality to his penis. Scott Cooper is a 46-year-old gay man and an academic who works on masculinity in literature. We met at a local coffee shop where we both often spent our days writing. He told me that he thinks that the “whole Viagra thing” is very silly. While his friends use E.D. drugs recreationally, they see infrequent erections as “a completely normal process of aging.” In addition, Scott told me that because of his knowledge of AIDS prevention, and his experiences within fetish communities, he knows “that there are all kinds of sex that doesn’t involve erections,” even between two men.

Transgender men, whom Henry Rubin (2003) calls “men without a penis” almost always separate their male identity from the desire to have a functioning biological penis. For example, Buck Angel is female-to-male transsexual porn star who markets both his “male” upper body and his “female” genitals. One reason is that there is no successful “bottom surgery” [genital surgery] for transgender men that can create a fully functioning and realistic looking penis. Individuals who choose to construct surgical genitals choose between metoidioplasty (which reshapes the hormonally enlarged clitoris to resemble a small penis), or phalloplasty (which uses tissue grafts from the forearm, leg, or stomach to create a phallus). These surgeries are very expensive and often have poor results. As a

result, the majority of transgender men, even those who desire biomedical transition, do not undergo genital surgery.

Judith Halberstam wrote an essay a decade ago about the implications for cisgender and transgender men “if penises were purchasable.” She questioned who might want access to these “surgically produced penises” (Halberstam 1999:129). Interestingly, the first-ever penis transplant occurred during my fieldwork. A cisgender man whose penis had been severed in an accident received a transplant from a brain dead young man. However, two weeks after the operation, which was declared a success by the surgical team, the penis was removed “because of a severe psychological problem of the recipient and his wife” (Hu, et al. 2006:851). Though I do not know any more about this case, it appears that the patient would rather not have a penis than have a transplanted penis. It appears that both transgender and cisgender men can both be “men without a penis.”

### *Conclusion*

As a woman, I will never know what it feels like to be a young teenage boy feeling shame over a spontaneous erection, or experiencing pressure from his peers to submit to masculinizing practices such as binge-drinking. However, as a woman, I do know that these are distinctly embodied moments, experienced by individual men but influenced by the broad forces of culture and biology. Through this chapter I have endeavored to return men to their own embodiments by using interview data to chip away at the narrow U.S. stereotypes of male bodies.

In this chapter, I have delved into men’s relationships with their own corporeality. I have presented a diverse range of men who each uniquely articulated their own embodiment. I have shown that ordinary men can love and appreciate their bodies and they can make meaningful changes (conceptually and literally) to their embodiments. I

have examined men's relationships to their strength, athleticism, facial hair, and conceptions of their age. I have exploded conceptions of a universal male sexuality, demonstrating that male sexuality is individual, cultural, and biological. In particular, I provided narratives of several celibate men, who challenge the notion of universal male sexuality. In this chapter, I attempted to fragment both unified conceptions of the "male body" and men's individual coherent bodies in order to demonstrate the specificity of men's relationships to their corporality. In doing so, I have shown that dominant U.S. narratives of male embodiment are partial representations of male embodiments.

Individuals' relationships to their bodies morph according to time, environment, interactions, and even weather. I want to be clear that my goal in this chapter was not to codify a new "normal," but to challenge extant notions of male bodies by glimpsing into the lives of 45 men at a single point in time. As such, there are a great many elements of male embodiment that did not surface in my interviews and thus are not represented here. For instance, men did not talk about specific strategies of disability, reproduction, race, or ethnicity. In Chapter 2, I concentrated on the relationship between ideal masculinity and testosterone. This chapter takes as its primary subject real masculinity as it is experienced and enacted in specific men's lives. In the next two chapters I will shift again, from the specific to the increasingly broad. I will elucidate processes of identity formation, including how men identify and disidentify with cultural masculinity. In Chapter 5 I then show how men use cultural conventions of masculinity to pass as appropriately gendered individuals. These chapters document reported strategies in which all cisgender and transgender men can partake in which links individual men to cultural masculinity.

## CHAPTER 4: MASCULINITY, IDENTIFICATION, AND DISIDENTIFICATION

On October 11, 2005, I spent a few hours at the poorly attended Men's Health Day at Gillette Stadium, home of the New England Patriots. I left with my arms full of colorful sports and car-themed brochures which urged men to think about the health of their heart, colon, and lungs. As I was leaving, I got into the elevator with two men, one sporting a Patriots cap, and a tall and lanky older man with a shock of white hair. There was an awkward silence for a few seconds, as the older man sized up the younger man, and finally said, "Hey aren't you Tim Dwight?"<sup>1</sup> When Tim agreed, somewhat shyly, that it was, in fact, him, the other man looked him up and down and continued, more aggressively, "You seem much bigger on TV." Tim is intensely muscled, but at five feet eight inches tall and 185 pounds, he does not have the mass of a stereotypical professional football player. The older man, like most of the other attendees at the men's health fair, was not actually there for the health information, as he left with his arms empty of brochures. Instead, his goal in attending this fair was to meet some of his heroes whose attendance was promised, the professional athletes he eagerly watches every week on television, men that he regularly identifies with through a shared love of professional football. In the actual meeting, the fact that Tim's body was not a hulking physique challenged the older man's idea of professional football players. He kept glancing at Tim's body, then at his own, and back again. I assume that he was comparing both of their bodies to each other and to the stereotype of an ideal masculine body. In this analysis, he saw himself as surprisingly masculine, towering over this younger man. He

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<sup>1</sup> Tim Dwight was born and raised in Iowa City, Iowa. He played football for the Iowa City High School and The University of Iowa.

used Tim's body to make sense of his own, at once identifying and disidentifying with the cultural ideals represented by Tim's body.

This chapter is about the various relationships men have with their gender identity, including how men identify and disidentify with tropes of cultural masculinity. In this dissertation, I analyze how men's enactments and experiences of their own masculinity add dimensions to cultural tropes of masculinity. In the last chapter, I showed the ways in which men's relationships to their bodies both maintained and challenged stereotypes of men's bodies. Ideal masculinity shapes expectations of subjectivity and identity as well as gendered embodiment. This chapter explores the relationship between the individual and society by illustrating how a man's identity is formulated and reformulated in conjunction with cultural mores. Men can fully conform neither to ideal masculinity nor can they reject being seen as gendered beings. According to my research, men within the contemporary United States shape their identity in relation to cultural norms by complexly identifying and disidentifying from cultural masculinity. These cultural norms are retained in order to be selectively engaged when men strategically pass as men, the subject of the next chapter.

In this analysis, there are two significant modes of identity construction that relate an individual to his cultural context and corresponding ideologies. I will discuss these in more detail below. The first is *identification*, which occurs when an individual makes linkages between his identity and dominant cultural ideals. A man who performs certain behaviors in order to be seen as a man is identifying with cultural masculinity. *Disidentification* occurs when individual identity is constructed through a rejection of a primary identification. In traditional psychoanalytic theory, disidentification involves the

disavowal of cultural forms which are seen as opposites. For example, boys become men through disidentifying with the female primary caregiver (Blazina 2004:151). *In this chapter, I am using disidentification differently to signify the ways in which men disavow the tenets of being a man in a particular cultural context.*

In every interview, cisgender and transgender men disidentified with cultural masculinity and the gendered behaviors of other men. The goal of this chapter is to make sense of this phenomenon. In this chapter I argue that men position their personal identity by both *identifying* and *disidentifying* with cultural masculinity. This chapter illustrates this paradoxical formulation of personal identity, vividly illustrating this process of identification and disidentification.

In the next section I briefly examine the concept of hegemonic masculinity. I then frame identity, including the ways in which identities are multiple, contrastive, and processual. Next, I provide interview data on the ways in which men identify and disidentify with cultural masculinity. Finally, I argue that the interviewed men's rejection of cultural masculinity can also be seen as instances of identification and disidentification. As such, this chapter offers insight into the complex rendering of gender identity in the men that I interviewed.

### ***Hegemonic Masculinity***

As many scholars have lamented, studies of gender have tended to focus on women. Concentrated analysis on the "male sex role" in the United States did not gain popularity until the last decade. Matthew Gutmann starts his annual review article, "Anthropology has always involved men talking to men about men, yet until fairly recently very few within the discipline had truly examined men *as men*" (1997:385). Anthropologists often did not interrogate masculinity due to the assumption that men's

lives were somehow ungendered. The concept of hegemonic masculinity was crafted in the early eighties to tease out the relationships between masculinities and power. Informed by the social discrepancies between men with disparate class identities, racial backgrounds, and sexual orientation, the first synthetic theory of hegemonic masculinity was created (Connell 1987). Using gender constructionist terms, R.W. Connell argued that masculinities were hierarchical, not only across cultures but also within culture. This model attempted to account for the normative pressures of gender for men, and separated privileged forms of masculinity from subordinated masculinities and femininities. In this model, hegemonic masculinity is a dominant type of masculinity which “embodied the currently most honored way of being a man, it required all other men to position themselves in relation to it, and it ideologically legitimated the global subordination of women to men” (Connell and Messerschmidt 2005:832). At the time, the Gramscian term “hegemony” was popular in explaining the workings of class in society. A lived hegemony was understood as “a realized complex of experiences, relationships, and activities, with specific and changing pressures and limits” (Williams 1977:112). The term *hegemony* was thus enlisted to demonstrate the normalizing force of cultural masculinity. Some authors use the term hegemonic masculinity to stand for a culture’s dominant form of masculinity. In this chapter I will restrict my use of the term hegemonic masculinity to indicate the model of hegemonic masculinity, and use dominant or ideal masculinity to indicate the cultural conventions of appropriate gender.

The model of hegemonic masculinity has been the subject of hundreds of papers since it was first produced, and is now a “widely used framework for research and debate about men and masculinities” (Connell and Messerschmidt 2005:835). One of the more

common critiques of this model is that it does not provide an explanatory framework that illuminates real men. That is, this model does not specify what ideal masculinity actually looks like (Wetherell and Edley 1999). In the last decade this concept has been reworked to theorize how men engage with dominant masculinity and an understanding that there is more than one form of ideal masculinity in each culture (Connell and Messerschmidt 2005).

Ideal masculinity is now understood as a set of cultural expectations, a role that men can temporarily inhabit. Accordingly, Tony Coles argues that the model of hegemonic masculinity becomes more useful when combined with Pierre Bourdieu's (1977) theory of practice. Coles writes, "The inference of Bourdieu's theory of practice is that individuals are neither completely free to choose their destinies nor forced to behave according to objective norms or rules imposed upon them" (2007:5). As Connell and Messerschmidt write in their reformulation of this model: "Men can adopt hegemonic masculinity when it is desirable; but the same men can distance themselves strategically from hegemonic masculinity at other moments" (2005:841). In other words, men can use cultural masculinity as a tool which provides them a social role to perform to gain social acceptance. Therefore cultural conventions of masculinity can be considered a "gendered place" wherein individuals construct their identities in relationship to, but not as simulacra of, cultural ideals. By using the theoretical construct of *habitus*, Coles argues that men come to see their enactments of masculinity as natural and innate (2007:10). In other words, men's identification with conventions of appropriate masculinity often is unconscious.

### *Identification*

In this section I will briefly sketch what I mean by the word *identity*. Martin Sökefeld argues that anthropological understandings of identity changed substantially in the recent past. He writes that *identity* was traditionally used in anthropology to mean “basic personality features acquired mostly during childhood and, once integrated, more or less fixed” (Sökefeld 1999:417). These identities were social entities, shared across cultural or sub-cultural groups. For instance, scholars write about ethnic identity as a shared characteristic of a group of individuals (Verkuyten and Yildiz 2007). Sökefeld (1999) argues that a paradigmatic change occurred that shifted scholarship on identity from exploring sameness to fostering recognition of identity as individualistic. This change was accompanied by a reconceptualization of culture which stipulated that cultural understandings are uniquely held, informed by an individual’s experiences (Goodenough 2003). In other words, knowledge of ideal cultural forms, such as ideal masculinity, is constructed in relation to a man’s own experiences. Therefore, no two people have the same understanding of the social expectations of their identity (Goodenough 2003:6). In addition, the recognition that identity is individualistic allows for the possibility that individuals reject elements of their corresponding social norms which they view as incompatible with their personal identity. These changes in the concepts of identity and culture led to the understanding that personal identities are a complex amalgam of ideal cultural forms and individual subjectivity. Identity is now considered to be pluralistic and multidimensional, at once subjective and social (Medina 2003; Quinn 2006).

Nowadays, both personal and social identity are considered to be contextual and constantly in process, rather than essential or static. Identity is constantly made, unmade,

and remade. Rather than viewing it as fixed in childhood, identity is fluid, changing throughout the life course. Some scholars argue that identity is only constituted through interactions and, therefore, is always in flux. Marilyn Strathern's (1988) work in Melanesia analyzed men whose identity was constituted either by male-male relations or male-female relations. She refers to this type of personhood as *dividual*, instead of individual, to highlight the intersectionality of these relationships. Every man is subject to the demands of multiple identifications. Erving Goffman, in his work on social interactions, argues that individuals are more than the unflagging performance of a particular role or identity. He writes:

Perhaps there are times when an individual does march up and down like a wooden soldier, tightly rolled up in a particular role. It is true that here and there we can pounce on a moment when an individual sits fully astride a single role, head erect, eyes front, but the next moment the picture is shattered into many pieces and the individual divides into different persons holding the ties of different spheres of life by his hands, his teeth, and by his grimaces. [1961:143]

Individual men construct their identities by balancing the expectations of competing social roles. Consider, for instance, a man at a family gathering who is at once a son, father, brother, and husband. Each of these roles demands a shifting register of masculinity. In the last two decades, masculinity studies scholars have analyzed the different cultural expectations for masculinities by class, race, ethnicity and age (Brod and Kaufman 1994; Connell 2000; Conway-Long 1994). Michael Kimmel and Michael Messner advocate considering masculinity in terms of a matrix to complexify understandings of masculinity and ideal cultural roles. They write:

Black masculinity differs from white masculinity, yet each of them is also further modified by class and age. A 30-year-old middle-class black man will have some things in common with a 30 year-old middle-class white man that he might not share with a 60-year-old working class black man,

although he will share with him elements of masculinity that are different from those of the white man of his class and age. [2001:xvi]

In other words, ideal masculinity is tempered by other cultural expectations, including that of ideal age, class, race and so forth. Sometimes these cultural roles are incongruous. Consider two men of the same age who work at the same job in the urban United States, one white and one African-American. Patricia Hill Collins (2009:102) argues that the white man would be rewarded for being aggressive, which is considered to be a conventional trait of masculinity. However, she claims that the African-American man would not be rewarded for his aggression, since his aggression could be seen as dangerous. Collins avers that aggression is a quality of conventional masculinity rewarded only for elite white men. While men do not always aim to fulfill these gendered expectations, we can see that personal identity in these instances is constructed in concert with social expectations of identities.

In addition, the recognition that identity is interactive stipulates that identity is a form of communication between two or more parties. Gender theorist Julia Serano (2007) argues that being perceived as a particular gender identity in the United States involves the active participation of the viewer. In other words, it is not enough for a person to construct a particular gender identity, but they must be perceived as having that identity, which is an active, participatory process. Goffman calls this the “dance of identification” (1961:144). One transgender man I interviewed, Dusty Brown, wrote an article in which he argued that that while his body remains much the same every day, he is *read* by other people as fat about a third of the time (letter to author, April 30, 2006). He writes, “Whether I’m fat or not depends on whether the person or people looking at me believe me to be a man or a woman.” His body size is viewed as normal for a man, but fat for a

woman. When his body is interpreted as female, he is thought to be fat. When he is read as a man, he is thought to be a “big dude, but not outside the norm for such things.” Therefore, he writes, his experience as a fat person “varies minute-to-minute,” due to other people’s interpretations of his body. He is “a fair-weather fatso, fat one minute and just a big boy the next.” These “dances of identification” demonstrate that identity is interactive, as much perceived as performed.

Identity is informed by many things, including psychology, social pressures, geographic location, and interactive context. In this section, in an abbreviated way, I have shown how personal identity is uniquely held, calibrated in response to expectations of social roles and interactively communicated. Significant for this chapter is the recognition that personal identity is configured in relation to ideal cultural forms, such as cultural tropes of appropriate masculinity.

### ***Masculinity, Identity, and Power***

The theory of hegemonic masculinity is important because it fosters recognition of the relationship of power and masculinity. Men who are able to successfully enact dominant masculinities have more access to power and privilege than men who are not able to perform culturally-appropriate masculinities. In addition, dominant masculinities are seen as legitimate and natural, whereas subordinate masculinities can be seen as aberrant. Coles (2008) points out that there is no single dominant masculinity because men are at once members of multiple social identities. As Michel Foucault (1977) has argued, all individuals live in the interstices of social categories, with some individuals simultaneously enacting privileged and stigmatized identities. For instance, a wealthy heterosexual man of color or a queer white man is at once a member of a privileged and a stigmatized social identity.

Coles creates the concept of *mosaic masculinities* to explain how men negotiate dominant masculinities and their own personal identity. He says, “Mosaic masculinities refers to the process by which men negotiate masculinity, drawing upon fragments or pieces of hegemonic masculinity which they have the capacity to perform and piecing them together to reformulate what masculinity means to them” (2008:238). Coles argues that men craft these individualized understandings of cultural masculinity in order to succeed at what they regard as cultural ideals of masculinity. Mosaic masculinities allow men to reformulate their understandings of masculinity. For instance, Carl Yastrzemski told me during his interview that when he was a boy he was diagnosed with a heart murmur and was forbidden to play team sports. He then recalibrated his identity from “jock” to “academic” to correlate his success at his gender identity with success in academic achievements. Coles argues that men who are disempowered by conventional masculinity do not reject the tenets of masculinity, but instead “focus upon those elements that privilege them and reject the rest” (2008:238). Jacoby Ellsbury, a 30-year-old transgender man, told me that he does not fit the definition of conventional masculinity. However, he believes that his identity does match the predominant masculinities of gay men and Jewish men. Jacoby feels at home within the Jewish community because he feels like his masculinity matches that of his male family members. In these examples, men actively remake their conception of appropriate gender to align with their own performance of masculinity. Coles argues that this reformulation of masculinity allows men to view their performances of masculinity as dominant, “particularly if they operate in social fields and domains in which the actions and dispositions of other men are similar to their own” (2007:10).

It is important to note that these alternate dominant masculinities also work to demarcate successful from unsuccessful performance of masculinity. Judith Halberstam (2008) has argued that “transgender” has become a hegemonic term in and of itself, forcing individuals looking for funding for research projects on gender variance to use the label “transgender” even if other labels are preferred by the group under study. One young transgender man that I interviewed, Jerry Remy, told me that while he considers himself “fluidly gendered,” he is hesitant to identify publicly as gender-queer because he lives in a rural environment and has a more conservative appearance. He says his hesitancy is due in part to the social expectations of what a gender-queer person looks like, which he defines as “young...anarchist...punk...funny hair.” Because he thinks he does not “fit in with that scene,” he is hesitant to use the term gender-queer to describe himself. While transgender and gender-queer are terms not exclusively related to masculinity, these examples demonstrate that alternate dominant masculinities also hierarchically rank men according to conformity with cultural ideals.

### *Ethnographic Identification*

Coles argues that masculinity, as a lived reality, is not given enough critical consideration. He says, “While masculinity is understood to be a fluid, socially constructed concept that changes over time and space (i.e., historically and culturally), it is often only discussed at the structural level with little consideration given to the strategies men use to negotiate masculinities in their everyday lives” (2007:1). Through my interviews I collected narratives of men’s lived experiences and enactments of their identities. What do these real men say about their gender?

In the interviews, when I asked the question, “How do you identify?” the majority of cisgender men responded, “What do you mean?” I quickly realized that many of these

cisgender men are unfamiliar with the tenets of identity politics, which advances the notion that individuals should be aware of their social characteristics which impact the amount of power or privilege they hold in a particular society. In practice, this often means listing off membership in social groups, such as such as one's sex, gender, sexuality, racial background, and class background. Except for the feminist-identified men, cisgender men did not relate their identifications in political terms, and so did not mention these characteristics. For instance, Josh Becket, an Irish-American 63-year-old cisgender gay man who works as a custodian did not mention his race, his class background, his age, or his sexuality when he answered this question. Instead he told me that, "I think I'm an interesting person. I like to talk to people. I like to try new things. I enjoy my old friends. I'm always willing to explore something new. I like to travel. I like to read. I'm friendly." A handful of cisgender men defined their gender in terms of their sexuality. For instance, I asked Erik Hanson, a 61-year-old cisgender man, "If you had to write a paragraph about who you are, what would you say?" He said, "You mean my sexual preferences?" When I asked him "are there other ways you identify yourself?" He said "Well, I don't know if there is any technical term for it, but I do prefer younger people. Mainly female but also male." Other cisgender men provided similarly apolitical answers. From my data, a large percentage of cisgender men identify as "friendly."

Transgender men, on the other hand, responded to this question by listing their sex, race, sexuality, and gender identity. For instance, J.D. Drew told me, "I definitely identify as male, I identify as queer, a person of color, definitely trans [transgender]." Interestingly, J.D. told me that he does not identify as a man. After a few interviews with transgender men, I noticed that individuals differentially identified as male, as a man, or

as neither. Out of 24 transgender men, 5 men told me that they identify as both a man and male, and 5 men told me that they do not identify as a man or as male. The rest of the transgender men differentially identify as male or as a man. Differences between identifying as male or as a man appeared to be a matter of choice in that these terms were not utilized consistently across the interviews. Ten transgender men that I interviewed reject the category of male as significant to their gender embodiment. Dom DiMaggio, a 38-year-old transgender man, told me that he believes that maleness is a category necessary only for biomedicine. He says, “In my idea of the world, they [doctors] would have their own language system that was theirs that they used during that and leave the rest of us alone. Ok, I’m bipedal, that’s irrelevant to my daily life, you have to use it to talk about me but that’s fine.” However, for other transgender men identifying as male is central to their identity. Fourteen of the transgender men that I interviewed identify as male. Mel Parnell, a 30-year-old architectural designer, says, “Being male is somewhat benign, you wake up period. Male. It’s a blanket statement to who I am.” In addition, out of the 24 transgender men I interviewed, 10 told me that they identify as *a man*, and 14 said that they did not identify as *a man*. Transgender men appeared to be comfortable explaining their unique relationship to these gendered terms. This was not the first time someone had questioned these men about their relationship to the terms male or man. This is significant when compared to the interviewed cisgender men who were unaccustomed to such questions.

While most cisgender men that I interviewed feel comfortable identifying themselves as both *male* and *a man*, one heterosexual cisgender man, Virgil Vásquez, a 49-year-old software engineer and life coach, rejects societal notions of “being a man.”

He says, “I identify myself as a male, not a man, a male.” Another cisgender man, Jackie Jensen, a 71-year-old gay man, told me that when he was a teenager, he “tried to act like a male to hide the gay side of me for protection.” In this phrasing, Jackie differentiates being a gay man from being *male*. In this dissertation I have made the choice to refer to the men that I interviewed as *male* and as *men* knowing that this term does not accurately represent the identifications of each individual (Valentine 2007). However, I believe that my analysis requires a gendered term which bridges transgender and cisgender individuals.

Through participant observation fieldwork, I encountered many instances of men subtly and often unconsciously *identifying* with social groups. For instance, one day I was at the Diesel Café, a coffee shop that has two unisex bathrooms. One day someone hung a Superman and Wonderwoman figurine on each of the bathroom doors, and suddenly the bathrooms were treated as single sex. This change, enacted with no formal sign or intended change in procedure, changed the behavior of the bathroom-seeking patrons. Individuals suddenly confined themselves to the bathroom with the figurine which roughly approximated their gender identity, without being formally instructed to do so. Another day, my brother and I attended a Boston Bruins hockey match against the Montreal Canadiens, one of their rivals. While this environment was not all male, it felt heavily gendered to me. My participation in this event felt refreshingly simplistic. I knew who I was expected to think was inherently good (the Boston Bruins) and who was bad (the Montreal Canadiens). Since the majority of the audience was wearing team-specific apparel, I could quickly surmise who was on my side (yellow) and who wasn't (red). My brother and I reflected on how this environment offered such a tremendous feeling of

fitting in with the individuals around us. In addition, this social location felt like a place where it was expected that the audience would engage in certain behaviors which are deemed conventionally masculine, including drinking beer, shouting, eating junk food, and single-minded attention on the game. I found myself drawn to participating in this event in these stereotypical ways, identifying strongly with “my” team, and over-indulging myself with beer and hot dogs. I imagine this desire to fit in is part of the experience of attending athletic events.

To reiterate my main point in this section: throughout the interviews, cisgender men did not identify with cultural forms of masculinity, even when directly questioned. Transgender men, on the other hand, provided thoughtful responses to questions about their gender identity. In the last paragraph I cited two instances from my fieldwork in which individuals identified with a gender role through a subtle and most likely unconscious recalibration of their own desires. As I mentioned in the introduction to this chapter, the men I interviewed were much more intent on disidentifying rather than identifying with cultural masculinity. It is to these instances we now turn.

### *Ethnographic Disidentification*

Throughout my interviews every man without prompting renounced cultural masculinity and denigrated the behaviors of other men. Using various linguistic strategies, every man distanced himself from cultural masculinity. For instance, Sean Casey, a 39-year-old heterosexual cisgender man, told me, “I’m not a guy’s guy who likes to watch football and eat popcorn on a Sunday.” Throughout the interview, Sean referred several times to a “guy’s guy” as his foil; alternatively as who people thought he was, wanted him to be, or who he will never be. Other men used similar distancing mechanisms, claiming that they were not a “man’s man,” a “traditional man,” a “he-

man,” or “like other men.” Men also distanced themselves from those who they saw as the bearers of dominant masculinity. Some cisgender men told me that those who follow the rules of masculinity are constitutionally weak. Other cisgender men told me that their intelligence kept them from being successfully “macho.”

These statements are indicative of disidentification, where individuals construct their personal identity by distancing themselves from a social identity. However, rather than seeing these cases as a rejection of the tenets of cultural masculinity, I see such disidentification as instances of men actively and creatively invoking cultural masculinity. Men then can use these cultural forms strategically as the backdrop against which they create their own identity, the subject of the next chapter. For the rest of this chapter, in order to analyze how cultural masculinity operates in men’s lives, I examine instances of how and when men say they disavow cultural masculinity. I provide examples from my own fieldwork and the literature to show how the disavowal of cultural masculinity functions in men’s lives. The subject headings in the next section are drawn from the literature. In an article by Kimberly Elsbach and C. B. Bhattacharya (2001), the authors argue that individuals construct their identities by “Defining Who You Are By What You’re Not.” In this section, I argue that men disidentify from other cultural forms in order to establish their gender identity. The next section is entitled “To Be *And* Not To Be” and is drawn from the work of José Medina (2003). In this section, I illustrate the ways in which men simultaneously disidentify and identify from cultural masculinity. The last section is called “The Gentleman Doth Protest Too Much,” and is drawn from Jonathan Dean’s (2008) explanation of how some forms of disidentification unintentionally reify the original identification. There I present examples from my

research and from that of Wetherell and Edley (1999) to show instances of men unintentionally adopting characteristics of cultural masculinity through their disidentification of these same cultural forms.

### **Defining Who You Are By What You're Not**

In the United States, many individuals construct their identity by rejecting other identities. A few articles on disidentification examine how individuals define their personal identities through such posturing. Elsbach and Bhattacharya (2001) argue that individuals actively disassociate themselves from the National Rifle Association (NRA) in the United States in order to define their own identity antagonistically. This article shows how individuals disidentify from a bounded group of which they are not a member to enhance their own self-perception. Similarly, Coles argues that men who are born into working-class families in the United States and who are denied access to middle-class occupations may come to see those jobs as inferior. He contends that working-class men may refuse white-collar work, seeing such occupations as effeminate (Coles 2007:6). In this example, working-class men define their identity by distinguishing it from other masculinities.

The most common instance I found of men defining who they are by what they are not is when cisgender men maintained that they were men because they were not like women. One of the cisgender men I interviewed, Wade Boggs, is a 47-year-old construction supervisor and ex-Marine. Wade defines his identity as a man as different from women. He invokes what he sees as biological differences between men and women to substantiate his claim that men and women are “naturally” very different from each other, what he describes as “the yin and the yang.” He describes the “whole metrosexual

thing” as a conflation of what he sees as distinct gender roles, and he said that he prefers when gender roles are rigid. Another man I interviewed, Rick Burleson, said that he was taught that being a man involved renouncing all things female and feminine. However, Rick, a 57-year-old cisgender man, rejects the notion that women and men are at disparate ends of a spectrum. Rick told me that throughout his youth he was steeped in discourse which attempted to teach him that men were superior to women. He gave an example from his childhood schoolyard, where the rules for basketball were different for girls and boys: the girls wore skirts and only dribbled the ball three times. He said he thought these rules were set in place to reinforce the idea that women were clumsy and unable to play basketball. In addition, Rick, who is Jewish, told me that when he was ten years old he went to temple with his father and entered a room filled with praying men. He asked his father to explain the meaning behind a particular prayer. His father said, “‘Well, that’s the prayer where they thank God they aren’t women.’ Well, at that point I said, ‘Fuck this.’ What, the God of the universe thinks men are better than women? That’s not my cup of tea.” Rick told me that he does not establish his gender by disidentifying from stereotypical femininity. However, these examples from his youth make clear some of the cultural distinctions made between women and men, and how educational and religious institutions enforce these cultural rules. In these instances, men are expected to define themselves as not-women.

In addition, scholars have documented how heterosexual men disidentify from homosexuality in order to establish or maintain their own heterosexuality (Katz 1995; Kimmel 1994). Sometimes this takes the form of outright homophobia, and sometimes the signifier “fag” is modified to indicate a “bad” performance of masculinity, not

necessarily related to sexuality (Pascoe 2007). For instance, Dwight Evans made multiple references to *not being gay*, even at times when it was not germane to the topic. He was actively disidentifying with homosexuality in order to perform his heterosexuality. Homosexual men also disidentify from homosexuality when they attempt to pass as heterosexual, which will be covered in more depth in the next chapter. Men who distinguish their identity from that of women, or heterosexual men who demarcate their behaviors and identities from homosexual men, are in practice creating boundaries around masculinity. They are loosely defining *masculinity* by defining characteristics that are *not-masculine*. In these actions, defining who they are by what they are not becomes a method of concretizing masculine gender norms.

### **To Be And Not To Be**

Rosalind Gill, Karen Henwood and Carl Mclean conducted interviews on the relationship between normative masculinity and masculine embodiment for young British men (Gill, et al. 2005). They structured a research project that they expected would provide data on the differences among men along the lines of age, race, and class. Instead, they found upon analysis that the interviewed men's accounts were similar: each defined his own identity by distinguishing it from conventional masculinity. The authors write, "It is somewhat paradoxical that the thing that most *united* the 140 men we talked with was their conviction that they were *different* from other men" (Gill, et al. 2005:44). In these instances, men are not defining themselves as dissimilar from women, but as unlike other men. Yet these men do not, and in fact cannot, reject all elements of cultural masculinity. As I explain in detail in the next chapter, in the United States, individuals are constantly *read* in terms of the binary genders. So a man who actually rejects the confines

of his gender must work against a system that will always attempt to read his presentation and behaviors in terms of gender.

Goffman, in his studies of interaction, references maids who wear a uniform but refuse to don a cap, or medical doctors who wear their shirt collars open to demonstrate their rebellion from their expected social role. He writes, “What we have in these cases is a special kind of status symbol – a disidentifier – that the individual hopes will shatter an otherwise coherent picture, telling others not what he is but what he isn’t quite” (1961:146). In this example, the individual is clothed in both identifiers and disidentifiers, simultaneously conforming and rebelling. Similarly, José Medina (2003) analyzes individuals who say they are simultaneously a part of a group but different from that group. He argues that individuals both identify with their family yet consider themselves different from the other members of their family, resulting in tensions of identity. His formulation of disidentification thus “brings both similarities and differences simultaneously to bear on one’s identity” (Medina 2003:664). In other words, these usages of disidentification occur when an individual simultaneously identifies and disidentifies with a subjectivity or social identity. In organizational studies, Elsbach refers to this state as “schizo-identification” (1999).

In the interviews, when I asked men to describe the types of masculinity which were prevalent in the Boston area, many offered the evidence of the recent achievement of gay marriage and the preponderance of “hyper-masculine” sports teams as different types of masculinity supported and sustained in this area. In addition, men listed types of men, such as academic men, jocks, business types, working class men, lobster men, and “muscle-heads.” Upon analysis, I realized that both cisgender and transgender men listed

types of masculinity that either were *similar* or *dissimilar* to them. Other types of men were rarely mentioned, if at all – such as men involved in endurance sports (though the Boston Marathon and the Head of the Charles Regatta are hugely popular annual events), or musicians and artists (though Boston is known for its music scene). One gay cisgender man distilled the city into those parts that are accepting of his homosexuality and the neighborhoods he believes are disapproving of his sexuality. Manny Delcarmen, a 27-year-old nursing student, compares the hyper-masculine “white hat guys” with the more preferable “soft guys” of Cambridge, Somerville, and Jamaica Plain coffee shops. In these examples, men simultaneously identified and disidentified with types of masculinities so as to distill their own identity. In doing so they filtered out the masculinities with which they neither identified nor disidentified. In these examples cultural masculinity is an object that men structure their identities both with and against.

### **The Gentleman Doth Protest Too Much**

Finally, some instances of disidentification have the paradoxical effect of reifying the original identification. Drawing on Butler’s logic of repudiation, which argues that heterosexuality requires abjection of homosexuality, Dean argues that disidentification “refers to a process by which subjects sustain their identity through a repeated denial of a primal, perhaps threatening identification that has already been made” (Butler 1993:112; Dean 2008:8). He argues that individuals disidentify from particular identities with which they have already identified. In other words, Dean’s usage of the term disidentification is at its core also about identification. This formulation is not intended to be simplistic. For instance, Dean is not arguing that inside every homophobic man is a gay man. However,

by actively disidentifying with homosexuality, a heterosexual man constitutes both heterosexuality and homosexuality as separate domains (Dean 2008:10).

In addition, intense and sustained disidentification may provide evidence of an underlying identification. The title of Dean's article is "The Lady Doth Protest Too Much" (2008). This Shakespearean allusion is meant to signify that disidentification occasionally signals a rejection of identities which cannot be rejected, much like the stereotypical rebellious teenager in the United States who believes that she shares nothing with her family. I argue that the passionate disidentification of dominant masculinity that I encountered in each of my interviews occasionally signaled identification with the larger corpus of cultural masculinity. Again, Coles' (2008) concept of *mosaic masculinities* is helpful here in showing how men distance themselves from some facets of cultural masculinity while embracing other elements. Consider, for instance, this statement from one of my interviews:

I never felt like I had to be macho or any of that kind of stuff. You see a lot of fakes running around. You go into Boston on the weekend and you see a lot of Mr. Joe Cool running around...I'm just a regular guy. To me macho is somebody like one of my younger brothers. Big, muscular, gotta prove something to people. Not me, not me. I think macho people are trying to impress people, and I just want to be an ordinary normal guy.

With this statement, this individual is distinguishing himself from dominant masculinity, but connecting himself to other "ordinary normal guy[s]". He is rejecting what he sees as macho masculinity in order to secure an identity of "regular" masculinity. There is a tension here between rejection and acceptance of cultural forms of masculinity. As José Muñoz explains, "As a practice, disidentification does not dispel those ideological contradictory elements; rather, like a melancholic subject holding on to a lost object, a disidentifying subject works to hold on to this object and invests it with new

life” (1999:12). As I show in the next chapter, these ideological elements of cultural masculinity are engaged selectively when men attempt to pass as men.

There is one article which offers insight into the behaviors of the men I interviewed. Margaret Wetherell and Nigel Edley (1999) use ethnographic data in order to question the model of hegemonic masculinity as elaborated by Connell (1987). They challenge the relevance of “heroic masculinity” as a characteristic of ideal masculinity in the United States. The authors argue that their findings demonstrate that men did not desire to enact heroic masculinity, but instead, they write, “men portrayed themselves as ‘ordinary’ in relation to a macho stereotype” (1999:346). Wetherell and Edley write that the interviewed men saw other men who did enact this macho stereotype as over-the-top or extreme caricatures of masculinity. The authors are quick to reject this self-positioning as *resistance* to dominant masculinity, since the men are in effect still achieving masculine ideals even while claiming to reject certain types of heroic masculinity. They argue that “emphasis on individualism, autonomy and rationality is not necessarily a challenge to gendered power relations, since it can also be seen as buying back into another well-established aspect of a dominant masculine ideal” (1999:346). The men they studied actively define themselves as outside of dominant masculinity and disidentify with “heroic” masculinity. However, through their disidentification, they identify with the larger corpus of cultural masculinity. Wetherell and Edley write that:

Paradoxically, one could say that sometimes one of the most effective ways of being hegemonic, or being a ‘man’, may be to demonstrate one’s distance from hegemonic masculinity. Perhaps what is most hegemonic is to be nonhegemonic! An independent man who knows his own mind and who can ‘see through’ social expectations...The man, for instance, who describes himself as original, as beyond stereotypes, as having a personal, worked-out philosophy of masculinity or indeed as just ordinary and average has not escaped the familiar tropes of gender. He is precisely

enmeshed by convention; subjectified, ordered and disciplined at the very moment he rehearses the language of personal taste, unconventionality and autonomy, or ordinariness and normality. [Wetherell and Edley 1999:351, 353]

In other words, we can see some instances of disidentification from cultural masculinity as affirming cultural masculinities. By rejecting or disidentifying from tropes of masculinity men are in fact performing cultural masculinities. These varying conceptualizations of how men selectively retain and reject cultural masculinity shed new light on how men experience and enact their gender.

### *Conclusion*

In this chapter I continue to provide data on both cultural ideals and individual lived realities by showing how men craft their personal identities by identifying and disidentifying with cultural masculinity. I showed some of the ways in which the men I interviewed say they enact and experience cultural masculinity. I explained the concept of hegemonic masculinity in more depth, and showed some of the ways men identify with cultural masculinities or other social identities. I analyzed ways that men disidentify with other social identities. I provided evidence of the multiple ways the men I interviewed say they identify and disidentify from cultural masculinity and other social identities. Drawing from Coles (2008) and Wetherell and Edley (1999), I showed how men's disidentification is sometimes also a form of identification. In the next chapter I explore how men retain the cultural forms of appropriate masculinity which they use when they want to be seen as men. In doing so, the men make use of the disidentified cultural forms. If they had rejected or cast aside these forms, the forms would not be available for usage. This next chapter, therefore, provides retrospective proof of disidentification as identification.

## CHAPTER 5: MASKULINITY: THE STRATEGIC USE OF GENDER BY MEN

Masculinity is not a consistent force in men's lives, but instead shifts throughout diverse contexts and interactions. As I explained in the previous chapter, every man I interviewed acknowledged the existence of traditional or dominant masculinity, but took pains to tell me that these norms do not represent who they are as individuals. These men actively disidentify with both the ideals of masculinity and the behaviors of other men. They take pains to express a clear separation between idealized masculinity, and masculinity as it is experienced, enacted, and engaged in their lives. In these accounts, cultural masculinity is not dismissed as irrelevant, but instead is retained and reconfigured as an externality, a mechanism to be employed when and if desired. This chapter will explore the strategic use of gender by men, what I refer to as Maskulinity. Maskulinity is the ability for men to invoke gendered conventions in order to pass as male or as a man. For these men, gender can be thought of as an embodied social resource, a type of gendered mask. Men can step into these expectations pragmatically, modifying their affect, behaviors, or appearance to better approximate a conventionally gendered man. Men can literally sculpt their bodies to align with expectations of normal maleness. In this way we can consider masculinity itself a technology of the body.

In this chapter, I explore the ways in which men manage their identity so that they may “pass” as men. I examine and expand the concept of passing, and analyze some of the reported ways that transgender and cisgender men pass as men. I give examples of how transgender men and cisgender men remake their bodies and their behaviors to coincide with their culture’s expectations of masculinity. I then delve into some of the

reasons why individual men want to pass as men. I argue that passing as a man, or alternatively, deciding to not pass as a man (either by passing as a woman or by attempting to craft an un-gendered presentation), is a strategic choice which relates to individual men and their desire to be visible or invisible in a particular moment. Men's narratives of their own masculinity provide evidence of how masculinity functions like a mask. Masks offer camouflage, but simultaneously illuminate the wearer. For instance, wrestlers who are a part of the Lucha Libre Mexican wrestling tradition wear masks which serve to both hide the identity of the wearer and symbolically mark this individual as a Lucha Libre wrestler. The mask of masculinity functions in many different ways, enabling the wearer to be inconspicuous or extraordinary, invisible or visible. Moreover, I address how, for those who effectively pass as men, individuals can achieve invisibility. By expressing conventional masculinity and visibly passing as men, masculinity can provide a strategic invisibility that can offer a welcome relief for individuals who struggle to find peace in a heavily gendered world. Some men are loath to accept this invisibility, believing that passing as a man requires too much of a sacrifice. Other men choose to exploit this earned invisibility to further particular goals. Taken all together, these examples of men determining when, how, and if they should pass as men illuminate how masculinity is a strategic choice.

This chapter provides a thick description of how men say they perform, challenge, and redefine masculinity. Using interview data, I demonstrate the ways in which men pragmatically invoke their masculinity as a method of creative self determination. I want to acknowledge that highlighting comparisons between dissimilar individuals can present a false sense of coherence. However, during my research, I spoke with fifty men, ranging

in age from 21-71 years old, including gay men, straight men, bisexual men, asexual men, transgender men, men who love Viagra, men who don't care about sex, men using testosterone, men who reject pharmaceuticals, men with Native American, Haitian, Korean, Cambodian, Israeli, English, and African American histories, and found intense similarities in how they say they enact their gender identities. This analysis continues to make connections among these men to articulate how the personal is political in the ways men enact and experience their gender.

### *Passing*

Masculinity, like other gender roles, is a, “managed achievement,” to use the language of ethnomethodologist Harold Garfinkel (2006). In this chapter, I discuss the ways in which individual men manage their identity so that they may pass as an appropriately gendered man in their cultural context. Sometimes this management is intentional and sometimes it is unconscious to the man engaging in the behavior. Social theory is often hesitant to address intentional actions, and rightly so, because of the potential for disconnect between action and reaction. Simply put, just because I intentionally do something, I will not necessarily achieve the intended response. However, I submit that all men strategically “manage” and “achieve” their gender role, whether or not their achievement is calculated. Therefore, I want to leave behind questions of intention in order to develop further theories of gender identity.

Passing can only exist in a cultural system that has codified social rules of appropriate behavior and expectations of presentation for members of distinct social identities. These rules, constructed and elusive, hold cultural meaning and create the scaffolding on which passing rests. It is important to point out that passing is not simply impersonation, because passing assumes inclusion in a category. One individual cannot

pass as another, but for example, an adult can pass as a young person, because there are social rules for how young people behave. Passing relies on social groups within a cultural system with varying access to power, social acceptance, and accompanying social privilege. An individual may choose to pass as a member of a dominant group, or he may unintentionally do so when others read his presentation and make determinations about his identity. In addition, individuals can choose to identify with a marginalized group, what Erving Goffman calls “reverse-passing” (1963:42). Goffman explores how socially unacceptable individuals manage their “spoiled identity” to be seen as socially acceptable.

### **Gender Passing**

Gender is interactional, that is, gender is enacted in a set of circumstances which influence the individual’s gender presentation. I do not mean that gender is so fluid as to be unrecognizable in stasis, but that gender roles and gender presentation do not exist *sui generis* but instead come into being through interaction. Gender passing is the intentional usage of gendered markers, be they voice tone, embodied gestures, or specific hair styles, to communicate to one person that the other is a member of a particular gendered group, whether it is women, men, or more specific gendered groups, including urban homosexual men or high school age tomboys. Within lesbian, gay, and bisexual communities, the concept of passing has been widely used to designate individuals who attempt to pass as heterosexual to gain access to rights and benefits that would be denied them due to their socially stigmatized sexualities. However, the notion of compulsory heterosexuality, as popularized by Adrienne Rich, reminds us that individuals often pass

as heterosexual even when this is not their intent, due to the assumption that everyone is heterosexual-until-proven-otherwise.

In the North American context, individuals presume, often incorrectly, that they can read another's body to determine his/her sex, race, ethnicity, and ability status. This assumption creates an opportunity for individuals to intentionally craft their presentation in order to pass as a person with a different social identity. Within transgender studies, gender passing refers to individuals modifying their behaviors and appearance to represent an appropriately gendered man or woman. Sometimes transgender men pass as transgender men, and other times they pass as cisgender men. In these discourses, gender passing is conceptualized as all or nothing; one passes completely or one fails to pass. Transgender individuals who pass completely as their chosen gender are referred to as *stealth* (Bolin 1988).

In interviews, transgender men expressed compassion towards individuals having freedom to choose how they identify regardless of their natal sex. However, a few men referenced what I call the road trip test – whether or not someone passes as their chosen identity in an unfamiliar environment. While this reveals the contextual nature of gender, it also demonstrates the normalizing forces of gender policing. If individuals want to be read as a man, they need to present themselves according to gendered conventions of appropriate masculinity. For example, one man alluded to a friend of his who claims his gender identity is “giraffe,” a gender identity that he thinks is an apt description. However, he is quick to point out that this person will never pass as a giraffe on a road trip. The road trip test, therefore, is a distillation of gender identity and gender expression. Those whose bodies and presentation fit into pre-established and well-

communicated gender norms will have an easier time passing as their chosen gender. In fact, many transgender men explained that it was easier to pass as men in locations where gender stereotypes are more rigid. San Francisco was mentioned by several transgender men as a much harder place for transgender men to pass as men, even when they are stealth in Boston.

### **Who Passes?**

Passing as defined in ethnomethodology assumes that one passes as someone they are not. I believe this notion sets up a false dichotomy between authentic and inauthentic selves. This is increasingly complicated when talking about transgender men, who often feel more “like themselves,” in dressing, acting, and living as men. I want to step around conversations about authenticity by looking at how individual men pass as members of groups in which they *are* members. I submit that passing is not just about passing yourself off as someone you are not, but it is also about passing yourself off as someone you are. Passing is not only a strategy available to transgender men, but is a mechanism of gender management that all men (and all individuals) can and do invoke.

Consider a hypothetical young man living in North America, Joe Cooper, who is heterosexual and a virgin. When his peers question Joe about his sexual experience, Joe is evasive, intentionally leading his friends to believe that he has had sexual experiences. Joe is attempting to pass as an appropriately gendered young man. In this situation, Joe must believe there are culturally appropriate rules for the gender with which he identifies; he must compare his masculinity with idealized masculinity; and he must believe there are consequences for breaking the rules of appropriate masculinity. In this example, there is dissonance between the individual and what the individual believes are the cultural

expectations for his gender role. Joe deals with the situation by presenting the self that he believes is appropriate. In this situation, Joe is passing.

As gender is interactional, every man must have the ability to present multiple masculinities in various contexts. One man I interviewed, Wade Boggs, is a 47-year-old ex-Marine who lives with his estranged wife and two children an hour outside of Boston. Wade told me a story which demonstrates the multiplicity of masculinities that he needs to manage as a construction supervisor. Wade, clean shaven and wearing a suit, attempted to check into a working man's hotel but was told the hotel was full. When he returned the next day, in ripped jeans, and a stained shirt, he was given a room immediately. The primary masculinity at work in this environment was working class, and so Wade had to reverse-pass, modifying his gender presentation in order to gain access. Wade needed to know how to step into multiple forms of masculinity, and pragmatically choose the masculinity that would give him access to this venue. Again, Wade here is passing as someone he is; he both does construction, and is a construction supervisor. He is migrating between different presentations of his own gender identity, passing as an identity he really does inhabit.

There is one well-publicized account of passing that will help illustrate the multiple layers of this concept. In 1958, a 19-year-old white woman named Agnes approached doctors in the UCLA Medical Center, requesting genital surgery. She explained that she had grown up male, but since puberty her body had developed female secondary sexual characteristics, including breasts, narrow hips, and soft skin, and for the past few years she had lived as a woman. Agnes convinced the doctors that she qualified for surgery to remove her penis and scrotum and construct a vagina because she was

intersexed, that is, biologically male and female. Throughout intensive interrogation by her medical team, Agnes denied taking exogenous estrogen. Her doctors, partially convinced by her conventionally feminine presentation, diagnosed her with testicular feminization syndrome and performed the surgery. In 1966, Agnes acknowledged to Dr. Robert Stoller, one of her doctors, that since the age of twelve she *had* taken pharmaceutical estrogen, and that her body *had not* spontaneously feminized after puberty.

In this example we can see Agnes passing in two separate ways. Before her surgery, Agnes, quite convincingly from all written accounts, passed as a woman in her social community. To her medical team, Agnes managed her identity so successfully that she passed as an intersexed person, even though her doctors could find no biological reason for high levels of estrogen in her body. She intentionally passed as an intersexed individual in order to gain access to genital surgery that most likely would have been denied to her as a person seeking elective sexual reassignment surgery. However, there is a third instance of passing in this story that deserves attention. The UCLA medical research team, which included psychologist Robert Stoller and sociologist Harold Garfinkel, was engaged in research on intersexed people, a topic about which very little was then known. Garfinkel wrote an article, "Passing and the Managed Achievement of Sex Status in an 'Intersexed' Person," to discuss how Agnes managed her identity, paying particular attention to the ways that she passed as a woman. In this article, Garfinkel describes how he simultaneously managed his identity through his interactions with Agnes. He writes, "If Agnes was passing with us [her medical team], it must be stated in all fairness that there were many times, indeed, when I was passing with her.

There were many occasions in the exchanges between Agnes and I when it was necessary for me to side-step her requests for information in order to avoid any display of incompetence” (2006:80). He improvised “cock-and-bull stories” in order to pass as a scholar who had significant knowledge. Garfinkel managed the interactions with Agnes to help himself pass more successfully in an identity that he *did* inhabit.

### ***Maskulinity: Men Passing as Male***

In the United States, “being a man” indexes both physical presentation and social identity. Male is a category that relies on the assumption of sexual differentiation: one is either biologically male *or* female. Masculinity for men is an evaluation of how well individuals fit gendered conventions in a particular cultural context. Individuals can be male but not particularly masculine, as in the case of male children. Male masculinity involves the interdependent layering of sex and gender, biology and culture. Some physical characteristics make individuals look male, and some serve to make individuals look masculine. For instance, an Adam’s apple is thought to be something that differentiates male and female individuals, and so the presence of an Adam’s apple can be considered proof of maleness (though women also can have an easily discernible bump in their throat). The judgment of how masculine someone’s appearance is involves shades of gradation, such as the relative squareness of their jaw. In the United States, a woman is taught that her ideal mate is “tall, dark, and handsome,” which are all qualities that index masculinity, not maleness.

Some men’s body facilitates their passing as men, due to the assumption that biology is a foolproof indicator of maleness. In contrast, biology makes it harder for men who are naturally short, with a higher-pitched voice, and a relatively hairless body to pass as masculine: a higher-pitched voice is enough to shatter the ability of a man to pass

successfully. Two cisgender men, Carlton Fisk and Mark Kotsay, told me that they were told repeatedly throughout their youth that their naturally higher-pitched voice made them “sound like a girl.” Many of the transgender men I interviewed talked about attempting to pass as male before they started using testosterone. These men would often pass as male before they spoke but fail to pass as men once they began speaking. To continue to pass, therefore, many transgender men told me that they literally lost their voices, so as not to disturb their ability to pass as male. I heard this from most of the transgender men I spoke with, including one gay transgender man who said that during this period he preferred public sex environments to private sexual encounters because he could negotiate with potential partners using only grunts, head nods, and touch.

Bodies are made both male and masculine through a combination of genetics, chromosomes, and hormones. Testosterone makes some bodies look male, and other bodies appropriately masculine. Endogenous testosterone makes the long bones grow, increasing height, hand size, and foot size. It drops the pitch of the voice, and it distributes fat on the belly as opposed to on the hips and thighs. Both testosterone and dihydrotestosterone are important for facial and bodily hair growth, and male pattern baldness, both significant indicators of maleness and masculinity.

Primary sexual characteristics are often assumed from the displayed signs, including secondary sex characteristics, dress, and bodily performance, what Suzanne Kessler and Wendy McKenna (1985) refer to as cultural genitals. I am not arguing that genitals are only cultural, as I believe that the biological body is significant for gendered designations. I argue that genitals are *also* cultural. It is the assumption of the immediate and unwavering connection of primary and secondary sexual characteristics that creates a

space for transgender men to pass as men. Secondary sexual characteristics are often more important for passing than primary sexual characteristics, such as genitals and reproductive organs. Jonathan Papelbon, a slight 23-year-old transgender male graduate student, told me of his first attempt to use a men's public restroom, a year before he started using testosterone. He walked towards the men's room, saw that it was full, and so decided to use the empty women's room. He said, "I started walking towards it. This guy came up behind me and says no no no woman woman woman. From the back I was being read as a guy. He grabbed me by the back, pulled open the men's door, and threw me in there, literally. He shoved me towards the stall, and said yes yes right place." From this anecdote, which was repeated several times in different forms throughout interviews, we can see the significance of the external body for making determinations about another person's genitals.

Frank Malzone, a 43-year-old gay transgender man, shared an anecdote which illustrates how individuals read even the naked body as evidence of cultural genitals. At a gay men's leather retreat, Frank saw a naked trans-man, whose naked body, without a penis or scrotum, was read as a cisgender man. When Frank made a comment calling this naked man a transsexual, the men around him disagreed, and said that the naked individual's genitals were "tucked in," that is, hidden from sight. Frank said, "It was a real amazing lesson to me that people are going to see what they are going to see. And that will just overwhelm even the naked literal body of evidence lying there." The other men around Frank saw the naked man as a cisgender man because it was unfathomable that he was anything other than a cisgender man. This man had a vagina, not a penis, and yet he passed while naked as a cisgender man.

### *Bodily Techniques of Masculinity*

Passing as a man is authorized through the physical body, and through performance and shaping of that body. Marcel Mauss asserted that, “The body is man’s first and most natural instrument. Or more accurately, not to speak of instruments, man’s first and most natural technical object, and at the same time technical means, is his body” (2007:56). The embodiment of masculinity is not simply about biology unfettered by cultural norms, but bodily techniques, or ways of using the body which correspond to both culture and biology. The way men cross their legs, hold themselves, take up space, and express themselves are byproducts of both biology and bodily techniques. Scott Cooper, a 46-year-old English professor, said that as a gay man he is more attracted to the *performance* of masculinity through enacted bodily techniques. He says:

A particular way of exposing a hairy armpit is, in the popular media, widely a sign of masculinity. And in many gay men’s erotic life as well. But what makes it masculine is the way that it’s exposed, offered up to the eye. So I think it’s reductive to say that a body part is masculine just in its being, it really has to do with the presentation of the body part. Most people who are performing masculinity learn to use their body parts and display them in a certain way. And I think that’s true even for things like chest hair which would seem irreducibly chromosomal and hormonal when really the ways we display that is so much what we mean by masculinity.

In this quotation we can see evidence of how men pass as male through performance of their bodies. It is not simply having a particular set of body parts, but how men use and perform these body parts. It is well recognized that very few markers of sex or gender are actually exclusive to women or men; women can have facial and chest hair; men can have very little body hair; women can have broad shoulders and narrow hips; men can have large breasts and soft skin; and women’s voices can be low and men’s

high. Bodily techniques are often more important than the body parts themselves for representing sex or gender.

In addition, passing as male can involve manipulation of the physical signs of maleness, *developing* the body into what is expected. Elizabeth Kennedy and Madeline Davis (1993:178) wrote that working class butch lesbians in the 1940s and 1950s would tape down their chests to better approximate a male silhouette. Many transgender men start their transition by attempting to pass as male before they undertake pharmaceutical or surgical transition. In fact, in accordance with the Harry Benjamin Standards of Care, an individual who desires hormone therapy must engage in, “a documented real life experience of at least three months,” which involves changing one’s gender presentation to pass as the intended sex (Meyer, et al. 2001). According to the aforementioned standards of care, for a transgender man passing as man can involve: “1. Cross-dressing: unobtrusively with undergarments, unisexually, or in a masculine fashion; 2. Changing the body through breast binding, weight lifting, applying theatrical facial hair; 3. Padding underpants or wearing a penile prosthesis” (Meyer, et al. 2001). Interestingly, in these efforts to present as male, many transgender men rely upon technologies which were developed for cisgender men. Transgender men who have not had chest reconstruction surgery often wear a chest binder, which uses compression to flatten the chest. This garment was developed and is marketed primarily to cisgender men with gynecomastia, enabling men with abnormally large mammary glands to better pass as men. Additionally, many cisgender men and transgender men equate muscle mass with maleness, and thus modify their body by lifting weights. For both transgender men and cisgender men, these “bodily techniques” sculpt a male physique.

Other mechanisms of passing for transgender men are ways for a transgender man to approximate a cisgender man. These bodily techniques include drinking copious amounts of milk to thicken the vocal cords, wearing button down shirts with two chest pockets, and determining exactly where to direct one's urine stream in a toilet to sound like a man is urinating. Other recommendations online include purchasing men's shoes with lifts, so as to appear taller, and shaving every day, even if the individual has no terminal facial hair, since cisgender men do not have "peach fuzz" on their faces. These very specific cultural behaviors can be performed by a transgender man to better pass as a cisgender man.

Within the contemporary United States, biomedical technology is often used to make the body look more male. Many of the technologies used in sexual reassignment surgeries for transgender men were originally developed for cisgender men. For instance, cisgender men with gynecomastia undergo chest reconstruction surgery to remove what is seen as too much breast tissue. Other cisgender men choose to insert pectoral implants. These technologies have now been used to remove breast tissue and construct a flattened, muscular chest for transgender men. Transgender men who choose to surgically create a phallus benefit from the pedicle flap technique that was developed to repair the genitals of male soldiers injured in the Second World War. Testosterone therapy is used by transgender men and cisgender men to improve their ability to look like men. Transgender men often use testosterone to transform their phenotypically female bodies. In these men, testosterone produces secondary sex characteristics seen as markers of adult masculinity such as increased muscle mass, the generation and darkening of facial and body hair, and the thickening of the vocal cords resulting in a deepening of the voice.

Results of testosterone therapy for transgender men differ according to many factors including genetics and methods of hormone administration. For instance, many transgender men referred to the difference in the vocal qualities between transgender men who went “low dose,” using a slower method of hormonal transition, and those that attempted to expedite their transition. However, it is not just transgender men who use testosterone therapy to make their bodies look more conventionally male. Testosterone therapy is also used by aging men to make their bodies look more culturally masculine, by cisgender men with genital anomalies such as Klinefelter's syndrome, HIV-positive men who want to regain muscle mass, and by men whose testicles have been injured or removed due to disease. These are all ways of shaping the appearance of maleness through the development of male primary and secondary sexual characteristics, for both cisgender and transgender men.

### ***Maskulinity: Men Passing as Men***

Gender is set of stereotypes; no one can fit all gender conventions at all times. Individuals manage their multiple identities to pass as men. This section will explore the ways transgender and cisgender men pass as men. It primarily describes the ways in which transgender men learn the tenets of appropriate masculinity from explicitly documented resources. All marginalized people have a vested interest in learning the social codes of the dominant group. Transgender men, as individuals who identify as men, need to learn to express maleness and masculinity so that they can pass as men. Exploring how transgender men pass as men gives insight into how cisgender men pass as men. As Jacoby Ellsbury pointed out during his interview, transgender people change the definition of gender by demonstrating that is not automatically tied to sex, “and it

makes it more interesting for non-transgender people, because if it's not true for transgender people, it can't be true for non-transgender people.”

Transgender men often become savvy ethnographers of gender conventions, and reproduce these behaviors and appearances so as to help themselves pass as men. Transgender men often rely on community compiled repositories of passing tips for how to look like a man in the contemporary United States. While these virtual warehouses can be critiqued for promoting the idea that there is a single (and therefore hegemonic) way for transgender men to be masculine, they do provide an explicit set of behaviors for individuals to rely upon in the beginning stages of their transition. This record of gendered characteristics is explicit and therefore much easier to decipher than the ways most individuals ascertain gender norms: by gender policing.

Throughout my fieldwork, I collected mechanisms that transgender men use to look or act like cisgender men. Interestingly, some of these behaviors and presentation tips are gender conventions of cisgender men, while others are mechanisms that only transgender men use to pass as men. There are many informational websites which assist transgender men in passing, detailing how to look and how to act to pass as a conventionally gendered man. These websites provide information about men's bodies and dress, for instance, the difference between traditional men's and women's haircuts, and even more specifically, which of these haircuts will help transgender men pass as men. For instance, Andy's [FTM Passing Tips](#) recommends that the individual, “Go for a short-back-n'-sides cut, but avoid getting an all-over crewcut or ‘punk’ style, as these are often sported by the butch lesbians who you are trying to distinguish yourself from” (Andy 2007). Similarly, there are websites which compile lists of mannerisms that are

considered masculine in the United States. The site [Tricks of the Trade](#) recommends a masculine way to: shake hands (firm with eye contact); light matches (draw the match towards you); look at your nails (with palm up, fingers curled down); cross your legs (with one ankle on the opposite knee; talk (interrupt others, more monotonal, less inflection); and stand (distribute weight evenly on both legs) (Bergstedt and Andy 1996).

The specter of the stereotypes of masculinity is so formidable that it limits which individuals will get read as men. Some individuals never pass as a man, for instance by perpetually being read as a boy. J.D. Drew is a 30-year-old transgender man who used testosterone for a few months but then made the choice to stop. J.D. is short in stature, with a round face and a flat chest, and dresses in casual male attire. He did have chest surgery, and the short usage of testosterone did drop his voice a bit, but while he passes as male he is often read as a teenage boy. When he went to get sized for dress shoes, the clerk insisted that he get shoes that were a size too big because he assumed that J.D. was still growing. Because individuals assume they know what a man looks like, J.D. is summarily dismissed as a boy. In this instance, *maskulinity* effaces his actual age, while facilitating J.D.'s ability to pass as male. The assumptions of the legitimacy of the stereotypes of men render J.D. invisible as an adult man.

During the interviews, cisgender men related instances when they actively and consciously modified the performance of their gender role in response to teasing, to increase their own attractiveness, or for the benefit of other individuals. Charlie Zink, a soft-spoken husband and father who lives about an hour from Boston, says that while growing up he felt a great deal of pressure from his peers and coworkers to act in a particular way to be the "right kind of man." He spent his twenties and thirties doing

physical labor, in an environment where his masculinity was doubted every time he had limitations on his strength from an injury or fatigue. Nowadays, he says he only acts masculine around his daughter's boyfriends, because she expects him to act a certain way towards these younger men. Charlie says that he only thinks about his masculinity when he is actively performing a role to pass as a man for his daughter's benefit.

One undercurrent of the gender conventions that surround masculinity is presumed heterosexuality. Men, both straight and gay, in part construct their gender identity in relation to homophobia. Carlton Fisk, a retired cisgender heterosexual man, has lived internationally, and prefers what he sees as more friendliness and openness towards touch between men in Europe. Interestingly, Carlton blamed part of the social restrictions on male touch to the legality of gay marriage in Massachusetts. The acceptance of homosexuality, he believes, has led individuals to believe that all closeness between male friends is sexual. Carlton rightly identifies how the definition of appropriate masculinity is culturally constructed. In particular, he remarks on how culturally accepted gender roles work to place limits on relationships between men. However, Carlton does not recognize how his fear of being seen as homosexual shapes his gender performance. Carlton explicitly performs an identity he does inhabit, that of a heterosexual man, to avoid being read as homosexual.

Many of the men I interviewed in fact used the interview itself as a space to pass as a man. As an eager and attentive young woman, up to forty years younger than some of the men I interviewed, there was a potential for heterosexual men to use our time together to bolster their own sense of their masculinity. I acknowledge this in the methodology as a potential source of data distortion. However, in this section I see this

dynamic as a potentiality which let me observe as the interviewed men performed their masculinity. Men asked me out on dates and flirted with me throughout the interview process. One man agreed to be interviewed if we conducted the interview by candlelight (I declined). Another man, Dwight Evans, is an extremely eloquent 75-year-old retired veteran. He is a dilettante, professing a love of languages, arts, and aesthetics, but his true love is his sexuality. During the interview, he answered almost all of the relatively innocuous questions with extremely sexual answers. For instance, when I asked him if he considered himself athletic, he responded, "Only in the bedroom." It also seemed important to him to demonstrate his heterosexuality by constantly telling me that he is not gay. Dwight performs his masculinity through his incessant talk about sex. He uses every opportunity to attempt to pass as a man beyond any doubt.

In response to the question, "Do people expect you to be a certain way because you are male?" transgender men made lists of what they had to give up in order to pass as an appropriately gendered man. Some of these limitations are admittedly superficial (to avoid looking homosexual, do not compliment another man's shoes). However, other strategies individuals use to pass as men involve blocking physical emotional responses, including crying, screaming, and hugging. Transgender men told me that passing as a man increases the likelihood that they will be seen as a potential source of violence and aggression. Many transgender men said that after their transition they were treated with apprehension when they smiled at children, or walked late at night behind women they did not know. Kevin Cash is a transgender male staff assistant at Harvard Library who started on testosterone therapy in 2002. Kevin told me that he has learned a great deal over the years about the limitations of passing as a man. He contrasts his tendency

towards politeness with other individuals' assumptions of his tendency towards violence. He says that before he transitioned, if he saw, "some lady with a cute baby in a carriage," and told the mother that her child was cute, she would smile. Now that he looks male, if he tries to make the same comment, the response is now a look which Kevin translates as, "I must protect my child from you." These examples demonstrate that passing as a man involves restrictions as well as proscriptions of gender behaviors.

### ***Why Do Men Wear This Mask of Maskulinity?***

My central point in this chapter is that men can use their gender strategically to achieve the reactions that they desire. In the last section I offered examples of *methods* of passing as male and masculine for both cisgender and transgender men. In the rest of this chapter I focus on *why* men choose to pass as men. As I mentioned briefly in the section on passing, masculinity is not simply an identity category; it must be expressed for all men, transgender and cisgender. Gender passing is contextual, and one only passes if his gender can be read from presentation and performance. Men with knowledge of gender conventions can fit into gender roles when they so desire. By engaging with these gender conventions, these men mark themselves as visibly masculine. *Maskulinity* allows a man to be visible as a man, rather than as an ungendered human being. *Maskulinity* makes evident this social identity, highlighting it while subsuming other identities.

The primary reason men choose to pass as men is *to be seen* as men. This point seems obvious, but it needs to be made explicit. Work has explored how women's gender roles are pragmatic (Lock and Kaufert 1998), and how transgender men actively craft their gender expression (Cromwell 1999), but we have yet to explore how men invoke gender conventions as a tool for passing as men. Being seen as a man can be very important for other reasons as well. When I asked men what makes them feel most like a

man, many responded that they felt most like a man when they were being seen as a man. Passing as a man made them feel like a man. Passing matters not only for the individual's psychological well-being, but also for his physical safety. For instance, Rudy York, a transgender man, talked about experiencing firsthand the necessity of passing as male. He says, "I've had to accept that a lot of the demonstrative nature that I have is not allowed without putting myself in danger." Rudy actively sublimates what he sees as an element of his personality in order to pass as a man. However, he explained to me that this does not feel inauthentic to him, but instead feels like it is part of the package of masculinity.

### **Maskulinity: Passing as Pretending**

While both transgender and cisgender men pass as men, they appear to conceptualize this passing quite differently. There are several potential reasons for this: many of the transgender men I interviewed identify as feminists, and have been exposed to gender theory; transgender men who transition from women to men can actively see themselves intentionally performing gender to pass as men; and transgender men who are invested in physical transition may have a great deal more knowledge about bodies and hormones than cisgender men. Cisgender men, especially those who have not had access to gender theory, were aware of men performing masculinity. However, in most of their accounts they describe these performances as inauthentic. Men referred to other men as "great pretenders," "big fakes," "Mr. Joe Cool," and what eventually became the title of this chapter, wearing a "manly man...mask." In this section, I contrast how transgender men pass as men with an exploration of how cisgender men conceive of gender passing. I show that the primary reason for cisgender men to pass is to fit other people's expectations.

David Ortiz is a 58-year-old high school English teacher, who lives with his wife and two children. David indicates that he has always had issues with the masculine gender role and expectations of masculinity. David much prefers the company of women, with whom he feels that he does not have to perform masculinity in ways that feel inauthentic. He says, “The Hulk Hogan ideal of masculinity is a kind of a mask, it’s a way of not being authentic... it’s a way of being in the world that is dictated, that is invented by culture on account of sex difference.” He maintains that masculinity is a fiction dictated by culture that keeps individuals from expressing who they really are. Unlike many of the other men that I interviewed who professed to be above pandering to the expectations of their gender role, Dave instead claims that he can sometimes feel himself drawn to fitting it. He says, “In the presence of other men...what comes out of me is that inclination, that leaning toward that manly man sort of persona or mask which I don’t feel comfortable with. Nor do I feel comfortable abandoning that in the company of other men.” David says that when he meets men with “masculine presentations,” he feels “uncomfortable” because he feels that the two of them must immediately step into a predetermined role, and talk about “guy stuff,” which bores him. David was honest in his reflections, noting his ability to perform the “manly man” persona when he wants to fit in with other men. In addition, he referenced his inability to feel comfortable dropping this mask. David pragmatically dons this mask to be seen as a man by other men. This mask, for David, is strategic in that it provides a role for him and the other man to play, a way to fit in and make connections with one another, even if those connections are fragile.

Rick Burluson, a middle class, white, heterosexual 57-year-old man, argues that fulfilling gender conventions is a continual challenge for all men. Unlike David Ortiz,

who claims that his primary use of *maskulinity* is to make him fit in with other men, the primary reason Rick uses *maskulinity* is in his social relationships with women. Rick has lived by himself in Brighton for the last twenty-odd years, and considers himself “a confirmed bachelor for life.” Rick is extremely interested in gender roles, and has co-hosted seminars on male-female communication. Rick believes that men are “great pretenders” due to the dissonance between men’s lived realities and women’s expectations. As a man whose primary friendships and romantic relationships are with women, he has realized that he spends a great deal of time in company with women who do not understand what it is like to be a man. He says,

Walking around in a man’s body you know that you aren’t understood by women. And because of that there is a great pressure for men to fake it, and pretend. It’s a whole spectrum of pretending. Like women say they want you to be honest, but the message is if you are really honest, they will reject you. So you have no choice but to pretend. [she will say] I want you to show me your feelings, tell me your feelings. But men show their feelings and the women are scared to hell. Men pick up on that, and keep their mouth closed.

Rick believes that being a man in relationships with women necessitates both truncating and concealing his feelings. Appearing to have no emotions was one way in which Rick learned to pass as a man.

Rick suggests that most men know they are not able to measure up to the societal ideals of masculinity. He gives the example that women expect men to be confident and in control at all times. “And of course we know we’re not,” he says, “and that makes it difficult. To a great extent, we are the great pretenders.” Because many of the ideals of masculinity are unattainable or not maintainable, men need to pretend in order to be seen as masculine men. Of course, one issue with knowingly pretending is the underlying fear

of being found out. Rick says that a large part of him is “always afraid of what’s going to happen when she finds out who I really am.”

Rick’s unique formulation of men as great pretenders is one individual’s reconciliation of his own life with what he considers to be the cultural expectations of masculinity. Rick sees the cultural role men are expected to fulfill as obligatory. He intentionally modifies his gender presentation to achieve what is expected of him. Even though he derides this “pretending,” it does not preclude him from strategically invoking masculine norms as a way of passing as a man. Rick’s exhortation of men as “the great pretenders” clearly articulates examples of cisgender men passing as men.

In their interviews, at least six other men spontaneously described masculinity as a form of pretending, something about which I had not directly questioned them. Almost all of the accounts of masculinity as pretending came from cisgender men. For instance, Virgil Vásquez, a 49-year-old software engineer who recently started a new business as a life coach, explained that he often tells his clients to be themselves, rather than following gender expectations. “They are pretenders, I call them.” According to Virgil, this pretending makes these men weak. Similarly, Jon Lester, a 51-year-old martial arts instructor, equates being “macho” with being fake. I interviewed Jon in the club room of a lavish gymnasium. “There are a whole bunch of guys downstairs all tattooed talking about how big their arms are, he says, “and I’m thinking, it’s all such a waste of time. Maybe it’s my age, too, but all the puffing out of the feathers...Some of these guys are so up on pretending.” Interestingly, men who claimed that they were not pretending to be masculine portrayed themselves as beyond the influence of culture. As I mentioned in the previous chapter, there is irony in men claiming not to be masculine by claiming their

independence from following other men, since independence is often a part of conventional masculinity.

### *The Paradox of Visibility*

Within the United States masculinity is considered the universal, unmarked gender. While men are the primary objects of a great deal of research, they are rarely studied *as men*. Michael Kimmel argues, “When we study men, we study them as political leaders, military heroes, scientists, writers, artists. Men, themselves, are invisible as men” (2000:5). I define visibility as that which is capable of being seen, or observed, and invisible as the converse, that which cannot be seen. In most work on visibility, “being seen” is positive whereas, “not being seen” is negative (e.g. Namaste 2000). In his book *Becoming a Visible Man* (2004), James Green writes about visibility in simplistic terms. For Green, a transgender man, visibility is something he gained by transitioning to manhood, and remaining out as a transgender man. He contrasts this visibility with being stealth, hidden, invisible as a transgender man. In this work, Green does not explore the idea that masculinity for all men might involve moments of visibility and invisibility. In this chapter, I show, instead, instances where individuals are simultaneously seen and unseen, complicating dichotomous notions of visibility and invisibility. This is what I refer to as the paradox of visibility for men: to be seen as men, they need to mark themselves as men; once they mark themselves as masculine or male they become invisible. The rest of this chapter looks specifically at this aspect of *maskulinity*: how *maskulinity* can function to make individuals visible and/or invisible.

Work in disability studies has shown how someone with a physical disability is simultaneously visible and invisible. As “Gauge” writes on the blog *Radical Masculinity: Masculinity and Feminism*, “Visible disability tends to render people paradoxically both

visible and invisible, making them stand out from the crowd due to their disability, but tending to make the person with disabilities invisible other than for their disabilities” (2008). In other words, disabilities that can be seen by other people both highlight and erase the disabled individual. The disability is emphasized, and at the same time, the individual person recedes. This is true for other stereotypes as well. Fat activists talk about the increased visibility of fatness, which corresponds to invisibility when other people only see their weight. Similarly, for some transgender men there is a tension between visibility and invisibility. For instance, Clay Buchholz says that when individuals find out that he is transgender they “do a weird body scan on me,” which he refers to as “the crotch watch.” In this moment his interlocutor is examining his body for evidence of his transgenderism, attempting to locate evidence of his spoiled identity, what Goffman calls stigma (1963). The visibility of this stigmatized identity makes Clay feel invisible as an individual.

Within the United States, the stereotypes of masculinity have been naturalized so that individuals assume these gendered conventions are evidence of how men naturally appear and act. These stereotypes are so persuasive that when one passes as a man, the stepping into manhood has a side effect of erasing other forms of difference. Just as when an individual puts on a mask and you no longer see the face underneath, *maskulinity* has a similar ability to erase underlying differences. In the next few pages, I demonstrate that *maskulinity* can dampen some elements of a person’s identity, and highlight other facets. I provide examples of men strategically using *maskulinity* as a resource to make themselves seen, or, alternatively, hidden.

It is interesting to look at visibility and invisibility in men because people assume stereotypes of masculinity are true and valid representations of individual men. Consider predominant narratives of male sexuality in the United States. When I suggest to friends that it would be fascinating to write and perform the Penis Monologues (drawing from the insights of the *Vagina Monologues*), to document individual men's particularistic relationships to their genitals, I am met with the sentiment that everything that needs to be said about male sexuality has already been said. The underlying assumption is that the full extent of male sexuality has been disseminated and well comprehended. Yet, in Chapter 3, I presented individuals whose sexualities are not represented by dominant stereotypes of male bodies.

I recently saw a play written and performed by S. Bear Bergman called, "Monday Night in Westerbork" (2007). It is a frank yet humorous performance in which Bear links the Holocaust to his own identity as a transgendered, queer, Jewish playwright. His work is "about the points of intersection between and among gender, sexuality, and culture," and he weaves visibility and invisibility throughout these topics. Bear traveled to Poland as part of his research, visiting Jewish cemeteries and publicly mourning as a Jew. He says:

I knew when I started doing it that I would attract attention. I wanted it to. I wanted to be seen, mourning. I wanted to be *visible* on the landscape, marking the space as a Jew... I wanted it in exactly the same way I love to *look* queer, for exactly the same reasons I don't take hormones and have surgery and become a man – I like standing as a living, breathing reminder of what's more often invisible.

Bear marked himself as a Jew by donning a kippah, a Jewish head covering. He says, "The synagogues and cemeteries in Cracow require all men to cover their heads. I knew there was at least an even chance I would be seen as a man, and if I was going to be a

man I wanted to be a mensch, not a shaygetz – a Jew, not a tourist. So I bought my own plain and handsome kippah and it made me a man.” By putting on the traditional head covering of men, Bear marked himself as both a Jew and as a man. He refers to this episode as “climbing into manhood.”

While in Poland, when he became visible as a Jew, he became invisible as a queer. He erased his gender complexity by simply putting on his kippah. “I stopped performing gender and just shambled around in my skin, and it should have made me light up queer to anyone, in this complicated body, with this madcap random collection of gendered behaviors. But it didn’t. When I marked myself so fully as a Jew it became all that was visible – there was nothing else about me to notice” (2007). This headcovering marked him visibly as a man, cohering his gender presentation into a single story. This one small round item was all Bear needed to fully pass as a man. In this monologue we can clearly see the exchange of one gendered visibility for another type of gendered invisibility. When Bear became visible as a Jewish man, all of his other identities faded to the background.

*Maskulinity* is such a powerful spectacle it subsumes Bear’s more marginalized identities. Passing as a man directly facilitated the disappearance of his other identities. This is in some ways an unintentional invisibility which I want to briefly touch upon. Transgender men who undergo a physical transition migrate not just from female to male, but often from marginalized to normative identity. While not all of my transgender informants come from the lesbian community, the majority did identify as a lesbian, dyke, or queer woman, at some point before their transition. After they transitioned, those whose primary attraction is towards women shifted their appearance from queer female

into normative heterosexual male. This change can be one that makes individuals invisible. Joe Cronin, a gay 22-year-old student at the Harvard Divinity School, started testosterone eight months ago. He says, “I’ve noticed on the bus, on the subway, when I’m passing, nobody looks at me, nobody notices. You don’t notice short white men, ever. But when I’m not passing, everybody is looking at me.” Many of the interviewed transgender men actively struggled with what they saw as a loss of their queer visibility. Roger Cramer is a transgender man whose primary sexual attraction is to femme women. Roger passes so well that he looks like the cisgender boy-next-door. When he flirts with lesbian or dyke-identified women in queer venues, these women often see him as a clueless heterosexual guy, not a potential sexual partner. Roger wishes that he had been briefed before his transition on what it would be like to completely pass as a cisgender man, even during the times that he does not wish to. Transgender men often wrestle with this newfound invisibility that they often do not want. But now I turn to explorations of strategic usage of visibility and invisibility.

### **Unmasking Difference & Strategic Visibility**

The mask of *maskulinity* is alluring. However, some individuals make the decision not to fit in, to challenge expectations of gender performance. Individuals who self-identify as gender-queer often reject the goal of passing as normatively gendered men. Instead, gender-queer transgender men desire to blur boundaries. For instance, Dusty Brown is a 31-year-old writer, storyteller, and playwright who identifies as “transmasculine” and has never used testosterone therapy. Dusty talked at great length about why he has chosen to not pursue medical transition. Dusty identifies strongly with his queer identity, and while he was born female, he “pass[es] substantially as a man,

doing very little to make that happen. I have the build and the body for it. I have a low voice and a big face: masculinity is already mapped onto me.” However, Dusty has decided to not use testosterone therapy because he believes that with testosterone he would be stealth, and, “if I do that, it means I always have to be a man.” Dusty does not want to always be a man because, “once I’m always a man it means I don’t get to be visibly queer anymore.” Dusty is highly invested in his queer identity, especially in being able to use his body and identity as a tool for queer activism, “as a great big freakshow of a genderfucking thing to be someone that people can decide that they like. There are lots of ways that people do activism, but that is one-way that I’m attached to, that feels very important.” He says, “To go on testosterone and become a man I’d have to be a man in a tutu. And I don’t like tutus. I have a utilikilt, and that’s as far as I’m willing to go.” (A utilikilt is a sturdy skirt-shaped garment made for men.) Dusty’s current performance of his masculinity feels authentic to him and allows him to be both visibly masculine and visibly queer. He sees testosterone as a one way ticket to queer invisibility. In the above quote, Dusty says that the only way he can remain visibly queer after testosterone therapy would be by wearing a tutu, which is his metaphor for layering femininity on top of his masculinity, a move which feels inauthentic to him.

Cisgender men also referred to times that they actively unmasked their gendered difference. For instance, Sean Casey, a 39-year-old cisgender man and real estate developer, identifies as a sensitive, nice, heterosexual man who is not a “guy’s guy.” He jokes that because he enjoys sewing, cooking, and traditionally feminine activities he is a “transgender lesbian.” Sean would like to find a female partner with a high paying and powerful job, so he can stay home while she goes to work. Sean told me that on dates

with the kind of women he prefers, he is constantly “coming out” as a man who does not enjoy sports, and who would prefer “tending the hearth” to “bringing home the bacon.” In these conversations, Sean must mark himself as outside of the gendered assumptions of masculinity. He must know the gender role that is considered appropriate for him, and the ways in which he differs from it. Additionally, he must communicate this difference to his potential partners. Sean marks himself as different to stand out as atypical, invoking his visibility to show how different he is from mainstream expectations of his gender identity.

### **Masking Difference & Strategic Invisibility**

*Maskulinity* can function as a mask to hide behind, a smoothing of difference that can feel at home for some men at certain points in their lives. Some individuals desire invisibility, and strategically modify their behaviors and appearance to align with gendered conventions, stepping into *maskulinity* in order to become invisible. Chris Carter, a 22-year-old gender-queer talked about desiring invisibility throughout his childhood. He was born female but his social circle was all boys. He says,

When I got to be 11, I remember my best friend, Jon Stevens, had a birthday party. It was all the guys I hung out with all the time, 7 or 8 of us. It was a sleep over party. My mother and grandmother were afraid that the boys were going to rape me. So they wouldn't let me sleep over... I wanted to so badly to just be one of them, and instead I was the tomboy, I was the girl among the boys, and that was really painful. Calling in for dinner it was, 'The Boys and [Chris].' And when someone forgot to add me, it felt great. I didn't feel different from them, I didn't want people to make a big fuss about me being different from them.

As a youngster, Chris desired to fit in as a boy among boys, but Chris is clear that he no longer desires this gendered invisibility. He is not on testosterone, has no plan for physical transition, and does not desire to be stealth. But this story illustrates the very

powerful draw towards fitting in with one's peer group, the flattening of individual differences to highlight the shared elements of group identity.

In the interviews, many men talked about the ways in which performing the codes of appropriate masculinity masked their gender difference. For instance, Ken Harrelson, a cisgender 57-year-old man came out as gay after 27 years in the military. He said that it was relatively easy to stay in the closet for the next two years of his military service, because he had been performing masculinity throughout his entire military career. Even before he came out, Ken passed as a man by learning and performing what he saw as the codes of masculinity. For instance, he said that the men in the military are often "trying to impress their friends with stories of sex," conversations which he attempted to avoid. He noted that he couldn't simply say that he did not want to talk about sex, but instead, he had to craft his refusal "in such a way that they didn't get suspicious of you." After he came out, he continued to keep parts of his identity hidden, managing his identity so that he would pass as a man. Ken masked his difference and actively passed as a man for the benefit of his job, in a heavily gendered environment.

The transgender men that I interviewed were clear that whether or not they personally imagine a gender-fluid utopia, the world that they currently live in is heavily gendered. For many, being able to transition to male was about learning to live within the confines of a gendered world. One transgender man indicated that he transitioned to male so that gender could become a "back burner" issue, that is, he wouldn't have to pour energy into thinking about his gender identity and how he was perceived. Another man, Rudy York, a transgender 43-year-old doctoral student spoke explicitly of choosing the

invisibility of gender passing, even knowing that masculine gender roles are culturally constructed. He says:

Most of us would freak out if we were dropped in a liminal state where we got to choose how we behaved, we wouldn't know what to do. People don't like it when they don't know what to do. There is a polite and accepted playing along with the rules by most people, even though they know personally that that's not how it has to be. And we'll pretend like women are directionally impaired and that men are mechanically gifted.

For Rudy, *maskulinity* is a helpful tool, which gives him and others like him a way to fit in while simultaneously recognizing the constructedness of gender. Interestingly, this passing does not feel inauthentic to Rudy, but instead serves as an active choice he makes to foreground his ability to pass.

Mel Parnell, a 30-year-old architectural designer and transgender man talked at length about how the stereotypes of masculinity erase elements of his individuality. For instance, Mel criticizes concepts like “take it like a man” or “man up,” which he believes put forth a limited understanding of masculinity. At the same time, he was drawn to using testosterone to increase his ability to pass as a man. So the gender conventions to which he subscribes simultaneously make him visible as a man yet make other parts of him invisible. He says,

I spent a long time in therapy before I made the decision to transition to male thinking about this exact idea [visibility/invisibility]. I struggled so much with my identity before, because I was very much in a place that I felt was in between. It was not male and it was not female, it was not boy and it was not girl. It was that grey area where trans people fit in. For me, living in a gendered society, living in a bipolar society, was very, very difficult. People saw me as they wanted to see me, and therefore not seeing me. No matter what it was, it was never ever right. When I got read as male, it was wrong, and when I got read as female, it was wrong. That kind of place of being perpetually uncomfortable interacting with the world was what kind of pushed me to transition, to start taking testosterone, live my life as a man.

Mel made the decision for himself that not fitting completely into the male role was better than not fitting into any role at all. By passing as a man, he gained comfort in knowing his gender expression fit societal expectations. By aligning his gender identity with his gender expression, Mel is strategically using his gender identity to allow himself to be seen.

Sometimes individuals desire literal invisibility, and use *mask*ulinity as a tool to facilitate that. They are not erased; they are using gendered conventions to fit in. J.D. said, “I wish the world was gender fluid... But I have to [identify as male] because I don’t live in a world that is gender fluid. Either I educate everybody that I talk to all the time, or I say my name is J.D., and I look like a guy, and they think I’m a guy, and off we go, and I’m just living life, and I’m not living your project [my dissertation] 24-7.” J.D. considers his transition successful because it afforded him the ability to be who he wants to be at the dog park. At the dog park, individuals treat him like a man, not like a woman, or a gender freak, because he fits into gendered conventions of a man. He talked honestly about actively choosing that invisibility, saying, “being able to duck out is nice.” Much like the “road trip test,” his gender expression and gender presentation align to produce a composite identity of male. Ironically, this invisibility is at the same time an increased visibility. For J.D., this means that other men speak to him more than they ever did when he was seen as a woman.

I interviewed a handful of feminist-identified men in this research project. Many of these men talk about the difficulties of identifying with feminist principles in a world that assumes they do not. Feminist ideals usually do not mark themselves explicitly on the surface of the body, and so feminism as a mindset is invisible. These feminist men

often find themselves “coming out” as feminist. For instance, each feminist man referenced occasions when another man made a sexist, racist, or homophobic comment, and expected him to “go along” with it. Roger Cramer is a 32-year-old events manager and transgender man who passes as a cisgender man even to other transgender men. Because of this, he is often around non-feminist men who make off-color comments to him, expecting him to agree. He recalled that once when he was in a line with a female friend, a male stranger made an inappropriate joke that Roger tried to ignore. When the guy didn’t get the laugh from Roger he expected, he kept elbowing Roger, saying, “Get it? Get it?” Roger could not ignore this man, and felt obligated to tell him that this joke was inappropriate. Roger pointed out that this stranger would not have told Roger this joke if Roger were a woman, or if he knew that Roger was transgendered, but only told him the joke because he assumed that Roger shared his viewpoint. He says, “Any time that people normalize you and expect a certain thing and you speak out in a different way, that’s very powerful.” Roger could use his invisibility as a location for social change.

Other feminist-identified men use this strategic invisibility to their advantage. Bobby Doerr is a feminist-identified cisgender man, whose life goal is “to involve more men in preventing violence against women.” He tries to appeal to men who identify as masculine by playing specifically to their gendered characteristics of conventional masculinity, such as “courage, leadership, [and] wanting to protect.” He specifically modifies his gender presentation in efforts to appeal to men as their peer; he cut his long hair, took out his “dangly long silver earrings,” and now presents as a “really straight guy, a real manly man.” During his performances Bobby dresses in a shirt and tie, which

he considers dressing in “drag,” so that the men in his audience can accept his message along with the acceptance of Bobby’s masculinity. Bobby believes passing as a man advances his activist agenda. He actively uses the invisibility generated by his gender passing in order to fight violence against women.

### **Maskulinity, Invisibility, and Opportunity**

In the last few sections I provided examples of how making the decision not to pass as a man opens up a strategic visibility, and how the decision to pass as a man creates a strategic invisibility. In this last section I explore how men passing as men created a space of opportunity that can challenge gender norms. As I’ve briefly sketched, passing as both male and masculine requires management of identity. Men have to *earn* invisibility by demonstrating how well they fit into the expectations of masculinity. They have to be *seen* as male to become *invisible* as male. I argue that men who pass successfully as men gain invisibility, but only if they perform and embody enough elements of conventional masculinity. Once they are invisible, ironically, they can gain access to increased gender flexibility. For instance, men who pass as men who are overweight often have breasts as large as female breasts. These breasts may create a challenge for these men in terms of their masculinity, but they certainly do not prohibit these men from being read as male.

Some cisgender men actively use their passing privilege to challenge masculine norms. For instance, Jon, a personal trainer and martial arts instructor, spends a great deal of his life perfecting his handsome and muscular body. He told me that he didn’t believe in a dichotomization of masculine and feminine traits. He then told an anecdote about one of his male students crying after he hurt his knee. He said, “I find that so masculine, I

can't believe it. He has the balls to cry on the phone to someone he barely knows." Jon then got his other male students to send get-well cards to the crying young man, rather than tease him for crying. Jon uses his body and his image as a visibly masculine man to challenge gender norms of masculinity and the expression of emotion. To Jon, a man who cries reveals great strength and masculinity.

Another way *maskulinity* works is that it allows men who pass as male more flexibility in portraying stereotypical femininity. Wade, a cisgender construction supervisor, is a physically large man with a booming voice, scruffy face, and a generally unkempt aura. Wade strongly identifies as a "man's man" who, at the same time, can cry in public, does housework, and is comfortable hugging other men. Wade holds the conventional belief that women and men are innately different. At the same time, he reclassifies things that men are not supposed to do as things he has the right to do. For instance, he told me of the reaction to his hugging a male friend of his, a state trooper, after their sons won a baseball game. In the retelling of this story, he dismissed the homophobic reactions of the other people at the game with derision. Wade uses his image as a visibly masculine man to challenge gender norms, which he is able to do because he so successfully passes as a man.

Many transgender men talked about how cisgender homosexual men have more gendered flexibility than transgender men, especially in the beginning of their transition. Gay cisgender men can be feminine, but transgender men cannot if they want to qualify as masculine to biomedical authorities. For transgender men who want to get access to testosterone, they need to present a certain "level" of masculinity in order to be given access. Lefty Grove's therapist would not give him access to testosterone because the

therapist said that Lefty's gender identity was not masculine enough. Lefty refused, however, to adopt more masculine characteristics in order to gain access. Other transgender men who simply want acceptance from their families and friends often feel pressure to adopt more masculine characteristics than they feel comfortable with, to better pass as men.

Frank, a transgender gay man, reported that he found when he started to try to pass as male he had to stop wearing his black leather biker jacket and shaving his head, as these effects functioned to make him "look like a dyke," instead of looking like a man. However, Frank now passes as male in nearly every environment, and as such is very comfortable embracing many elements of conventional femininity. He says, "I know after physical transition I certainly became a lot more comfortable with things that would not have been permissible for me earlier. Wearing a lot of spandex, bright colors, day glo. Wearing sarongs, I'm like 'Oh! Dude! Sarongs!'" Frank said that because of his use of testosterone therapy, he felt secure in his ability to pass as male, no matter what he was wearing. In addition, Frank identifies as a gay man, and spends his work time surrounded by other gay men, who refer to each other as "she" or "girl." Ironically, in this environment, passing successfully means that Frank will be called "she." The invisibility that Frank attains by passing as conventionally masculine facilitates the blurring of masculinity and femininity.

I recognize that there is an implicit line where gender norms are irrevocably breached, and men, no matter how well they pass, are punished for these transgressions. But the above examples are meant to demonstrate the ideological space which is created by the invisibility of *maskulinity*.

### *Conclusion*

In this project I explored the extent to which cisgender and transgender men use, challenge, and alter dominant U.S. cultural conceptions of masculinity. Transgender and cisgender men both denaturalize and therefore illuminate the cultural performance of masculinity. I provided examples of how men pursue conventional masculinity and maleness, not just through the accumulation of culturally sanctioned behaviors, but also through technological modifications of the body. I demonstrated how masculine gender conventions can be thought of as an embodied social resource, a *mask* that men can put on to better pass as men. Conventional masculinity within the United States is often unmarked, and unremarked. Therefore, those who step into these roles can gain invisibility. This invisibility, in turn, can be strategically manipulated to challenge gender roles or to find comfort within gender constructs. Men strategically use this mask to be read as a man or as a particular type of masculine individual, identifying and disidentifying with local and cultural understandings of masculinity at will.

## CHAPTER 6: CONCLUSION

### *Summary of Analysis*

I did not expect to write a dissertation on gender identity. My dissertation project was designed to use the object of testosterone to make linkages between what I assumed were disparate groups of men: aging cisgender men and transgender men of varying ages. I expected to use testosterone to bridge what I assumed were significant differences between these groups of men. I commenced my research prematurely confident in my (future) conclusion: that testosterone circulates at once as an object, commodity, and metaphor, which is at once buttressed and modified by U.S. conventions of masculinity. In addition, I assumed that discourses and disparate usages of testosterone, in turn, affect notions of cultural masculinity. As such, I endeavored to speak with individual cisgender men and transgender men who were and were not using testosterone therapy, and doctors, scientists, and other “stakeholders” involved in the production and dissemination of testosterone therapy.

I conducted fieldwork for over 27 months, in and around Boston, Massachusetts, using the methods of participant observation, semi-structured interviewing, and discourse analysis. I attended and participated in a myriad of community events, including sporting events, poetry nights, men’s health fairs, transgender and gay community events. I interviewed 24 transgender men (male-identified though not born biologically male), 21 cisgender men (non-transgender men), and 10 other stakeholders. The interviews were a mix between a structured series of questions and more “open-ended” queries. I located the men I interviewed by posting advertisements in coffee shops, supermarkets, hospitals, and online. In addition, I located men through participant observation at events and word

of mouth. Finally, I read several local newspapers every day and collected evidence of how masculinity, maleness, and testosterone were represented in the news media and advertising. I analyzed the data primarily through repeated readings of the transcribed interview transcripts.

After I had finished collecting and collating my interviews, the data revealed a staggering number of similarities between cisgender and transgender men. I saw an analogous interplay of bodies, biology, and culture for these men, across all forms of difference, be it gender, race, class, natal sex, or other sources of difference. In particular, cisgender men and transgender men told me how they accepted and rejected elements of cultural masculinity. Additionally, I saw how the dominant U.S. conceptions of masculinity, in particular bio-reductive beliefs about testosterone, influence men's experiences of their gendered selves. I made the decision to reorganize my written dissertation to highlight parallel uses and refutations of cultural masculinity that are not represented by cultural tropes of masculinity. My research question became: *How do men's experiences and enactments of their own masculinity add dimensions to U.S. cultural conventions of masculinity?* By contrasting stereotypes of masculinity and maleness with the multiplicity of men's lived experiences, I found that I could illuminate the complexity of men's lived and embodied experiences. This dissertation exposes cultural ideals of masculinity, and shows how men work with and against these ideals in constructing their own identities. I demonstrate that U.S. conceptions of masculinity and maleness are too narrow to explain life lived between the "ideal" and "real" enactments of gender. In broad strokes, individual men accept and reject specific facets of masculinity in their embodiments and identity constructions. I argue that in their

acceptance and rejection of cultural masculinity, men in turn modify U.S. understandings of masculinity.

In the second chapter, “*Fitting Boston to a ‘T’: an Ethnography of Testosterone,*” I show how testosterone influences both cultural understandings and lived realities of men’s bodies in the contemporary United States. I provide knowledge of testosterone as an object, including the historical circumstances which led to it being localized, synthesized, and produced as a commodity. I explain how the conditions “low testosterone” for cisgender men or “gender identity disorder” for transgender men are diagnosed, and then offer a critique of these diagnoses. I describe how testosterone is prescribed and used by both cisgender and transgender men. In this chapter I also provide ethnographic information on the emic definitions of the biomedical terms, “sex hormone,” “endocrine system,” and “testosterone,” along with narratives of several men using testosterone. I show similarities in how cisgender and transgender men often reduce their own behaviors and bodies to testosterone, even though testosterone is a substance they can barely define. In addition, I provide evidence of why men may not desire testosterone therapy. I then explore how testosterone has been used as a metaphor in the news media and advertising to represent a particular type of maleness. Finally, I present instances in the law and in the toy industry in which testosterone as an object has real cultural effects. Drawing on theoretical work which fuses biology and culture as coexisting spheres, throughout this chapter I argue that it is nearly impossible to distill testosterone singularly as an object, commodity, or metaphor.

In Chapter 3, “*What Is It Like To Live In Your Body? Men Describe How They See, Enact, and Experience Their Own Bodies,*” I articulate the diversity of men’s lived

experiences of their bodies. Drawing on the theoretical lens of embodiment popularized by Thomas Csordas, I show how focusing on men's bodies as one location of their experience of self throws into relief narrow stereotypes of men's bodies which presume a biological universality. While dominant U.S. cultural conceptions repress or "disappear" men's bodies, my research shows that men have enduring and particularistic relationships with their own bodies. I provide examples of these embodiments. I then fragment men's cohesive understandings of their bodies by disarticulating their bodies. I separate the domains of health, strength, athleticism, facial hair, and age, and use numerical data to demonstrate how men differentially rate the importance of these elements of their embodied gender. I argue that these data challenge the presumed universality of men's bodies. I then explore individual sexualities, delving into the ways in which particular men differentially rate the importance of sexual vigor and sexual desire for their own embodiments. I provide evidence of men as celibate, men with low sex drive, and men desiring a lowered sex drive as examples of the particularistic relationships men have with their sexuality. Finally, I explore narratives of the penis encountered in my fieldwork that both accept and reject the salience of this organ to gendered embodiment. This chapter elucidates the inability of U.S. stereotypes of masculinity to portray the range of men's actual lived embodiments.

The final two chapters reveal strategies for cisgender and transgender men to accept and reject cultural masculinity, demonstrating how men navigate cultural notions of appropriate masculinity to find comfort in their own gender enactment. In Chapter 4, I dissect what I encountered as a universal claim from both transgender and cisgender men. In the interviews, each man distanced himself from cultural masculinity through his

disavowal of cultural masculinity and his denigration of behaviors of other men, a process of disidentification. I argue that ideal cultural masculinity is impossible to enact because men are subject to multiple identifications. Men disidentify from some elements of cultural masculinities at the same time that they identify with other facets. I present examples of men identifying and disidentifying with cultural masculinity in order to show the shifting relevance of cultural masculinity in men's actual gendered lives. Throughout this disidentification, the underlying cultural forms are retained, forming a gendered structure that men can design their gender both against and with. These retained cultural forms can be utilized, exploited even, as a gendered mask. Chapter 5, "*Maskulinity: The Strategic use of Gender by Men,*" explores how masculinity is strategic for the men I interviewed. In this chapter I argue that men can use cultural notions of masculinity to pass as men at times they need to or desire to, what I call "*maskulinity.*" I expand the concept of passing to include the ways in which individuals can pass as an identity that they choose. In particular, I explain how men's bodies facilitate gendered passing, with men using bodily techniques to pass as male, and pass as men. I then explore reasons why men would want to pass as men. I argue that men pass as culturally-appropriate men to "pretend," or to mask difference. Paradoxically, I argue that men also actively use these notions of cultural masculinity to make themselves visible by *not* passing. I show that the opportunity men have to mask or unmask their differences is a strategic method used to craft their own gender presentation. Throughout this project I show how testosterone, as an object, commodity, and metaphor, is significant. Within the United States, testosterone as an object and as a commodity authorizes who is masculine and who is male and therefore who passes as male or masculine. In addition, testosterone as both a bio-

reductive substance and as a metaphor is part of the gender script of appropriate masculinity. This script of appropriate masculinity forms the scaffolding from which men disidentify. In addition, this script instructs men how to pass as men. This dissertation illuminates striking similarities between aging cisgender men and transgender men, showing how both types of men live in and through their bodies.

### *Interpretation of Findings*

Bruce Knauft argues that anthropologists are now “in the middle,” located betwixt and between, “theory and practice, general and particular, global and local, historical sweep and present fixation, academic understanding and activism or advocacy” (2006:425). However, while the discipline of anthropology might be beyond propagating “grand theories” which yearn to make sense of entire cultural worlds, we are not beyond theorizing, trying to see patterns in human behavior which can shed light on other patterns. Sherry Ortner maintains that the theoretical trends in anthropology between the 1960s and the 1980s resulted in, “a shift from static, synchronic analyses to diachronic, processual ones” (1984:158). One of these developments puts forth the idea that cultural worlds are “made,” “unmade,” and “remade” through the actions of ordinary people (Ortner 2006:17). In addition, understanding cultural worlds as diachronic allows for an understanding of identities as multiple and contrastive, both between and within cultures. In this dissertation I crack open the veneer of business-as-usual masculinity, to find an enormous diversity of humanness. I show that in constructing individual identities, bodies matter, discourse matters, and culture matters. In this section, I attempt to provide a more general theory of identities which can be derived from my specific analysis.

This dissertation offers a new theory of how to understand the relationship between cultural ideals and lived reality, what in shorthand I refer to as the relationship

between the “ideal” and the “real.” Individuals construct their identities instantiated in cultures which attempt to dictate how their lives are lived. Within all cultures there is a necessary relationship between the ideal and the real; without it, cultural mores would never impact lived behavior. All individuals who live in societies live their (real) lives under the specter of cultural ideals. As Henrietta Moore insists, “It is not enough to focus on fragmentation and particularism; there has to be some acknowledgement that hierarchical relations of power and domination set a larger context within which the particularities of lives are lived” (1999:13-14). For instance, ideal masculinity exerts pressure on men to want certain things, to behave in specific ways, and to look a particular way. Men construct their lives in relation to these cultural tropes, accepting, rejecting, and transforming these ideals. As such, this project has shown one way in which the ideal and the real are in constant dialogue, locked in a continual embrace.

Ethnographers who are interested in exploring actual lives lived need to analyze both ideal and real identities. In this section I attempt to illuminate a new theory of this relationship between the ideal and the real that can be used in other ethnographic projects. Through a systematic analysis of men’s lived embodiments, I discovered four significant principles, each of which relates to the culturally-specific relationship between the ideal and the real. The critical approach to identities that was developed in this dissertation is characterized by:

- 1) An understanding of identificatory mechanisms that transmute ideal and real identities. The first principle identifies four mechanisms that convert ideal forms of identity to real identities, and back again. These include dissemination,

policing, disidentification, and passing, the last two of which are described in detail in Chapters 4 and 5;

2) An understanding that embodied identities are constructed by both biology and culture. The second principle emphasizes the necessity for all ethnographic inquiries of identity to explore both biological and cultural components of their research question;

3) An understanding that to comprehend ordinary identities, analysis must transcend explorations of either the margins or the center. The third principle is that understandings of identity must look across and through difference, rather than focusing on those on the margins or the center; and,

4) An incorporation of the complications of individual identities. The final principle is an acceptance of complication in individual identities, which are fluid and dynamic. This work thus contributes to the ethnographic study of identity by providing theoretical and methodological recommendations for future scholarship.

I'll elaborate my discussion of these four principles below.

### **Mechanisms for Transmuting Ideal**

#### **And Real Cultural Forms**

The first principle of this theory is that there are four mechanisms which translate and transmute ideal cultural forms to real social identities: dissemination; policing; disidentification; and passing. These mechanisms are ways for individuals to connect their real identities with ideal cultural forms. In this dissertation, I focus on the last two categories, disidentification and passing. In this section I want to expand on these categories to detail my theory of how ideal identities become lived identities.

Dissemination is the idea that images of ideal roles are ubiquitous: an individual cannot go anywhere nor do anything without encountering such messages. Every book, movie, television show, trial, advertisement, and even department store conveys messages of appropriate and inappropriate conduct for particular identities. Disseminated messages are not shared between individuals, but are produced by institutions to circulate as cultural artifacts. Along with the daily news, newspapers circulate with cultural conventions of ideally sexed, classed, racialized and gendered identities. These cultural forms permeate not just the news content, but also the accompanying photographs, the comics, even the clues in the daily crossword puzzles. Scholars have analyzed the diversity of gender messages found throughout advertising and news media (Calasanti and King 2007; Goffman 1979). These notions of appropriate identities circulate effectively: they are ubiquitous yet rendered invisible through repetition. Most materials add to collective cultural understanding by communicating ephemeral messages that disappear quickly. These messages are also subject to rapid change. Consider the recent proliferation of the concept of “metrosexual,” a term coined by Mark Simpson to indicate a man who has “taken himself as his own love object” (2002). During my fieldwork “metrosexual” as both a word and a “lifestyle” was rampant in Boston. Now the metrosexual phenomenon is considered to be “over”: we are in a time of “retrosexuals,” a resurfaced “renaissance.”

Policing is a social mechanism that directly translates ideal roles into real behaviors and appearances. Policing occurs when ideal cultural forms are communicated from one person to another in order to delimit individual behaviors and appearances. Individuals are policed by restrictions on what they are supposed to look like or sound

like, how they are to interact with others, what their proper occupations ought to be, and even who it is appropriate for them to date. Often implemented by well meaning friends and family, policing is a virulent method of keeping individuals “in line” with cultural expectations. A very common example of gender policing occurs when children are inundated with proscriptions such as “boys don’t cry” or “boys don’t wear pink.” Policing is activated both by those with authority to chastise and penalize the offending individual, and by friends and peers who use teasing and gossip as a method of social control. In addition, individuals often police themselves through “self-control,” by disallowing for themselves what they assume others would deem inappropriate behaviors.

Passing occurs when individuals intentionally perform or enact elements of an ideal identity so that they may be seen as occupying that identity. As such, passing links ideal identities and real identities. The notion of passing stems from U.S. racial politics, in which individuals who are members of a minority racial group may be read, and therefore “pass,” as members of another racial group, thereby receiving privileges denied to the marginalized group. An individual may actively choose to pass as a member of a dominant group, or he/she may pass unintentionally, as may occur when other individuals read their body and make determinations about their identity. Individuals can pass in many social identities, including sex, gender, race, class, ability, ethnicity, and nationality.

As I argue in Chapter 4, individuals are more complex than a mere absorption and reflection of cultural ideals of appropriate masculinity. They disidentify from ideal cultural forms, actively challenging and resisting the durable confines of ideal identities to find ways of living within these limitations. These culturally specific notions of ideal

identities are both what individuals strive to achieve and what they disidentify from. While in this dissertation I focus on gendered forms of cultural identification, this model of passing and disidentification can be applied to other cultural forms, including genders, racial groups, social classes, or any group identity in which there is dissonance between ideal and real identities.

**Culture and Biology in a Mutually Constitutive  
and Dialectical Relationship**

The second tenet of this theory is that ethnographic explorations of identity that analyze the relationship between cultural ideals and lived realities should always be grounded in both biology and culture. I argue that biological considerations of individual identities should involve explorations of embodiment, how identities are lived and experienced in a physical body, and biological metaphorization, including the ways in which biology functions as a way for individuals to make sense of their own bodies. In Chapter 3, I provide testimony of men's embodiments, exploring how men articulate part or all of their relationships to their bodies. I attempt to distill different elements of men's bodies, intentionally fragmenting these bodies in an attempt to extract the cultural stereotypes of men's bodies from their lived embodiments. By privileging embodiment, I remain intimately connected to biology, showing how bodies "matter." I argue that all other ethnographic inquiries would benefit from a specific articulation of the relationship between an individual's identity and his body. As Clifford Geertz argues,

An improved understanding of the biological, the psychological, and the sociocultural is not through arranging them into some sort of chain-of-being hierarchy stretching from the physical and biological to the social and semiotic, each level emergent from and dependent upon (and, with luck, reducible to) the one beneath it....Constitutive of one another,

reciprocally constructive, they must be treated as such—as complements, not levels; aspects not entities; landscapes, not realms. [2000:205-206]

Biology and culture should not be considered as separate dichotomous poles, but rather as mutually constitutive and equally mutable.

Many identities are written on the body and therefore have biological as well as cultural components. Identity as a member of a nation-state, as a member of a high school clique, as a member of a particular race, ethnicity, sex, gender, religion, class, or ability, can often be seen on the body, either demonstrated on the literal body or performed through clothing or physical enactments. Inquiries into identities that are not primarily embodied can also be strengthened by exploring the relevance of biological stereotypes of these identities: What is the relationship between someone who identifies as a geek or nerd and assumptions of unathleticism? How does someone born in California feel about the “blond surfer” look? How does a person of Jewish religious beliefs feel about the notion of “looking Jewish”? For instance, while most cultural ethnographers agree that race is a culturally determined category, individuals in the United States live in a society that assumes that racial difference is biological. Bio-reductive understandings of race are not trivial cultural debris, but have reverberating impacts, ranging from the medications offered to individuals in accordance with their perceived race to the ways in which individuals are treated by members of similar or different racial groups. African-American men are thought to be “naturally” better athletes and sexually insatiable; I would assume bio-reductive stereotypes of ideal masculinity impact daily life for a clumsy, sexually-uninterested African-American man. Explaining race through a lens attuned to both biological and cultural understandings need not solidify biology as more

important than culture, but demonstrate that biology and culture are entwined in individuals' lived realities.

### **Margins and Center**

Anthropologists tend to privilege the unique, the understudied, the fascinating pockets of diversity scattered throughout the world. Even ethnography conducted in non-native North America continues to “other,” treating the groups under study as “many isolated and exotic tribes” (Ortner 2006:21). Laura Nader (1972) argued decades ago that ethnographers are reticent to explore privileged domains of culture, what she referred to as “studying up.” The majority of masculinity studies align with this tendency against “studying up,” and instead persist in documenting marginalized masculinities, such as in gay men, men of color, poor men, female masculinities, and transgender men. I do not mean to suggest that these works are not highly significant, but I argue that exploring only the “margins” has the unintentional tendency of reifying the “center” as being obvious, or without scholarly merit. For instance, Matthew Gutmann argues that the dearth of ethnographic accounts that challenge U.S. cultural beliefs about male sexuality serves to reproduce these beliefs as true. He says,

Relatively little has been written, for example, about heterosexual men *not* enjoying sex, not enjoying it often, and not missing sex when they do not have it....The very shortage of such accounts cross-culturally can lead us blithely to assume that (a) most men are not like this, and (b) we know what most men are like with respect to sexuality and reproduction. [Gutmann 2007:31-32]

In this dissertation, I have attempted to demonstrate that looking at men across difference, across sexuality, gender, race, age, ability, and class, can add significantly to our knowledge of men. I am not interested in restricting my gaze to specific marginalized groups of men and the ways these men are strategic about their gender. I wanted to

explore men as a vast, inchoate category, including in my analysis both marginalized and normative masculinities. By challenging the margin/center binary through my analysis, I have provided an increasingly complex understanding of masculinity. For instance, if my dissertation focused only on transgender men, or men of color, or queer men, and I provided evidence that members of each of these marginalized masculinities felt at odds with cultural masculinity and, therefore, disidentified from cultural forms of masculinity, this finding would seem simplistically obvious. However, by stating that individuals who identify with marginalized masculinities *and* those who identify with masculinities “in the center” disidentify with cultural forms of masculinity in strikingly similar ways, I can challenge extant knowledge of how masculinity works in actual lives lived. By simultaneously looking through and past difference, by looking at men as distinctive *and* related, by examining both consistencies and inconsistencies, ethnography can retain both its particularistic bent and its traditional holism.

### **Complications**

Identity as it is experienced and enacted in individual lives is full of twists and turns. In this project, I aim to embrace the complicated, and attempt to make a coherent narrative but not a comprehensive whole. This is how our everyday lives are, and how our ethnography should be. On television during my fieldwork, MTV showed an episode of the show “True Life,” in which a young heterosexual man working in the gay pornography industry uses Viagra to enhance his job performance. How does this man’s sex work (referred to as “gay for pay”) complicate notions of sexualities? How does this young man’s Viagra usage complicate notions of male biology? My understanding of complication is not one of constant tension, but more of the true sense of ambivalence,

wherein multiple valences or poles are present. One element of embracing the complicated is understanding that the data will conflict. Rather than force homogeneity on the data, I would rather consider the similarities between these bits of data.

This project fills in gaps between structure and agency, providing data and theory that link men and their cultural constructs. I lay out a new way of conceptualizing the relationship between ideal and real identities. This theory is not a “grand theory,” but instead offers insight into the relationship between ideal and real cultural forms. Consequently, this research transcends work on masculinity and maleness to provide insight into other work on identity.

### *Limitations*

There are several limitations to this research, most notably the limitations of the data used in this comparative research project. As I mentioned above, my research question was broadened after the collection of the data from a specific analysis of members of two populations of men and their relationships with testosterone therapy to a rendering of how men experience and enact their gender. The research question that this dissertation endeavors to answer responds to a data set constructed for a different research question. The data for this new research question were derived from the interviews conducted to answer the more narrow research question. This project can therefore be seen as limited in that the available data did not fully address the breadth of this new research question. However, this limitation also can be seen to have been advantageous in that the specificity of the questions about male embodiment and testosterone therapy allowed the interviewed men to elucidate specific relationships with their bodies. In addition, many of the men interviewed told me that they responded to my

call for participants due to their interest in the topic of testosterone therapy, and they may not have responded to a more general call.

Another limitation in my research was my unease with categorical identities. In designing my interview schedule, I did not ask men specifically for their racial identity, or class background, thinking that these specific questions would serve to reify cultural borders around identity. Instead I asked men, “how do you identify?” assuming this question was a politically astute way to ascertain meaningful difference in their lives. Unfortunately, since many white men do not see themselves as gendered, sexed, or raced, this self-identification was an unsuccessful way of illuminating difference. In my analysis, I was then faced with the uncomfortable burden of either ignoring difference or making assumptions about other individuals’ class and racial identities. Future work should specifically request information about class, race, ethnicity, and ability, as flawed but useful constructs for analysis. However, this project did focus on gender and sexuality, and these data are richly evocative of difference.

A final limitation of this project is that the ethnographer-as-instrument model colors the data. A young woman asking men questions about their identity and embodiment may have encouraged the interviewees to act in atypical ways. A male interviewer, or an older female, or a more conventionally feminine interviewer may have produced different results. In addition, responses from men who are not accustomed to considering their own embodiment and gender identities may have produced a set of results that would be different from results produced from multiple sessions over time. Knowing all of these limitations makes me unwilling to predict the generalizability of my results.

### *Suggestions for Future Research*

The limitations of this study present opportunities for future research. First, the small sample size and specificity of the men chosen to interview in this project leave room for many other research projects which might examine the inapplicability of U.S. cultural conventions of masculinity towards men's actual lived experience. Future research could broaden the understanding of the relationship between testosterone therapy and masculinity by exploring other groups of men who have the potential to use testosterone therapy. A future study on masculinity that explores the variety of male embodiments for individuals could focus on men who use testosterone to combat HIV-related wasting disease, men with genetic conditions that cause primary hypogonadism, such as Klinefelter's Syndrome, intersex men who do not identify as transgender, men whose testosterone levels are lowered due to opiate usage or obesity, men whose testicles were injured or damaged due to accidents or disease, or men who have been chemically castrated.

Other areas for future research should continue to investigate links between masculinities, race, class, and ability. In addition, it would be fruitful to explore male embodiments that do not have a relationship with testosterone therapies. For instance, in the United States more men die of breast cancer than testicular cancer, yet breast cancer in men is rarely if ever explored. How does breast cancer affect male embodiment? What do men who have gynecomastia think of their own male bodies? Do these atypical bodily formations modify their understandings of male bodies? One future research project that at once explores culture and biology would be such an exploration of men's changing understandings of their penis. Drawing on the popularity of Eve Ensler's "Vagina Monologues" I find myself questioning what a similarly heteroglossic "penis

monologues” would entail. For instance, what would a robust ethnography of the penis look like? Such a project would need to include men who don't think about sex; men who prefer emotional love making to physical sex; physically or mentally disabled men; young boys; survivors of sexual abuse; the hyper-religious, taught to equate shame with their genitals; gay men; transgender men; old men; Viagra-enabled men; men with prostate cancer or testicular cancer; circumcised men; uncircumcised; and both straight and gay male sex workers. How do men born with a micropenis feel about the significance of the penis? Now that the American Pediatric Association has stopped recommending circumcision, how have ideas of the normal penis changed?

This dissertation has opened up masculinity and maleness to further study. However, the theoretical implications of this research transcend masculinity and maleness. Using the insights elaborated above, ethnographers could continue to elucidate the complex relationships between individuals and their cultural ideals. How do individuals in the United States in specific social groups navigate cultural expectations and pressing needs for their own individuality? More specifically, how do individuals pass as members of identities that they hold? How do they disidentify from these identities to find comfort in these constructs? How are specific identities impacted by biological and cultural constructs? How are all personal identities a complex amalgam of privileged and subordinated identities? How can ethnographers write against unified conceptions of personal or social identities? The theoretical implications thus transcend gender to suggest future research on all forms of identities in culture.

## APPENDIX A: INTERVIEW SCHEDULE

### **Background/Demographics**

- What is your name?
- How old are you?
- What do you do?
- Where did you grow up? Who did you live with growing up? Do you have brothers and sisters? How (generally) was your early family life?
- Where do you live now? How long have you lived there? Who do you live with?
- Would you tell me something about your neighborhood, what you like or don't like about it, what kinds of people live there? How is it similar to or different from other Boston area neighborhoods?
- What is your current relationship status?

### **Identity**

- What pronouns do you use?
- How do you identify? What are some terms you identify yourself with?
- What does that mean to you?
- Do you identify as male? Masculine?
- What are some other ways you identify?

### **Health**

- What does health mean to you?
- Do you consider yourself healthy?
- Do you have health insurance?
- How did your family deal with health issues? Do you do anything special in the way of diet or exercise for the sake of your health?
- When you were little, how were you taught about puberty, menstruation, and reproduction? What were you taught?
- What are some of your current practices, rituals, and activities that pertain to health?
- How much do you think your current ideas about health are influenced by your family or the way you grew up?
- Do you think that health is gendered, or what it means to be healthy is gendered?

### **Gender**

- When you were little, what were you taught about boys and girls?
- What is masculinity?
- When did you first start noticing masculinity? Was there a pivotal event that got you thinking about these issues?
- What do you think is the relationship between masculinity and femininity?
- How did you come to understand your masculinity or maleness?

Do people expect you to be a certain way because you are male? Have you experienced sexism as a man?

Have you experienced prejudice as a gay or transgender man? (if applicable)

Do you think there is anything unique about the Boston area and perceptions of masculinity?

Do you think these ideas of masculinity and femininity are changing? If so, how?

### **Embodiment**

What do you think is the relationship between gender and the body?

Can we see masculinity in the body? If so, what parts of the body are masculine?

Does this vary with different people? How is this affected by sexual preference, race, or economic status?

Do you think it is important for individuals that have a masculine identity to have a masculine presentation?

How important is a sense of masculinity to you? In what ways – presentation, sense of self?

What is it like to live in your body?

How important for you are the following concepts regarding your body:

Strength

Athleticism

Facial Hair

Sexual Vigor

Sexual Desire

Age / Aging

Overall Health?

### **Hormones**

What is a sex hormone?

What is the endocrine system?

How would you explain testosterone to a young boy who knew nothing about it?

Would your explanation vary if you were talking to an individual questioning their gender identity?

Do you think your mother and father thought about their hormones?

What have you heard or seen about testosterone lately?

Can you talk about the differences between testosterone as a cultural reference and testosterone as a consumer product?

Are now, or have ever been on testosterone?

### **No**

If you have not used testosterone therapy, was it ever offered to you by a friend or a physician?

Have you thought about using testosterone?

How did you come to make this decision?

What physical and emotional changes do you expect from testosterone therapy?

**Yes**

How did you come to make these decisions?

What do you imagine is happening inside your body when you take testosterone therapy?

What are some of your associations of and feelings about changes to body, mind, and relationships that come from testosterone therapy?

Do you think this is different from when other men take testosterone?

Were there results from testosterone therapy that you did not like, such as resentment over reliance on a prescription?

**Both**

Do you think there is a difference between testosterone therapy offered to genderqueer or transgender men and testosterone therapy offered to aging men? If so, how?

Do you think economic status and limited access to health insurance influence who uses testosterone therapy?

Where do you get your information on testosterone therapy?

Have you heard of PADAM, Viropause, or Male Menopause?

Have you heard of other anti-aging therapies? Are you interested in other such therapies?

## APPENDIX B: CALL FOR PARTICIPANTS

### EMAIL CALL FOR TRANSGENDER MEN

My name is Lexi Matza, and I am looking for transgender, transsexual, and gender-queer identified men to speak with for a research project on masculinity and health. Specifically, I am looking to talk to various folks who either do or do not use testosterone therapy to understand how individuals make these decisions. This research is part of an anthropological dissertation exploring testosterone therapy and masculinity around Boston. This research project was approved by both the University of Iowa and the National Science Foundation (IRB#200410769). We will meet once, at a convenient location, at a time and place you chose. The interview will last approximately one hour. Thanks in advance for your consideration.

### EMAIL CALL FOR AGING MEN

My name is Lexi Matza, and I am looking for men over 40 to speak with for a research project on masculinity, aging, and health. Specifically, I am looking to talk to various men who either do or do not use testosterone therapy to understand how individuals make these decisions. This research is part of an anthropological dissertation exploring testosterone therapy and masculinity around Boston. This research project was approved by both the University of Iowa and the National Science Foundation (IRB#200410769). We will meet once, at a convenient location, at a time and place you chose. The interview will last approximately one hour. Thanks in advance for your consideration.

### POSTED FLYER

Are you a man, 40 years old or older?  
Are you interested in men's health?  
Volunteer to be a part of a research project!

I am a medical anthropologist exploring male aging and health around Boston. I am looking for a variety of men 40 years old or older to interview. Whether you have thought extensively about your age or health, or never really thought about either, I would appreciate talking to you. We will meet once, at a convenient location, at a time of your choosing. The interview will last approximately one hour.

This research project was approved by both the University of Iowa and the National Science Foundation. No medical evaluation or treatment will be involved.

**ADVERTISEMENT POSTED ON CRAIGSLIST**

Men over 40 - What is it like to live in your body?

Though some individuals claim that research is primarily conducted on men, I think very few researchers ever actually ask men what it is like to live in their body. Instead, stereotypes about masculinity abound and men are held to standards that do not necessarily reflect who they are.

I would like to talk to men over 40 to explore what it is like to live in your body. Do you think about your body only when you get sick? Do you think about how your body is changing as you are getting older? Are you curious about how being a man is changing in this Viagra-Testosterone Therapy world?

If so, I would like to speak with you for my dissertation looking at masculinity, health, and aging, around Boston. This research project was approved by both the University of Iowa and the National Science Foundation (IRB#200410769). The interview will last approximately one hour. I can travel to meet you at a time and location of your choice. Thank you in advance for your consideration.

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