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Abstract

Although theorists like Connell (1995) have emphasised diversity in men and masculinities, there remains a tendency to present masculinity in singular terms as an assemblage of toxic traits, constructing men as 'damaged and damage doing' (Mac an Ghaill & Haywood, 2012). However, an emergent body of work suggests men are able to resist or redefine traditional norms to negotiate a more 'positive' construction of masculinity, e.g., conducive to health. Thus the present article makes the case for introducing a new perspective within the study of men and masculinities: Critical Positive Masculinity. Influenced by the field of positive psychology, this perspective draws together work showing the potential for men to find more constructive ways of doing masculinity, including a series of articles on men adopting new masculine practices through involvement with meditation. However, drawing on the Critical Studies on Men approach, the new perspective still seeks to problematize men and gendered power relations, as even ostensibly 'positive' forms of masculinity can have deleterious consequences for marginalised groups. Critical positive masculinity offers a fresh perspective that is neither fatalistically negative nor naively optimistic about the possibility for positive change in men.

Keywords: masculinity, health, meditation, behaviour change

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Masculinidad Crítica Positiva

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Resumen

Aunque los teóricos como Connell (1995) han hecho hincapié en la diversidad de hombres y masculinidades, sigue habiendo una tendencia a presentar la masculinidad en términos negativos vinculados a rasgos tóxicos, construyendo a los hombres como 'dañados y los que dañan' (Mac un Ghaill & Haywood, 2012) . Sin embargo, un cuerpo emergente de trabajo sugiere que los hombres son capaces de resistir o redefinir las normas tradicionales de negociar una construcción más "positiva" de la masculinidad, por ejemplo la vinculada a la salud. Así, el presente artículo apuesta por la introducción de una nueva perspectiva en el estudio de los hombres y las masculinidades: La Masculinidad positiva crítica. Esta perspectiva está influenciada por la psicología positiva que reúne trabajos donde se muestra el potencial de los hombres para encontrar formas más constructivas de construir la masculinidad, incluyendo una serie de artículos sobre los hombres que adoptan nuevas prácticas masculinas a través de la participación en procesos de meditación. Sin embargo, partiendo de los estudios críticos alrededor de los estudios de masculinidad, la nueva perspectiva aún busca problematizar los hombres y las relaciones de poder de género, ya que incluso las formas aparentemente "positivas" de la masculinidad pueden tener consecuencias perjudiciales para los grupos en riesgo de marginación. La Masculinidad positiva crítica ofrece una nueva perspectiva que no se fundamenta en un planteamiento negativo ni fatalista, ni ingenuamente optimista sobre la posibilidad de un cambio positivo en los hombres.

Palabras clave: masculinidad, salud, meditación y cambio comportamental

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This article advances the case for a new perspective within the study of men and masculinity. It begins by suggesting that men are commonly viewed as 'a problem' in contemporary life, either because they have poor outcomes relative to women (e.g., in education or health), or because their dominance over women has deleterious consequences. It also emphasises that the problem of men is seen as connected to masculinity, i.e., how men are encouraged to act 'as men.' The second section focuses specifically on health, and suggests that attempts by men to attain 'traditional' masculine norms may have a deleterious impact on physical and mental health. However, the third section introduces a constructionist approach to gender, particularly Connell's (1995) theory of masculinities, which suggests men and masculinities are diverse. Drawing on this theory, the fourth section explores empirical work showing that some men are able to constructively resist or redefine traditional hegemonic norms and so 'do' masculinity in ways that are more conducive to health and wellbeing. In this vein, the fifth section focuses on a series of studies involving male meditators, showing that men are capable of behavioural change. Finally, the last section advocates for a new perspective in gender studies – 'critical positive masculinity' – exploring the complex potential for positive change in men.

Men as a problem

Men have become a problem. That is, throughout academic literature, and within society at large, there is an increasingly visible discourse positioning men as 'damaged and damage doing' (Mac an Ghaill & Haywood, 2012, p.483). In many areas of life, males are viewed as somehow deficient or troubled relative to their female counterparts. Indeed, a welter of worrying statistics in the UK makes alarming reading. In terms of physical health, the life expectancy for men is currently 4.1 years lower than for women, and men are more likely to die from the main common causes of death, like cancer and heart disease (Office for National Statistics [ONS], 2012b). With mental health, three-quarters of all suicide deaths are male (ONS, 2013), and men comprise two thirds of those detained under the mental health act

(NHS information centre, 2011). In education, girls outperform boys at all ages from five upwards, and represent 59% of university entrants (EHRC, 2011). The figures are even worse for crime, with men more likely to both commit and be the victim of violence, comprising 95% of the prison population (Ministry of Justice, 2012). These figures paint a worrying picture of a sex in trouble.

Such statistics do not mean that men are a subjugated people, falling behind while females flourish. Indeed, despite the drive towards gender equality over recent decades, in most areas of public life, the balance of power is overwhelmingly in men's favour, especially at senior levels of society. By late 2012, men constituted 77% of FTSE 100 board members (Vinnicombe, Sealy, Graham, & Doldor, 2010), 78% of the judiciary (Judiciary of England and Wales, 2012), 82% of the government Cabinet (UK Parliament, 2012), and 87% of University heads (Universities UK, 2012). However, these figures do not detract from the idea of men as 'damaged and damage doing,' but actually reinforce it. Male dominance in the public sphere is still presented as problematic, an issue to be rectified. Crucially, the need to redress this issue is not justified simply by appeals to equality. Men's dominance is presented as corrosive in itself because of qualities linked to the male gender. For instance, it has been argued that the recent global financial implosion could have been ameliorated had there been more females and less 'testosterone in the boardroom' (Covert, 2012). As such, men are still a problem.

However, even if there is a consensus that men are a cause for concern, there are competing explanations as to the reason for this, and hence also different suggestions for the solution to it. It is common to find people advocating a fatalistic essentialist perspective. Here, the kinds of qualities that men are characterised as possessing – such as aggression or competitiveness – are presented pessimistically as the 'way men are.' This type of argument has currency within popular culture – attested to by the popularity of books such as 'Men are from Mars, Women are from Venus' (Gray, 1992) – but also within academia. One variety of this type of explanation is biological essentialism, which presents males as simply 'born that way.' Take the figures above concerning health. Beneath the arresting headline about men's lower life expectancy, we see that men are more likely to die of the four most

common causes of death, cancer, heart disease, respiratory diseases and cardiovascular diseases. At this point, some might agree with biologists such as Jones (2003) who argues provocatively that men are simply the weaker sex, doomed by a faulty Y chromosome to an early grave.

However, unpacking men's poorer life expectancy further, the ONS suggests men's susceptibility to these common causes of death is partly due to 'lifestyle.' For example, men are more likely to smoke (22% of men vs. 18% of women) and binge drink (23% vs. 14%). These figures dovetail with an emerging consensus in the literature that men are prone to act in ways that have a deleterious impact upon health. Men are considered more likely to engage in 'health-risk' behaviours, like dangerous driving (Lonczak, Neighbors, & Donovan, 2007), drug use (Farrell et al., 2001), and unsafe sex (Flood, 2003). Men are also deemed less likely to act in health-promoting ways, like eating a healthy diet (Kiefer, Rathmanner, & Kunze, 2005), seeking help for health problems (Galdas, Cheater, & Marshall, 2005), or following treatment regimens (Obermeyer et al., 2004). Thus the argument shifts from how men 'are' to how men 'act,' opening conceptual space for explanations that consider how men's behaviour is shaped by social processes. As such, the focus turns to gender, rather than sex. The nature of these different categories, and the relations between them, are intensely debated (Brickell, 2006). Nevertheless, a useful differentiation is offered by the World Health Organization (2012). Sex refers to 'biological and physiological characteristics that define men and women,' while gender is 'the socially constructed roles, behaviours, activities, and attributes that a given society considers appropriate for men and women.'

Masculinity and health

Switching focus to gender, rather than sex, it is argued that the poor health outcomes for men cited above are due to masculinity, i.e., the way men are socialised to act 'as men.' (This article focuses on health and wellbeing, but the arguments made here apply equally to other areas of life.) That is, the ways in which men are encouraged to enact their masculinity are seen as detrimental to health. Masculine stereotypes identified Brannon (1976) retain currency today, including risk-taking and toughness. It is argued that men assert their claim to masculinity

by performing 'manhood acts' – 'signifying practices through which the identity "man" is established and upheld in interaction' (Schrock & Schwalbe, 2009, p.279) – that align with these stereotypes. For example, Phillips (2006, p.43) argues that risk-taking is the cause of much of the 'male mortality excess' (male deaths outweigh female deaths by 2.6 to 1 among 15–29 year-olds). The identification of risk-taking with masculinity generates papers entitled, 'Masculinity causes speeding in young men,' containing such claims as 'masculinity is hazardous to health' (Mast et al., 2008, p.840). Similarly, expectations around toughness are implicated in men being widely considered to be more reluctant to seek help for health problems (Addis & Mahalik, 2003). Thus, mirroring the notion of men as 'damaged and damage doing,' masculinity is presented as a 'risk-factor' for heath (Gough, 2006).

Masculinity is not just problematic for physical health, but has implications for mental health (discrete illness categories defined by the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV, Americal Psychiatric Association, 1994), and distress, which denotes negative experiences that fall short of clinical diagnoses for disorders (Gadalla, 2009). On the surface, women appear to have worse mental health, being twice as likely as men to suffer common mental disorders (CMDs, i.e., depression and anxiety) (McManus et al., 2009). This trend is complicated with variations by ethnicity (Weich et al., 2004), age (Bebbington et al., 1998), and socio-economic status. For example, men appear more affected by poverty than women: men in the poorest 5th of the population are almost three times more likely to have CMDs than men in the richest 5th, while for women the ratio is only two to one (EHRC, 2011). Thus the 'intersectionality' paradigm cautions against generalising by gender alone, as variation is produced by the way gender 'intersects' with other identity categories (Hankivsky & Christoffersen, 2008). Nevertheless, higher rates of CMDs in women, especially depression, is 'one of the most widely documented findings in psychiatric epidemiology' (Kessler, 2003, p.6).

However, there is concern that men experience and express distress and depression in other ways, as men are three times more likely to commit suicide than women (ONS, 2013), and constitute two thirds of all alcohol deaths (ONS, 2012a). In attempting to explain these trends,

theorists suggest that rather than 'internalising' distress as sadness, men 'externalise' it in various ways, including anger, aggression, risk-taking, substance/alcohol use, over-work and suicide (Pollack, 1998). It is argued that this pattern of distress is overlooked by generic depression diagnostic criteria, which reflect the 'internalising' responses favoured by women (e.g., rumination), thus explaining the apparently lower rates of depression in men (Kilmartin, 2005). Addis (2008, p.157) has outlined various theoretical frameworks articulating the links between masculinity and mental health. These depict how 'restrictive norms defining how men should think, feel and behave' – notably the prescription that men should be emotionally tough and stoical – influence how men experience, express and respond to depression and distress.

Addis' (2008) 'gendered responding framework' argues that socialisation pressures influence how men respond to emotions. This framework draws on Nolen-Hoeksema's (1991) response-styles theory, which suggested men tend towards an affective style known as 'restrictive emotionality' (emotional denial, suppression or disconnection). The gendered responding framework argues that traditional masculine norms, e.g. toughness, 'lead men to distract, avoid or get angry in the presence of negative affect' (Addis, 2008, p.161). This notion of restrictive emotionality feeds into the other frameworks. The 'masked depression framework' (Cochran & Rabinowitz, 2000) proposes that men do experience 'prototypic' depression (meeting conventional diagnostic criteria), but this is concealed from themselves and others. Restrictive emotionality means men may struggle to recognise their moods. Even if recognised, norms around independence mean they may be reluctant to admit vulnerability or ask for help. While men are generally seen as unwilling to seek help for problems (Addis & Mahalik, 2003), disclosure for mental health issues appears to be particularly taboo among men (O'Brien, Hart, & Hunt, 2007). For example, it is suggested that the lack of emotional control involved in depression means it is often constructed as a feminised illness, so men may find it easier to construct their depression as stress (O'Brien, Hunt, & Hart, 2005).

Finally, the 'masculine depression framework' suggests the externalising behaviours above constitute a 'phenotypic variant of

prototypic depression' (Addis, 2008, p.159). While the masked depression framework described 'conventional' depression being hidden, here the externalising behaviours are conceptualised as a distinct 'male-specific' form of depression (Chuick et al., 2009; Pollack, 1998). These externalising behaviours are linked to traditional masculine norms that 'encourage action and discourage introspection' (Addis, 2008, p.159), which again is reflective of restrictive emotionality. In addition to these frameworks, other models have been articulated connecting masculinity to distress. Pleck's (1995) concept of gender role strain contends that masculine norms can cause stress as men 'struggle to meet unattainable and contradictory standards of masculinity' (Addis, 2008, p.159). The concept has various components: 'Gender role discrepancy' suggests that differences between one's ideal and actual self lowers self-esteem. 'Gender role trauma' contends that socialisation processes by which gender norms are enforced can be traumatic (e.g., bullying). 'Gender role dysfunction' implies that even if norms are successfully attained, these can have a deleterious impact on wellbeing (e.g., stoicism norms mean men may be unwilling to seek help).

Variation in men

However, scholars have begun to critique the simplistic way in which masculinity is used in a singular way as a 'catch-all' term to explain problems experienced by males (Mac an Ghaill & Haywood, 2012). Indeed, as Addis (2008, p.159) acknowledged in critiquing his own frameworks, there is 'a growing body of literature on variations in the social construction of masculinities' that has not been 'integrated' into the literature on men and mental health. In contrast to approaches that see gender as singular and fixed, emergent constructionist theories emphasise agentic *construction*. People are not just 'passive victims of a socially prescribed role,' nor 'simply conditioned or socialised by their cultures,' but are 'active agents,' engaged in constructing gender in their interactions (Courtenay, 2000, pp.1387-1388). Constructionist theories diverge from essentialist ideas of gender as a static psychological property/trait (even if learned through socialisation) towards a process orientated view (Lorber, 1996). Gender is conceptualised as being

continually constructed and reconstructed within social interaction. West and Zimmerman (1987, p.140) captured this shift in perspective from attribute to process by arguing that gender is more a verb than a noun; rather than something one 'has' or 'is,' gender is 'something one does, and does recurrently, in interaction with others.'

Connell's (1995) theory of masculinities introduced two key ideas. First, using the plural 'masculinities,' he highlighted the diversity of masculine practices. This did not just mean a 'typology' of men (trait-like idea that men differ in terms of character), but diversity *within* individual men. Different masculinities enacted by individual men are 'configurations of practice that are accomplished in social action' (Connell & Messerschmidt, 2005, p.836). These configurations vary according to context, as men strategically negotiate the dynamics of social situations. Second, Connell argued that masculinities were arranged hierarchically. Within a given setting, a particular masculine form – 'the currently most honoured way of being a man' (Connell & Messerschmidt, 2005, p.836), termed 'hegemonic masculinity' – becomes normative. Hegemonic masculinity exerts power over subordinate and marginalized masculinities, levying social penalties on men who deviate from expectations.

Crucially, hegemony itself varies. Rejecting essentialist ideas of 'the' masculine stereotype, Connell and Messerschmidt (2005) argued that different social contexts valorise particular masculinities as hegemonic. Connell and Messerschmidt identify three 'levels' of hegemony: local ('immediate communities'); regional ('the culture or the nation state'); and global ('transnational arenas'). While local hegemonies are influenced by regional and global levels, they may develop their own specific hegemonic forms. Following this, contemporary research has explored variation in local forms of hegemony. For example, within the narrow context of the Norwegian logging industry, Brandth and Haugen (2005) saw that hegemonic norms evolved within a short period of time to reflect changes in working practices, moving from possession of a 'weathered' countenance (signifying years of outdoor toil) to the ability to skilfully wield heavy machinery. Similarly, Barrett (1996) explored subtle differences in the construction of hegemony within three branches of the US Navy, where aviators valorised risk-taking and autonomy, surface warfare offices valued endurance and perseverance,

and supply officers emphasised technical rationality.

However, despite the constructionist emphasis on variation in men and masculinity, Connell and Messerschmidt (2005) argue that their theory has frequently been misunderstood and over-simplified. Hegemonic masculinity is often reduced to a 'negative type' consisting of 'toxic practices' that align with Brannon's stereotypes. Continuing the 'masculinity as risk factor' discourse, many depictions of hegemonic masculinity present this simplistically as impacting detrimentally on health. For example, Gannon, Glover, and Abel (2004, p.1169) identify hegemony with 'denial of weakness or vulnerability,' implicating this in health-risk behaviour (e.g., reluctance to seek help). However, constructing hegemonic masculinity as a negative 'type' misreads the theory, as it is theoretically possible for hegemony to include 'positive' dimensions. First, hegemony maintains its power through a degree of 'consent and participation' by subaltern groups, so requires some benign aspects to gain the assent of those with less power (e.g., men 'providing' for their family; Connell & Messerschmidt, 2005, p.840). More idealistically, although hegemonic masculinity is theorised as an arrangement within gender relations that helps to 'stabilize patriarchal power,' a masculine hegemony could conceivably emerge that is 'thoroughly "positive,"' i.e., 'open to equality with women' (p.853).

'Positive' enactments of masculinity

Presenting hegemonic masculinity as a negative type not only over-simplifies the complexity in Connell's (1995) theory, it overlooks an emergent body of work suggesting that men can fashion masculinities – and develop hegemonic norms – that might be considered 'positive,' e.g., conducive to health. Recent studies have explored how men have been able to resist 'traditional' hegemonic norms, or at least redefine these in ways that are more conducive to health and wellbeing. (I use the term 'traditional' to describe norms that align with Brannon's (1976) stereotypes, e.g., risk-taking and toughness.) These studies have challenged various dominant ideas around masculinity noted above, including the notion that men are poor at engaging with emotions, expressing care, seeking help, or enacting health behaviours, or responding constructively to mental health problems.

First, restrictive emotionality is not inevitable in men. Scholars have found that when men are given 'permission and safety to talk,' they are well capable of insightfully analysing and sharing their emotions, even around sensitive experiences such as impotence following prostatectomies (Oliffe, 2005), or cancer (Hilton et al., 2009). Moreover, even if 'doing masculinity' means being emotionally inexpressive, this does not mean such men are not emotionally sensitive. In focus groups with young men, Allen (2005) found men asserted masculinity through displays of emotional detachment. However, beneath their 'bravado,' a 'softer' masculinity was evident as participants revealed their vulnerability and desire for intimacy. Thus, gender is a complex performance, and generalisations about men's emotional capabilities whitewash the nuances in this area.

Beyond simple emotional expressiveness, studies have shown men being emotionally engaged in men caring for others, including elderly parents (Campbell & Carroll, 2007) or ill spouses (Emslie et al., 2009). However, caring does not necessarily mean men are resisting traditional hegemonic norms. Rather, it is often found that, with interpretative flexibility, men strategically incorporate caring within conventional masculine constructions. Ribeiro, Paúl, and Nogueira (2007) found that men caring for spouses pragmatically reframed masculinity to include caring as a necessary capacity as husbands. Also examining older men looking after their partners, Bennett (2007) observed that men incorporated their emotional caring within a 'masculine' frame, emphasising themes of control and rationality. Thus men may endorse *and* challenge traditional masculine norms. Likewise, in studies of men working in professions typically viewed as feminine, such as nursing, while masculinity is expanded to include caring, men assert their difference from female colleagues by reframing discourses of care to stress their 'masculine' qualities, including describing their emotion work as 'more rational' (Pullen & Simpson, 2009).

Nuanced gendered analysis has also been conducted around help-seeking, challenging simplistic generalisations of men as 'reluctant' to seek help. Commonalities between men and women have been observed among those with acute coronary syndrome, as help-seeking was 'not easily parsed into distinct binary gender patterns' (Galdas, Johnson, Percy, & Ratner, 2010, p.18). Men and women both evinced behaviours

typically seen as 'masculine,' e.g. reluctance to seek help, and 'feminine,' e.g., worrying about health. Others studies show diversity among UK men: Galdas, Cheater, and Marshall (2007) observed that while white men valorised stoicism, men of South Asian ancestry valued family responsibility as a masculine quality, with higher levels of help-seeking among the latter. However, rather than categorising men as either 'willing' or 'reluctant' to seek help, Robertson (2006) argues that men maintain hegemonic 'citizenship' by navigating a precarious balance between competing health-related narratives: responsibility ('should care') vs. risk ('don't care'), and control (health vigilance) vs. release (indulgence).

Part of this process of negotiating hegemonic 'citizenship may involve re-interpreting traditional norms to accommodate help-seeking, rather than resisting them (as with emotional engagement, noted above). In focus groups with Scottish men, O'Brien et al. (2005) observed that most participants did view help-seeking as 'unmasculine.' However, some were willing to seek help *if* it helped to support more valued aspects of masculinity, such as work identity. Similarly, Noone and Stephens (2008) found some men were able to construct help-seeking in a positive light by positioning it in a traditional hegemonic frame as a knowledgeable use of health-care services, in contrast to the less-informed behaviour of 'weaker' men. Similar reinterpretations of traditional norms have been observed in relation to mental health. For example, Oliffe, Ogrodniczuk, Bottorff, Johnson, and Hoyak (2011) reported that some men responded positively to depression by seeking help, but did so by constructing this as a rational means of regaining self-control. Similarly, Emslie, Ridge, Ziebland, and Hunt (2006) noted that some men with depression managed to frame their illness experiences in a positive light, but in a way that aligned with traditional hegemony, e.g., as a 'heroic struggle.' However, others resisted 'macho' norms, creating a valued alternative masculinity based on sensitivity.

Thus, we can see that some men are able to strategically negotiate hegemonic norms – either resisting or reinterpreting these – to fashion a more 'positive' masculine performance. (In this article, I use 'positive' in the sense of 'conducive to health and wellbeing. However, one could make a similar point with respect to other areas of life. For example, in education Renold (2001) shows how high achieving boys are able to

carve out alternate masculinities to resist conventional pressures that construct studiousness as antithetical to masculinity.) Thus, we can sometimes see traditional norms marshalled in the service of health behaviours. For example, alcohol use is a prominent 'resource in the construction of masculinity' (de Visser & Smith, 2007, p.609). However, de Visser, Smith, and McDonnell (2009) found that some men resisted alcohol by drawing on traditional norms of independence and strength, attaching these values to alcohol abstinence. Likewise, Sloan, Gough, and Conner (2009) showed that men justified their engagement in sporting health practices by appealing to norms of action orientation and autonomy. Thus, assertions about masculinity – even traditional hegemonic forms – being 'hazardous to health are wide of the mark.

Positive change in men – a case study involving meditation

To emphasise the point that masculinity can be reconstructed in more adaptive ways, I want to briefly summarizing a recent series of studies focusing on male meditators which highlight the potential for 'positive' change in men. Together with my colleagues I recruited 30 men from meditation centres in London, using principles of maximum variation sampling (aiming to include a wide range of demographic backgrounds, life experience and meditation history). I conducted two in-depth interviews – a year apart – with each participant, in which I sought to elicit their narratives concerning their engagement with meditation, and with wellbeing in general. These interviews were analysed using modified grounded theory (Strauss & Corbin, 1998), aiming to inductively identify emergent themes in the data. These results have been analysed in depth in a series of recent articles. Together, these show that it is possible for men to change in 'positive' ways and negotiate more constructive enactments of masculinity, but that this process of change can be particularly challenging.

The first paper (Lomas et al., 2013a) examines the reasons men began meditating. Exploring narratives of youth, most men recalled pressure to be emotionally and physically 'tough,' reflecting Addis' (2008) contention that males are encouraged to adopt a 'restrictive emotionality' affective style. This affective style meant that men subsequently had difficulties managing their emotions, and struggled to

cope with distress. Echoing work by others, men often tried to disconnect from negative emotions, or blunt these using alcohol (Chuick et al., 2009). However, these coping strategies were recalled as being counterproductive, and men experienced various mental health problems. Their stories corroborated various notions in the frameworks articulated by Addis (e.g., concealing distress and/or expressing it in the form of 'externalising' behaviours, like aggression or overwork). Men were also reluctant to seek help, seeing it as unmasculine (Addis & Mahalik, 2003). Crucially though, these men did take steps to engage more constructively with their wellbeing, turning eventually to meditation. Some men were fortunate enough to have been encourgaed by their families to explore alternate masculinities whilst growing up, and these men found meditation relatively early in life. For many participants however, they only turned to meditation after experiencing a crisis (e.g., an emotional breakdown), which made them realise that something 'had to be done.'

A second paper (Lomas et al., 2013b) explores the impact of meditation practice on men's wellbeing. Meditation is conceptualised as 'a family of self-regulation practices that focus on training attention and awareness in order to bring mental processes under greater voluntary control' (Walsh & Shapiro, 2006 p.228-229). The paper used a mixed methods analysis – men also undertook a cognitive neuroscience testing session, comprising tasks of attention and simultaneous EEG measurement – to confirm that men did develop attention skills through meditation. The paper suggested attention development enhanced wellbeing by improving men's emotional intelligence (EI). Mayer and Salovey's (1997) hierarchical model of EI comprises four 'branches:' emotional awareness; emotional facilitation of thought (skill in generating emotions); understanding emotions; and strategic emotional management. It appeared that the introspective techniques encouraged in meditation promoted these EI skills, which were subsequently conducive to wellbeing. For example, EI development countered men's previous tendencies towards restrictive emotionality, and participants became better at managing their negative emotions in a constructive way.

A third paper focuses on the social dimensions of meditation practice (Lomas et al., forthcoming). Most men became involved with a

'community of practice' (CoP) (Lave & Wenger, 1991) formed around meditation, e.g., attending a meditation centre. These CoP had a local system of hegemony featuring alternative masculine norms which were conducive to health, including abstinence from alcohol and interpersonal intimacy. Through coming into contact with this system, participants were encouraged to take on new masculine practices, and thus forge a more 'positive' masculine identity. However, despite the apparently 'positive' nature of the local system, deleterious social processes associated with hegemony remained evident, including hierarchy and marginalization. Moreover, men had difficulties enacting their new practices in the context of the broader societal system of hegemonic masculinity – outside the meditation CoP – where traditional norms still dominated. For example, although abstinence was encouraged in the CoP, this was discouraged outside it. In pursuing their new masculine practices outside CoP, men reported censure and ostracism from peers, and a sense of conflict from having to negotiate conflicting systems of hegemony. Thus, while it is possible for men take on new masculine practices – supported in local contexts by hegemonies that promote 'positive' norms – this process is complex and potentially problematic.

Critical positive masculinity

This paper has sought to challenge the idea that masculinity is necessarily problematic, or that men are inevitably 'damaged and damage doing' (Mac an Ghaill & Haywood, 2012, p.483). It has argued that men can enact a version of masculinity that is more 'positive' – in the sense here of conducive to health and wellbeing – whether this means resisting traditional hegemonic norms, or skilfully reinterpreting them. On the basis of this argument, I would like to end this paper by proposing a new conceptual approach to masculinity, one embracing all the nuances and complexities outlined above. This approach might be called 'critical positive masculinity.'

The suggestion that masculinity might include positive aspects is not unprecedented. As noted above, in lamenting the way the concept of hegemonic masculinity had often been over-simplified to just imply a negative 'type,' Connell and Messerschmidt (2005) outlined a number

of ways in which hegemony could be "positive". First, existing models of hegemony are likely to include benign aspects to win the consent of subaltern groups. Second, although hegemony works to 'stabilize patriarchal power,' it is theoretically possible for a 'thoroughly "positive"' masculine hegemony ('open to equality with women') (p.853). However, in this paper, the word 'positive' has been used in a slightly different sense to describe enactments of masculinity that are conducive to health and wellbeing. This idea of positive masculinity falls between the two uses of the term 'positive' articulated by Connell and Messerschmidt. It is not about validating existing models of hegemonic masculinity simply because they may contain some worthy elements, like caring for a family. However, neither does it idealistically suggest that a version of hegemonic masculinity that dismantles patriarchy is within easy reach. Rather, it argues that men can effect positive changes in their lives that benefit them and those around them. It contends that we can, and should, expect more from men than is commonly implied by the pessimistic discourses that present masculinity as a 'risk-factor.'

The notion that we can, and should, expect more from men generates another reason for labelling this approach 'critical positive masculinity.' In recent years, a new field known as 'positive psychology' has emerged. The deliberate creation of this field was an attempt by its originators to counter what they saw as a 'negative bias' within conventional psychology (Seligman & Csikszentmihalyi, 2000). That is, in an attempt to emulate the 'medical model' in the physical sciences, it was argued that psychology was oriented towards a 'pathological' view of human beings, focusing on disease and dysfunction. In contrast, positive psychology was envisioned as a 'science that strives to promote flourishing and fulfilment ... that studies what makes life living' (Linley & Joseph, 2004, p.xv). Since the establishment of this field, the idea of 'positive' branches of scholarship has spread to other fields, with a proliferation of 'positive studies.' Such has been the diversification that some scholars prefer a broader label of 'positive social science' to encompass these different forms (Peterson, 2006).

In various ways, these adaptations have sought to challenge conventional thinking and define a more positive vision of their field. For example, 'positive education' aims to foster wellbeing in schools

and teach 'skills for happiness' (Seligman et al., 2009, p.293). 'Positive organisational scholarship' seeks to analyse and promote workplaces that are characterised by 'appreciation, collaboration, virtuousness, vitality, and meaningfulness' (Cameron, Dutton, & Quinn, 2003, p.3). 'Positive sociology' investigates how people 'organize their lives such that those lives become, in combination, substantially rewarding, satisfying, and fulfilling' (Stebbins, 2009, p.xi). 'Positive neuroscience' looks at the neurological basis of valued qualities such as empathy (Waytz, Zaki, & Mitchell, 2012). It is in this spirit that I propose the idea of 'critical positive masculinity.' Rather than focusing on the way in which masculinity can be dysfunctional, damaging or dangerous, this approach looks for the best in men, focusing on the *potential* for men to lead happier, healthier, more fulfilling and better connected lives.

The qualifier 'critical' is important here though, since there already exists a model of 'positive masculinity,' developed by Kiselica and Englar-Carlson (2008, p.32). However, this model focuses on 'identifying traditional male strengths that can be the foundation for a happy well-adjusted life.' The authors propose a 'positive psychology/positive masculinity' framework listing 10 'strengths' of masculinity. These include 'male self-reliance' (using inner strength to overcome adversity) and 'male courage' (achieving goals through risk-taking). With this focus on 'traditional' qualities, the framework has been criticised for perpetuating essentialist ideas about masculinity (Addis, Mansfield, & Syzdek, 2010). Indeed in trying to find value in traditional masculine qualities, the model has parallels with the neo-conservative 'mythopoetic' movement (Bly, 1990). In the face of the feminist argument about the need for men to change in order to redress power imbalances in gender relations, the movement aimed to reassert traditional masculinity through male bonding (Hearn, 2004). This involved '[R]eworking ... old stories and myths in ways that are relevant to the healing of contemporary men' (Barton, 2000, p.264).

As has hopefully become clear, the idea of 'positive masculinity' articulated in this article does not involve re-affirming the value of traditional qualities, but showing how men might resist these, or at least re-interpret these in skilful ways. As such, the qualifier 'critical' is important to differentiate this approach from Kiselica and

Englar-Carlson's (2008) version of positive masculinity. The word 'critical' also serves to align the approach proposed here with the Critical Studies on Men (CSM) perspective introduced by Hearn (2004). CSM draws on feminist theory and practice, and gay and queer scholarship, to 'problematise' men, with a focus on 'naming men as men,' analysing gendered power relations, and 'deconstructing masculinity' (Hearn, 1997). In this spirit, while critical positive masculinity recognises the potential for masculinity to include positive dimensions, it does not lose sight of the idea that masculinity can still be problematic. For example, as noted in the third paper on meditation outlined above, although it is possible to identify 'positive' local systems of hegemony, the social processes through which these are enforced can still have deleterious consequences for less powerful men, and indeed for women, who remained relatively powerless in the CoP.

As such, as an approach to the study of men, the proposed concept of critical positive masculinity may offer a fresh approach in this field. On the one hand, this approach allows us to explore the nuances and complexities of men, masculinities and gendered behaviour. In this sense, this approach is firmly aligned with recent social constructionist theorizing, such as Connell (1995). However, taking inspiration from the field of positive psychology, the new approach here explores this complexity and nuance in the direction of positive behaviours. This partly serves to undermine simplistic discourses equating masculinity with problematic behaviour, as it shows how many men do indeed act in ways that have a positive impact on themselves and those around them. This also serves as a hopeful vision of how men *could* be, pointing ahead to the ways in which men might be encouraged to make changes in their lives for the better. On the other hand though, drawing on CSM, critical positive masculinity still problematizes men, showing that ostensible positive forms of masculinity may not always be positive in their consequences, especially for marginalised or subordinated groups. Thus, with critical awareness of gendered power imbalances, the approach still works towards societal change, promoting a more equal and just gender settlement. As such, neither fatalistically pessimistic nor naively optimistic, this new perspective offers a hopeful yet realistic approach to issues around men and masculinity.

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