Living as men

"it's like... being in a washing machine"

Masculinities in contemporary urban Australia

Sasho Lambevski
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NCHSR

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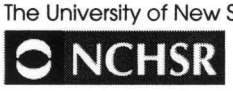

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Introduction

The *Living as Men* study from which this report is drawn is a sociocultural analysis of Australian urban men's constructs of contemporary urban life and risk. The research project was developed in response to the notion that dominant forms of embodying Australian masculinity are crucial to understanding what has been called a 'crisis' in Australian men's health. Its objectives were to:

- to theorise risk as it relates to the embodiment of different masculinities in urban Australia (Sydney and Melbourne)
- to examine the interface between masculinity and risk as it relates to life expectancy, class, sexuality, lifestyle and economic and technological changes in Australian society
- to theoretically elaborate the structural contradictions involved in the interface between individual men's perceptions of risk, and social, cultural, economic, political and technological factors undermining individual men's risk assessment and risk management strategies
- to explore how Australian men understand Australian health promotion campaigns.

The study surveyed a large number of men recruited from Sydney and Melbourne as well as conducting close focus in-depth interviews with a smaller number of them. This report draws on a selected number of topics from the interview data with implications for public health policy and practice.

Background

The study was conceived in the context of the growing concern regarding the physical and mental health of Australian men. Epidemiological data show that Australian men have consistently higher rates of exposure to risk factors, including depression and suicidal ideation, and they die from all non-sex specific leading causes at much higher rates than women (Fletcher 1995:27). Australian men of working age are also 3.5 times more likely to successfully commit suicide than women (Mathers 1995:22). On a range of other health status indicators Australian men are faring much worse than Australian women (NSW Health Department 1998: 17-26). Young and adult men are much more likely to have car accidents with fatal or very serious consequences, to be heavy smokers and drinkers, and to be overweight or obese (NSW Health Department 1998:17- 26). These data have helped create a sense of crisis in Australian men's health among medical professionals, health department officials, and academics.

This sense of crisis has mobilised considerable human and financial resources in identifying male populations at particular risks and devising the best strategies for addressing the issues facing Australian men's health. One response has been the holding of a biannual national conference

dedicated exclusively to issues of Australian men's health (the *National Men's Health Conference*) and the development of *Strategic Directions in Men's Health* in certain states (NSW Health Department 1998).

The *Living as Men* study was conceived as a theoretical and empirical exploration of Australian urban men's constructs of their bodies, risks and health in the light of this developing sense of men's health crisis. On the basis of a review of the literature addressing men's health issues in this country, we came to the conclusion that the current approaches towards researching Australian men's health have reached the limit of their explanatory power. This limit refers to three, closely linked, issues. The first issue involves the limited usefulness of epidemiological approaches in understanding how individual men, belonging to a population identified as being at risk, negotiate health and risk. The second issue refers to the epidemiological presupposition of a fully rational male subject /target in health promotion messages addressing men's health issues. The third issue relates to the construction of masculinity as a stable, unified identity; an identity functions to produce the health crisis experienced by Australian men. Let us look at these three issues more closely.

Health promotion in the developed world relies on three basic approaches: education, engineering, and law enforcement (Green 1997: 104-5). Australia uses all three approaches in addressing risks factors facing Australian men with varying degrees of success. Here we pay special attention to education as a strategy in tackling issues affecting Australian men's health. While health promotion strategies targeting Australian men have made commendable efforts in addressing structural issues of class, race, ethnicity, gender and sexuality involved in the production of particular men's health outcomes (NSW Health Department 1998), the fact remains that we do not have an in-depth knowledge on how these structural issues are negotiated by men. We designed our study to fill this gap in knowledge by addressing the micro socio-cultures of men's lives. The basic premise of the study is that it is crucial to understand how Australian men actually construct and perceive risk in order to promote health successfully. Furthermore, it is hypothesised that the relationship between health education and how it is received and appropriated by men is deeply problematic. The major starting point for the exploration of this problematic relationship can be found in socio-cultural critiques that question the taken-for-granted assumptions in the production and dissemination of health education in general (Green 1997, Tombs 1989).

The core of these critiques contains the notion that there is a structural paradox at the centre of how health education is constructed in the developed world. Notions of 'Populations-at-risk' are derived from large-scale aggregate, quantitative, epidemiological data, while the health messages, developed out of these data, call on individuals to do something to minimise or eliminate the risk. The effects of this paradox are epistemological, political and practical. The epistemological effect refers to the mismatch between the epidemiological knowledge and the knowledge required to understand how 'health' is constructed on an individual or personal level. The political and practical effects are closely related to the epistemological effect. The effectiveness of education as a particular way to promote health depends on the ability of those who are involved in the production of health promotion strategies to question their own assumptions and the social power that goes with these assumptions. [FIX .... See Kippax and Race ...]. It is one thing to understand which social factors are present in the production of particular health outcomes on an aggregate level of a 'population', and it is completely another thing to target actual people believed to belong to a particular 'population-at-risk', with a particular health message. 'Population' is an artificial epidemiological construct that does not resonate culturally or socially with people, who for this reason fail to identify as members of the targeted 'population-at-risk'.

There is another assumption in health education that is closely related to what has been said above. The assumption is that individuals are "responsible for the surveillance and management of their own risk environments" (Green 1997: 117). This is a seductive strategy, as Green (1997: 117) notes, because it reproduces the illusion of full calculability of risk, its transparency and capacity to be controlled. Social privilege is involved in constructing ourselves as competent risk managers (Green 1997), always in control of our own environment and by appealing to the possibility of full control of risks, this strategy plays on the most fundamental myth of dominant masculinity – the myth of control. Dominant masculinity, as a network of discourses and practices that assigns different social values to different sexes and sexualities which assures the domination of particular type of men (Connell 1995), is culturally reinforced at many points in our society under the guise of 'rationality', 'science', 'common sense', 'efficiency', 'prudence', 'good economic management', 'family values' and 'national security' (Connell 1995, Gatens, 1995, Hewitt 1996, Pronger 1990, Corber 1993 and many others). As such it does not need to defend itself by openly thematising its privileges and modes of operation. All it needs to do is to argue for the "self-evident" superiority of science, rationality, and men's ability to control the environment.

Health promotion constructs its subjects as rational beings fully capable of making reasonable decisions based on having adequate knowledge. This strategy uses an economic model of human behaviour, presupposing that people will seek to maximise what is good for them and avoid what is bad for them (Hindess 1988). The belief in the economic model is so deeply held by many in the field of health promotion that when all the evidence points to the ineffectiveness of this approach, the usual response from those involved in health promotion is let's have more information (Green 1997).

There has been a curious development in how the data on Australian men's health have been read by professionals working in a number of fields (medical professionals, mental health professionals, sociologists, psychologists, public health researchers, social workers, and many others). There is almost a unanimous consensus among these professionals that masculinity, the set of discourses and practices involved in the production of Australian men's gender identities, somehow produces or explains the "crisis" in Australian men's health (Thorpe 1995, Fletcher 1995, Wodak 1995, Bellear 1995, Buchbinder 1995, and many others). While some of these accounts are well thought out explorations of the highly complex production of contemporary Australian male gender identities, other accounts tend to reduce the "villain" – namely masculinity – to a caricature in the style; "If You Drink and Drive You're a Bloody Idiot and Almost Certainly Male" (Wodak 1995). The latter caricatured accounts of masculinity invariably betray a dominant masculinist, and upper middle-class, bias inherent to epidemiologically based health education: the populations at risk (men classed in groups according to various risk predictors) are constructed as ignorant, resistant to information/education and in some cases plain stupid. Depending on the definition of masculinity one operates with in one's analyses, Australian men at risk have been constructed as "being at risk" because they are either "too manly" (pursue risks recklessly to prove their "masculinity"), or not "manly enough" (act irrationally and imprudently despite the fact that they "know what is good for them"). This confusion does not derive from some intentional lack of definitional rigour on the part of those with professional interest in men's health, most of whom, to be fair, happen to be non-specialists in the area of gender studies. To put the problem simply, masculinity is a very slippery explanatory category that can yield amazingly rich results only if one understands the highly fluid and unstable daily performances of masculinity on the part of actual men (Butler 1990, 1993, 1997; Badinter 1995; Wetherell and Edley 1999). There are powerful sociocultural ideals and norms of maleness at work here, but the relationship between these norms/ideals, and how these norms/ideals are embodied at any particular moment is far from straightforward.

Another concern of ours was the persistent reductionist reading both of masculinity and its interface with health outcomes within the newly emerging discipline of men's health studies. In this reductionist reading, a certain form of masculinity is pathologised without any understanding of the systemic - cultural, economic, environmental, political and technological – factors that prevent the men at risk from perceiving themselves as being at risk in the first place, let alone doing something to minimise the risks they face.

For these reasons, we designed our study as an ecological investigation of the interface between the mentioned structural factors and their negotiation by Australian urban men. "Ecology" is a useful metaphor that captures the intention of the study to explore the sociocultural constructions of Australian men's risks in the context of the complex social webs in which the studied men are situated. A socio-ecological approach does not fall into the trap set by traditional discourses and practices of health risk management and assessment, which individualises 'risk' and assigns culpability for it to individuals. This approach rather looks at risk as inherently present in all contemporary social, cultural and economic systems (Green 1997; Beck 1992).

The frenetic nature of Western society, which Virilio calls a speed society (1986), puts great pressure on men. Men in this society are expected to respond to the demand for speed, and dominant masculinity is mobilised in this expectation. In the global economy of speed, they are the engine force assuring the appropriate speed of the economic machine and also facilitating its ever-increasing acceleration. The economic machine of global capitalism seeks to increase productivity and efficiency at the lowest possible cost. This ever-increasing pressure for productivity and efficiency is nothing but a demand for a faster tempo of working. Not a single area of human production in a First World city is beyond the reach of this demand. The cascading effects of this demand for speed in the economy are felt in every area of men's lives. This is an objective economic reality for all those who work in, what Friedman calls (1999), fast or hot zones in the global economy.

The issue of speed society is a very important background issue in the design of the study, which needs more elaboration here. The *Living as Men* study attempts to understand Australian urban men in the spirit of the time they live in, in the *zeitgeist* of the start of the 21st century. They live in a postindustrial city• that has reached its limit of acceleration with technologies that enable communication and information distribution at the speed of electromagnetic waves, which is the speed of light. Virilio calls these technologies – teletechnologies (1996). What follows is the accelerated automation of human manual and mental labour and large armies of economically redundant people are created. The massive and unstoppable deployment of these technologies in wiring the real cities of the world into a virtual planet-city and a virtual capitalist economy has and will continue to have enormous consequences on how men relate to themselves and to others. We examine this process of acceleration of living in the city within the dialectic relationship between the de-corporealisation of male bodies, and the de-territorialisation, or de-materialisation, of men's (and women's for that matter) material spaces. The term 'de-corporealisation of the body' refers to a network of complex technological, social and economic forces that contribute to certain atrophy in the physical capacity of human bodies to interact with their surrounding environments, including other people. The term 'de-territorialisation' refers to the diminishing importance of the connection between physical selves and the local, material territory that men inhabit.

The de-corporealisation, or the immobilization of men's bodies, and the de-territorialisation of material spaces are twin effects of the development of human technology and its complex interaction with powerful economic/commercial, political and cultural interests. Men are in danger of losing the three-dimensionality of their lives by being reduced, and reducing others, to

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• The singular of "post industrial city" implies plurality of post industrial cities that share the same urban, social, technological, economic, political and cultural features.

electronic representations on a two-dimensional TV or computer screen. Teletechnologies introduce a dangerous rupture in the intimate link between men's embodied lives and the (mate)reality of the city.

Men's minds are racing, but their bodies, despite aid coming from a myriad of speed vehicles, fail to follow. While people become more and more mobile with the help of all sorts of very quick transport, men's bodies become heavier and almost immobilized without our speed prostheses (the lifts, the cars, and the remote control units (see data on Australian male obesity in NSW Health Department 1998: 22-23).

We believe that the findings we present in this report will confirm the usefulness of such a wide sociocultural exploration of Australian men's constructs of risks, health and their bodies. As we hope to show later in this report, the crisis of rationalism manifested as deep scepticism regarding 'expert' knowledge; the exasperation with the enormous teletechnological circulation of basically the same, albeit contradictory, messages and images (including health promotion messages); the alienation from one's own body and material environment; the ubiquitous feeling of jadedness accompanying urban living; the exploitative, unimaginative, indifferent and authoritarian workplaces; the deep cynicism as to how society is governed; are, in many cases, better predictors of urban men's cultural attitudes to specific risks and how they see their bodies than gender, class, ethnicity, political ideology, experience of death of loved ones, fear of their own mortality or measures of self-interest.

Methodology

The central topic in the study is the interface between Australian urban men's constructs of risk and the multiple social sites men traverse on a daily basis within the context of a large urban environment. We used our knowledge of the social geography of inner city Sydney as an anchoring point in the design of the study. The queer/gay history of the area in the last 30 years, including the impact of AIDS on the large gay male population in the area, served as a main reference in choosing the topics and angles we wanted to explore in our study. What we were particularly interested in was whether the physical proximity and daily contacts between a large number of gay men and heterosexual men in Sydney's inner city have permeated into new and hybrid masculine subjectivities. We used the notion of contemporary life being about managing the present "which one tries to make as hedonistic as possible" (Maffesoli 1996: xiii) as an entry point in our exploration of the coalescences between gay and straight inner-city men. Given the targeted area's large concentration of entertainment outlets that allow for pursuing this hedonistic present, we were particularly interested in recruiting inner-city men with a particular zest for life (Maffesoli 1995: 31).

Based on our careful study of contemporary male forms of urban hedonism (Malbon 1999; Thornton 1995; Kay *et al.* 2000) we believed that this type of urban man is most likely to be found among regular clubbers and gym goers. For this reason, we recruited men aged between 20 and 45 from gyms, and nightclubs in inner city Sydney and Melbourne. In order to assure diversity of attitudes towards work, pleasure, health, risk and their own bodies, we also recruited a third group of men within the same age range, namely, men actively involved in political parties, environmental movements, human rights organizations, gay rights organizations, animal rights organizations, organizations supporting people with chronic illnesses, etc.

As part of the recruitment efforts for the quantitative arm of the study, 8000 questionnaires were distributed at gyms, social and political organizations, and mailed to men featuring on various nightclub mailing lists in Sydney and Melbourne. The Sydney recruitment efforts, for the reasons stated above, were focused on recruiting men in areas of the city with a large gay presence. Since Melbourne does not, geographically speaking, have highly concentrated gay populations, the recruitment efforts there were diffused over the whole of Melbourne. Of the 8000 distributed questionnaires, 1412 (782 in Sydney, and 630 in Melbourne) were completed and returned to us. Despite the comprehensive nature of the questionnaire, it was well filled out and there were very few missing data. In the survey questionnaire participants were also asked to volunteer for one-to-one interviews. Almost 50% of the surveyed men expressed their desire to participate in the qualitative arm of the study. A database of these men was established. Forty of these men were chosen at random to be interviewed in the two cities (20 in each cities). We attempted to get a good spread between gay and straight men in both cities.

Total number of men interviewed: 40

Sydney: 20 (Gay 12 and 8 straight)

Melbourne: 20 (Gay 11 and 9 straight)

Composition of qualitative sample

Details of some of the characteristics of the sample are given in the Table in the Appendix. In general, the men interviewed were spread across the age range from 21 to 49 years, with one man in his fifties. Most had tertiary education and occupations in professional and managerial categories. There were slightly more gay men than heterosexual men. Around half came from inner city areas and the rest from suburban areas of their respective cities.

What topics were explored in the interview?

The qualitative interview schedule was designed as an in-depth, follow-up, exploration of the same themes explored in the questionnaire. These themes included men's constructs of work, pleasure/play, sociality, risk, health and death. Risk was a thread underlying the exploration of all the other topics (see Attachment 1 for a detailed look at the themes explored, and the type of questions asked in the interviews).

While the main emphasis of the questionnaire was on acts and practices, rather than attitudes and beliefs, the exploration of how urban men make sense of these practices and acts was left for the qualitative arm of the study.

Mode of interviewing

The interviews were conducted by two interviewers, one in each city (Sasho Lambevski conducted 20 interviews in Sydney plus 3 in Melbourne, Anton Mischewski conducted 17 interviews in Melbourne). The interview was designed as a semi-structured, open-ended interview exploring Australian men's embeddedness in a masculinized culture/society of risk and their subjective negotiations of risk, safety, security and health. The interview was structured as a combination of an explorative and a thesis-testing mode of interviewing. The interview sought to: 1. to understand the lived world of the interviewed men, with a specific reference to their lived risks; and 2. to uncover the contradictions in their discourses of risk as symptomatic of the contradictions inherent to their lived worlds. Special emphasis was placed on exploring the contradictory social demands placed on Australian men to push their bodies to their limits, while at the same time commanding those same bodies to increase their health value (minimise risk).

Interviewers were instructed to systematically cover the topics on the interview schedule, although interviewers were free to cover these topics in any order demanded by the flow of the interview. For consistency reasons, the interviews always started with the same opening theme, which was how men find living in their own cities. Interviewers also recorded any information regarding the affective aspects of the interviewed men's speech (body language, tone and rhythms of speaking). General impressions about the interviewees were also noted.

The interviews were mostly conducted at the interviewed men's homes. However, there were a smaller number of interviews conducted in cafes, in the interviewed men's work offices, and in interview rooms at the National Centre in HIV Social Research (Sydney) and the Australian Research Centre in Sex, Health and Society (Melbourne). The interviews usually lasted between 2 and 3 hours.

Methods of analysis

All interviews were transcribed, de-identified and stored in an Nvivo qualitative analysis software database. The analysis of the qualitative data was guided by symptomatic discursive analysis (Althusser 1984). Since this is not a widely used method in qualitative social research, we will give the gist of this method here. Althusser borrowed this method of analysis from Freud's method of interpreting dreams (1914/1965), and extended it to analysing social reality. The basis premise of this method of analysis is that the discourse or text produced in interviews reflects a deep material (social) reality of which the speaker might not be aware: the contradictions in the narrative reflecting contradictions inherent to the social (material) reality occupied by the speaker. [: the contradictions in the narrative are seen as reflecting the contradictions inherent in the social (material) reality occupied by the speaker.] This method of analysis the meaning of a chunk of text can be understood only in relation to the rest of the text and the social reality it reflects. Thus a cryptic, contradictory, or even, apparently, meaningless or useless statements made by the interviewee, might hold the key to understanding the researched subject. In other words, statements like these act as symptoms of the subject's struggle to express the contradictions in the real world (the material, or social reality). Further to this, this method holds that interviewees draw from the same socio-cultural resources in order to make sense of their own worlds. As such, the interviews can be treated as links in a much larger text. Thus, one interviewee's statement or story may throw light on another interviewee's story.

For the purposes of our preliminary analysis, we used a range of analytical techniques to make sense of the data pertaining to men's constructs of risk. Namely, we noted patterns or themes, determined plausibility of the interviewees' explanations of their own life worlds, clustered themes in order to see "what goes with what", made contrasts and comparisons between different groups in the interviewed sample of men, subsumed particulars under the general, and made conceptual/theoretical coherence out of the disparate narratives gathered in the qualitative interviews (Kvale 1996: 245-6).

Before we move to presenting our findings, we want to note that the analysis is neither exhaustive nor final. We are in the very early stages of analysing the qualitative data. Our intention with this report is to provide interested parties with a discussion paper rather than with our "final" view of the data. For this reason, we give ample room for the interviewees to express their own perceptions in their own voices. The analysis we provide is only indicative of some of the interpretations possible in the face of the challenges that the data poses. We encourage the readers to make their own interpretations when they read the frequent and lengthy quotes provided in this report.

Findings

An analytical note

Mary Douglas has been one of the pioneers in the field of cultural analysis of risk. In her anthropological approach to "risk assessment" she focuses on how the organization of a particular society affects the perceptions of its members on where risk (danger) lies (1973). The basis of her analysis consists of two organising principles: that of the "grid" and the "group". Grid refers to the "scope and coherent articulation of a system" of classifications and meanings of risk (danger) (Douglas 1973: 82). A strong grid indicates a system in which there is a high degree of shared agreement about classification and meaning of risk. Group refers to the amount of control an individual can exercise within the system: a strong group would be one in which there is a high degree of individual control of risk (Douglas 1973: 84).

We use Douglas's approach to examine how risk, and the control of it, is perceived among the interviewed men. Specifically, we look for evidence for clearly defined grids and groups as organising principles in the men's discussion of risk. In a highly masculinized articulation of risk grid and group, we expected to see: 1. a high degree of consensus among the interviewed men as to where risks for them were located, and 2. an intense belief in one's individual ability to control all or almost all of these risks. Since our sample, on the surface, appears to be very homogeneous (white, Anglo-Australian, middle-class, professional, highly educated), we believed that sexuality, and its unavoidable gender identity implications, would form the major division in differing constructs of (grids and groups) of risk among the interviewed men. In other words, we thought that gay men would fall in one particular grid-group matrix of risks, and that straight men would fall in another. However, the analysis of the data shows a complex picture of multiple and fractured grid-group matrices of risks that refuse to neatly follow class, sexuality, gender, occupation, education and other social demarcations. This is particularly the case when we move from the general level of analysis of risk to specific risks.

"Non risk-takers"

On a very abstract, macrocultural level, there is an articulation of a strong grid of risk among the interviewed men. When we ask them what were the first thought or ideas that came to their minds when the word "risk" was uttered, they all came up with very similar definitions. As George, a 28 years old professional gay man from Sydney, puts it:

> *The perception I have of risk in the context of that question is something that could have negative consequences, but which are generally outweighed by the potential positive consequences. So, an evaluation of risk involves an evaluation of those two - the potential consequences. If the potentially bad things significantly outweigh the potentially good things then it's not a risk that you're going to - that I would take, but obviously that evaluation process is very subjective and what one person would perceive as a significant bad detriment, I might not perceive in the same way.*

George's statement is typical of how most of the interviewed men define "risk" on a most general level. This indicates a high degree of consensus as to what "risk" is in the first place. In one form or another, they acknowledged a systemic expectation, manifested as an unquestioned domination of the belief in the, earlier mentioned, economic understanding of human behaviour. Men (should) pursue what is good for them, and avoid what is bad for them.

However, as George points out, there is a strong awareness among the interviewed men about the deeply subjective nature of judgements involved in establishing what is good or bad for oneself. When read against the background of his whole interview, as well as in relation to other interviews, George's statement signals a strategy of non-judgementality of how others perceive and manage their risks. This strategy, shared by the majority of the interviewed men, has profound social and political implications to which we return later in this report. All we can say here is that this refusal to accept that there is an absolute Good, to be pursued at all costs by all people at all times, seriously undermines any state public health interventions seeking to modify risk behaviours by appealing to any notions of a commonly shared (public) Good. This also signals that Australian urban men are unwilling to tell other men what is good for them, regardless of how risky and self-destructive they may consider the behaviour of other men.

This macrocultural observation about the cultural construction of a strong grid of risk corresponds to another powerful masculinized construction of "reasonable" adults as competent managers of risk:

> *But because my - I'm a pretty positive personality anyhow. I don't have a strong association with risk. I think most risk can be managed so I go straight to management, you know, what do you do about the risk as opposed to allowing it to be a big threat. Most things can be managed, you know, by reasonable adults (Clive, a 41 years old professional gay men from Sydney).*

Contrary to what George indicated in his statement above, Clive implicitly attributes blame to those who are unable to manage their risk environments on the grounds that they are "unreasonable", lack common sense, and have a "negative" personality. This is a symptomatic chain of associations that implies that Clive draws from the cultural resources of hegemonic masculinity. As we said earlier, "common sense" or "reason" is a coded trope used by the institutions and practices of hegemonic masculinity to dismiss as inferior other forms of seeing and being in the world, including how one makes one's own risk assessments. These other forms of being in and seeing the world are implied to belong to someone with a "negative" personality. It is seductive to believe that one is a "reasonable" and competent risk manager, since in a society that reinforces this belief at so many social points, to believe otherwise threatens men with the risk of losing the privileges that go with being "sensible", "reasonable" and "in control" of their environment.

Clive is typical of almost one quarter of the interviewed sample who share an agreement as to what risk is (strong grid), as well as to the amount of control they exercise over their risk environments (strong group). In another words, there is a strong acknowledgement as to the external (sociocultural) constraints of the definition of risk and the action needed to address the risks defined in this way. Members of this group were most likely (as opposed to those in other groups) to insist that they were non risk-takers. The men in this group were of all ages within the targeted age range. They were both straight and gay, mostly middle-class, and highly educated men. There was one married man and a father in this group. The rest of the men in this group were either single or in short de facto relationships. The men in this group also represent an interesting mix of professions (an engineer, a medical doctor, a stockbroker with a PhD in physics,

a science PhD student, two bankers, a businessman, an officer in the Australian military, a lawyer and a primary school teacher). These men found difficulty in talking about any episodes where they had actually done something risky, or where they had been exposed to risk. This difficulty is understandable. At the beginning of the interview they constructed themselves as competent managers and in control of their risks environments. Talking about being in an actual risky situation threatened these men with the loss of their highly masculinized personas. After insistent probing from the interviewers, these men produced, very reluctantly, a range of risk stories in which they appeared as "unreasonable", "out of control", "incompetent", or "trapped" in a situation that was "unmanageable" or very close to that.

Chance and risk

When we shift our focus from general definitions of risk to specific risks, this particular group of men starts to blend with other discrete risk groupings within the sample. Using Douglas' scheme (grid-group) to organise the data (1973), we observe the operation of a strong grid among the interviewed men as far as the domination of the definition of risk is concerned. The construction of risk as a potential threat to physical, emotional, mental and financial well-being remains unchallenged when we move from the mentioned group of so-called "non risk-takers" to other groups within the sample. However, the operation of a strong grid is not followed by a strong belief among the other groups of interviewed men in their ability to control their risk environments. For the majority of the interviewed men, risk lurks everywhere. Whether this a threat of physical violence or crime, unemployment, emotional breakdown due to a loss of a loved person through death or separation, impulsive and compulsive consumerism (regardless of the object that is being consumed), the interviewed men provided an exhaustive list of locations of risk over which they felt they had very little control. Among the interviewed men, there is an overwhelming sense that to live in a post industrial city means to live in an environment of chance and risk. These data validate earlier empirical findings of the National Centre in HIV Social Research in relation to gay men's constructs of the role of "chance and luck" in the process of HIV seroconversion (Rosengarten et al. 200). In other words, the majority of the interviewed men felt that one does not need to concern oneself with risk management too much, since whether one becomes a victim of a certain threat or not is all a matter of chance. When asked about how he read various risk warnings in the media, Tim, a 46 years old professional gay man from Sydney, responded in the following way:

> *EVERY DAY WE'RE FACED WITH MESSAGES ABOUT RISKS ASSOCIATED WITH SMOKING, DRINKING; TAKING DRUGS, EATING JUNK FOOD, DRINK DRIVING, NOT PLANNING WISELY FOR YOUR FINANCIAL FUTURE, ETC. HOW DO YOU SEE THESE MESSAGES?*
>
> *Yeah, and knowing about risks and understanding it. Yeah, um I often um I mean I think one of the things we actually say from it and I've long been aware of it is that people are - people are socialised into understanding that when you are given warnings and cautions and advised of risk then it is a worst case scenario. Um and no one actually believes the truth of this is going to be like an almost universal experience. People say bullshit to that. We know that with cigarette smoking probably up to 10-20 per cent of everybody who is um an adult lifetime smoker will not die of smoking related poisons. I mean 20-30 per cent of people perhaps up to like 20 certainly per cent of people constantly exposed to the HIV virus will not developed antibodies or will not seroconvert. I mean the dice rolls in life with those sorts of things.*

Tim has a very sophisticated way of assessing and managing those risks that the state deems as unacceptable. His way of thinking has profound implications for how health promotion campaigns are perceived by men. Tim carefully infers from epidemiological data concerning the mentioned risks that succumbing to a disease is really a matter of chance, rather than an inevitable outcome of an ongoing and deliberate taking of certain risks.

When asked the same question, Jason, a 42 years old builder from Melbourne, makes the same point, although placing it in a different context:

> *Right, you know, you're a builder, that's what you do and you'll be able to do it until the day you die and you'll always be able to be self employed and maintain income and so financially you get off the case. Don't create this shitful existence now in the hope that in ten years from now you'll be able to have a blissful existence because you've got the position to have a blissful one now and the only thing in the road is your head driving you mad. So, you can't get that organised now. You'll have to get it organised then. But financially as long as you can do as you choose which I can well that's what you're meant to do. Death and dying, well there is no choice. You go when you go. You'll get sick or you won't. You know, whatever. Not my business.*

The quoted men call in question Giddens' (1991) assertion that there is no room for fate and destiny in a society that is perceived as a lottery machine dishing out miseries and misfortunes to people in random order. Both Tim and Jason may not express fate in destiny in a pre-modern way. However, they do express deep fatalism as to their ability to control their life trajectories and the chance risks that these trajectories inevitably present. The belief that one cannot control and map one's future has a cascading effect on the motivations that drive the interviewed men in every social area of their lives (work, relationships, and leisure). Life for these men becomes less and less about deferring present gratification for a future reward.

This economically rationalist premise has been a staple way in thematising both orthodox (traditionally dominant) masculinity and capitalism (Connell 1995). The refusal on the part of the interviewed men to see themselves and their relationship with (capitalist) society in that way calls for a serious rethinking of the relationship between orthodox masculinity and capitalism. These data validate our assumption, as stated in the background section, that life for urban men is increasingly about managing the present, which one tries to make as enjoyable as possible. This imperative to enjoy the present ads another sociocultural dimension to how Australian men perceive and manage risks. The fact that this highly educated and economically successful group of men refuses to privilege work over fun makes our study of urban men's constructs of pleasure and risk even more significant. As we hope to show in the next few sections, the interviewed men construct enjoyment or fun as the only area of living where they feel they can exercise a choice over how they use their bodies.

"I'm not normally a risk-taker"

Albert is a 27 years old, single, straight, Anglo-Australian medical doctor. His interview typifies the earlier mentioned blurring of the boundaries between the group of so-called "non risk-takers" and the majority of the interviewed men. We will call the latter group the "normally non risk-takers". In this section we hope to explain the intricacies of this sociocultural construction of risk on the part of the interviewed men.

Albert's interview is particularly instructive here for one major reason. He appears to be a perfect embodiment of the themes rewarded by traditionally dominant and glorified forms of

Australian masculinity. He possesses qualities traditionally associated with men on the top of the social hierarchy in Australia. He participates in multiple institutions and practices that reproduce hegemonic masculinity. He works for a very macho organization, is highly educated and very rational in his thinking as a result of his medical training. He is very intelligent, yet constantly plays down his intelligence. He is very athletic and plays sport competitively (one of the codes of football). He is a very handsome man with a big and very muscular body, although he plays down his looks. On the surface, Albert shares the same understanding of risk as the "non risk-takers". However, a closer look at his narrative reveals a much subtler construction of risk.

IF I ASK YOU TO DEFINE RISK FOR ME, WHAT KIND OF IDEAS, OR THOUGHTS, SPRING TO YOUR MIND WHEN THE WORD "RISK" IS UTTERED? I MEAN WHAT KIND OF THINGS DO YOU ASSOCIATE RISK WITH?

I sort of see it as, you know, potentially throwing away not only a lot that you've achieved, but throwing away potential to continue to achieve. Whether that's losing um objects or possessions as such, or whether that's losing a part of you, that's how I sort of interpret risk. ***Um as a rule I would think I'm not someone that takes risks that often. I certainly make practical judgements and things, but then there is an element to it, you know, of risk that I would take - in not necessarily every day life, but now and again.*** *Um but in general I probably find that I do weigh up risks and benefits with a lot of things um probably a little bit more closely than an average person would. I don't know, but I certainly like to weigh up things. Whether it be say having alcohol in the house um I'll go out on the weekend and the Friday or Saturday night and I'll, you know, drink beer, spirits whatnot, it won't bother me what I drink or how much, you know, it could be a heap, you know, smoking going on. You know, I don't normally smoke, but it wouldn't bother me to have cigarettes or whatnot. But for a normal week night, you know, I sort of think about the idea, oh it would be nice to have a glass of wine or a beer but then I sort of - I do think about it in terms of what am I going to gain from having it, and what have I got to lose in terms of, you know, the health effects and how you look and whatnot. And I'm someone that really just doesn't touch it. I quite often go for, you know, for the ultra safe side of things.*

And that's the same way with money as well, you know, with money I'll be exactly the same. I'll look at things and, you know, really try and organise my finances in a very - not a stingy way, but I certainly look after them, but then if I'm out or I'm buying something then all of a sudden it's out the window and I don't often look at the price. So, I sort of have two different ways of

JUDGING IT?

Yeah, of behaving in terms of risk and I find sometimes that can get me - or could potentially get me in trouble and - yeah. (Emphasis is ours.)

As we can see from this quote, Albert constructs himself as "normally" being a non risk-taker, and someone who carefully calculates risks and benefits before he makes a decision as to which course of action will be required. He constructs himself as a competent, knowledgeable, occasionally "naughty", but essentially very rational man, who is in control of his decisions and actions. However, as the quote already indicates, and Albert talks about this at some length in his interview, sometimes something "happens" to him and his "rational, reasonable self" gets temporarily switched off. In the interview, he shares a number of stories where his "normal" self is switched off and the trouble in which he found or might have found himself as a consequence of this.

While some of the "health department style" risks that Albert addresses can be dismissed as relatively insignificant in his case (the rare occasion of his smoking, for example), other risks like

excessive drinking and playing football while being injured warrant a closer look. His story about his excessive drinking and the football story, albeit similar in many ways, are not framed in the same way. Both stories take place in a social situation where he is with his heterosexual male friends. He is quite adamant about the differences between the way he socializes with his gay male friends and the things he does socially with his straight male friends. He tells the first story with an acute sense of guilt, shame and self-reproach that he has found himself, on many occasions, next to an unknown woman in his own bed and not remembering how this came to be, or what had transpired in his bed.

However, there is a clear absence of the earlier mentioned negative emotions when Albert narrates the story about how he played a football match while being seriously injured. Although, this could have had extremely serious or even fatal consequences, he tells the story with a sense of excitement, bewilderment and mildly proud dismay that he did such a "stupid" thing. The fact that Albert is a medical doctor makes his story even more interesting. Here we quote him at some length, where, at our insistent probing, he seeks to explain the causes of this behaviour.

I played [football] last season um before the semi finals I injured my neck and was in a neck brace and what not. This was on the Monday night. I ended up needing a bone scan after the x-rays, but I needed morphine initially when I was taken to hospital and all that. I ended up having a bone scan on the Friday, which cleared me of any fractures, but I know full well that there would have been a lot of ligament damage, and that I shouldn't have played a contact sport for probably, you know, four to six weeks afterwards. I sort of thought about it and turned up to the game on Saturday not going to play and then I just said [to the coach]: "Look stuff it, yep, I'm right to play", and he said: "Oh we'll put you on the bench". I said: "No I don't want to go on the bench. You know, I'm wearing my number [xx] ", which was the number that I ran on and started. I remember the first five minutes of the game I made a tackle and my head hit this guys hip, and I felt my neck and sort of cringed when I thought about it. I though oh gee that was lucky and then kept playing on and played the whole game, but if I'd - if there was a player that would have done that, if as a team doctor I wouldn't have let him go on the field. There's no way.

YEAH, BUT IT'S INTERESTING THAT YOU FELT COMPELLED TO DO IT.

Yeah.

I MEAN HAVE YOU THOUGHT WHAT GIVES YOU THIS DESIRE TO PUT YOURSELF IN A SITUATION LIKE THAT?

Yeah, I sort of - I don't know, I sort of probably try not to think about it and try to ignore it and sort of think I'm a pretty blessed and lucky person, and it's not that I necessarily want to ride that way. You know, I just think no it will be right, you know, this will be okay and then afterwards I think, you know, or even before that I thought, you know, well if I get another injury I could end up a quadriplegic or a paraplegic and I sort of thought about that, but for some reason during the week it was fine. The day before in the morning I still wasn't going to play, but just turning up there, you know, I wanted to be involved and wanted to play and so I played and I've done that before with a few things. I broke my ankle once and, you know, we were winning the soccer game and then the other team came back to level and then they scored a goal so they were up with, you know, ten minutes to go and I was sitting there with a big swollen ankle which we hadn't had x-rays but they proved it was broken later and I pulled my sock on and I couldn't get my sock on, but I was adamant that I'd be, you know, I wanted to get out there and play. Um without thinking too much about it.

So, I don't know, I think - yeah, in the - when it comes to that moment I sort of probably lose a lot of the common sense and practicality that I live by for 99 per cent of my life. That might be a common sort of thing for people, but it's probably - I haven't thought about it

before, but it may explain a lot of the things that I do. Whatever, you know, whatever facet of life that is and come to think of it, yeah, I'm sort of thinking of sexual things and other things. It seems to be ...

BEING INVOLVED IN SPORTS?

Well, yeah. Just I mean whether it's the drug taking or the sporting things or um you know sexual practices, other things. It seems to be the same for me.

YEAH.

That I have a way of thinking about things, but come the crunch it sort of all goes out the window for a brief moment and then I'm back to my normal path.

DO YOU GET A SENSE OF ACHIEVEMENT OR DEEP PLEASURE, FOR EXAMPLE, WHEN YOU PLAY SPORT? WHAT'S THE DRIVE THAT PUSHES YOU TO WANT TO BE INVOLVED IN THE GAME EVEN IF YOU ARE INJURED?

Yeah, I'm not sure really. I don't think it's a desire to win. I don't think that's the answer that I know you hear people talk of. I think it maybe a combination of certainly, you know, I like to be a part of things and yeah I don't like sitting back watching, I like to be involved in whatever we're, you know, discussing. There's also that part of wanting to - not just not let others down, but wanting to please them necessarily. I think that...

THAT'S AN INTERESTING POINT, YEAH.

Probably - that probably is a part of it with me. Whether that's, you know, playing football or other, you know, facets of life with friends or wanting to be involved, wanting to please them and, you know, um but I certainly - yeah, I don't think it's that I want to get out there to win necessarily but I think that, you know, I like to help and certainly feel that I, you know, that I'm needed in some of those

I MEAN HAVE YOU THOUGHT ABOUT WHERE THIS WISH TO PLEASE COMES FROM?

No, I don't - I don't know really. I know it certainly is - and I've thought about this a few - you know, well not just a few times, but a lot before that that does seem a bit a part of me um is an eagerness to please and with that is sort of not - not liking confrontation so much.

What is particularly interesting in this quote is the deep tension between the two different sets of knowledge used by Albert to assess and manage the risk of playing this particular rugby game while being injured. There is a tension between Albert, the medical doctor, and Albert, the rugby team player, here. As a medical doctor, Albert would have used all his authority to prevent a player from playing under those conditions. However, as a player, Albert refuses to privilege medical knowledge in his decision to play. While in his struggle to explain this desire to play at any cost, Albert signals his deep internalisation of many glorified themes of Australian dominant masculinity and sport's central role in it (Webb 1998; Pronger 1990; Messner and Sabo 1994). This glorified masculinity manifests itself in bodily postures and strong bodily urges that seem irresistible.

As Connell notes, masculinity is felt bodily (1995). It gives men that immediate sense of being embodied and real. In many ways masculinity is a cultural screen through which men have access to and make sense of their own bodies in a non-discursive way. Hence, the cognitive tension between what many men are saying about themselves and what their bodies do. Those men who deeply embody this glorified masculinity are unwilling to renounce it regardless of how "stupid", "reckless" or "senseless" it might appear to many of us. It is a mistake to believe that we will be able to steer many men into more acceptable and less risky behaviours by simply exposing

the privileges and the huge costs that go with glorified masculinity. Messner and Sabo, two foremost world students of the links between sport and masculinity, believe (we suggest naively) that men will simply modify their behaviours if we manage to convince them of the "unacceptability" of the health costs involved in amateur and professional male sports, particularly rugby, competitions in the US (1994: 71-98). Their analysis of the US male sports' injury statistics is a very depressing reading. They appeal to those men who currently enjoy the privileges of glorified masculinity (admiration and lucrative job opportunities) to recognise that they will be dumped into oblivion and poverty as soon as they get seriously injured (and the likelihood of that happening is very high).

Messner and Sabo blame hegemonic masculinity's construction of male bodies as weapons and glorification of pain as the main culprit in the depressing male sports' injury statistics. They call on men to renounce what they call the pain principle (1994: 86). This principle demands that men stoically endure or ignore pain inflicted to their bodies. In doing so, Messner and Sabo presuppose an economic and rational model of human behaviour: people intrinsically tend to maximise pleasure and avoid pain. Freud baptised this model of human behaviour the pleasure principle (1911).

Unlike Messner and Sabo, Freud realised, later in his career, that there is something "beyond the pleasure principle" (1920) that makes very normal subjects to endure enormous mental and physical pain in order to embody culturally sanctioned norms and ideals. For Freud there was nothing stoical about this. People are able to do this only because deep down they enjoy the pain that culture dishes out to them. No matter how debasing, painful or dangerous the embodiment of a certain cultural norm or ideal seems to an outsider, it offers deep physical, albeit "perverse", sense of joy to those who embody a particular norm or ideal. This joyful pain is central to their corporeal identities, without which their bodies are threatened with psychological disintegration. For many of the male athletes involved competitively in contact sports, the pain endured during the match allows access to intense, unconscious pleasure. In order for these men to renounce this painful pleasure a similarly intense alternative to it has to be offered to them. Feminist or pro-feminist bashing of the practice only intensifies the enjoyment male athletes derive from it.

Albert's story exposes the weaknesses in health promotion approaches appealing to the "rational" in us. Albert as a medical doctor is armed with all the medical knowledge to make a "rational", pain avoiding, decision, and yet he makes an "irrational" decision. There is an itch in Albert's body that he finds irresistible. His "normal, rational self" is switched off. This itch prevents him from watching the game from the bench and giving his body a chance to recover. Albert links this itch to his desire to please others. As Freud taught us, one's yearning for the others' love, recognition and approval is intrinsic to all of us (1923). Culture teaches men how to earn, give and receive this love.

The pleasure in pain principle is intrinsic to culture as a way of training individuals to become members of society. In order for one to earn love one needs to do what others find lovable, and this always means renouncing a little bit of oneself. Hence, the feeling Albert has of not being "himself" and not knowing why he needs to please others. Culture itself is irrational, split and deeply contradictory. Albert craves for love from everyone, from his medical colleagues at work to his gay friends and his heterosexual football mates. In order to earn their respective loves, he presents himself in three different personas, without feeling that any of these personas are really "him". He is "rational" and very "medical" at work, urbane and sophisticated with his inner-city gay friends, and tough and macho with his straight rugby mates. Different social situations and sites present him with different modes of assessing, managing and taking risk. What is unacceptable when he is in "work mode" becomes highly desirable when he is in a "relax mode". What is unacceptable when he is in a "relax mode" with his gay friends, like the excessive drinking in his case, becomes a routine experience when going out with his straight friends. The

potential of his miscalculating his capacity to manage the risks involved with these different social situations always lurks in the background.

Albert's story is typical of most of the interviewed men in the way it depicts the enormous emotional, physical, mental, social and financial risks men are taking in order to satisfy this intrinsic yearning for love by various others. From their Sydney and Melbourne windows, the world to the interviewed men appears to be a blur of indistinct faces and a cacophony of confusing voices telling them how to be good, lovable, reasonable, respected, appreciated, sexy, rewarded, and healthy male citizens. The overwhelming underlying response to these social voices on the part of the interviewed men is a combination of exasperated surrender to these voices and a deep suspicion about the agendas behind these voices. Leyton, a 33 year old, married, heterosexual father and a businessman, lucidly captured this point by referring to this cacophony of social voices as the "noise of the mundane" that needs to be eliminated if one wants to experience one's "true self". The desire to eliminate this noise of the mundane is at the heart of another distinct pattern in how the interviewed men construct risk.

"It's like being in a washing machine" – illicit drugs and risky male selves

This theme of the noise of the mundane appears in various guises and contexts in the narratives produced by the interviewed men. It is a very interesting and important theme since it points to the interface between *systemic risks* that the interviewed men are exposed to on a daily basis and their *varied subjective responses* to those pressures. Here, the interviewed men indicate that their well-being is threatened by powerful social forces (systemic risks) outside their control. The way in which many of the interviewed men negotiate these systemic risks lead them directly, or indirectly, to taking various *non-systemic risks* which are subjectively performed and within one's agentive capacity to choose and control.

The participants in the study mention a vast range of systemic risks like job insecurity and all the attendant worries that go with it, having no or very little control over how work tasks are performed, traffic congestion, violence, crime, environmental pollution (including light and noise pollution), sense of little or no control over the political process on all levels of government, the pressures that go with objectification and commodification of the male body in advertising, and many others. For gay men, homophobia at their workplaces seems to be the most important systemic risk What is particularly interesting here is that the respondents themselves are clearly making the links between risks embedded in social institutions, and labour and capital market forces outside their control, and risks that they choose to take in order to cope with some or all of the mentioned systemic pressures. This was particularly the case in how illicit drug taking is thematised by the interviewed men.

When we asked Walter, a 44 year old, HIV+ professional gay man from Sydney, about a general definition of risk, he went into a long discussion about systemic risks. He mostly talked about the issue of job insecurity and the attendant fears that he might not be able to meet his financial commitments. His fears are compounded by his worrying about his health status and the effect it might have on his ability to make a living. This is what he said in response to our question about how he managed these risks:

HOW DO YOU GO ABOUT MANAGING SOME OF THESE RISKS?

Um I try and create a life space where I have at least some sort of perceived control um and where I can try and maximise the opportunities and the options I have available to me.

Now, I don't go out thinking opportunistically in every aspect of my life, but I try and create an environment where I can open up as many options for myself as possible. So, in case something does falter I've got a back door.

YES.

But the thing is in this kind of situation and circumstance and environment there's always uncertainty and trying to wade through all this uncertainty and the uncertainty just doesn't stop. It's literally 24 hours of the day. The uncertainty about, you know, the finances, the uncertainty about, you know, whether or not my health is going to decline; the uncertainty about all sorts of things, you know and managing that it's like a continuous juggling act. I guess our lives are going that way. There's so much change and people are at a point now where they're just pulled along by the change and it's like being in a washing machine, you know, you just turn over and round and round and you've got to try and find some sort of place where you can um get some sort of grip on all of it. Where you feel like you've got some sort of control.

YES, YES.

Now, how do I do that? I do that by having a good network of friends. Example, if this gets too much for me and I have to pull out of the lease in this unit I've got a friend who said to me, well you can come up with, you know, pay $80 a week for a limited period of time until you find your feet. So, I've got that to fall back on. So, I've got network - friendship networks. I've got my own coping mechanisms and styles. I cope with things by strangely when I'm taking drugs. *It takes - that eases a lot of tension in me. But it's not the only way. My main way of coping is using yoga and meditation. That might sound rather an anachronistic, but it's true (emphasis is ours).*

The metaphor of the world as a washing machine is a quite telling way to describe how the interviewed men feel about their lives. Although one might tend to ascribe this perception of the world on Walter's part to his being HIV positive, it has many resonances with most of the other interviewed men, both straight and gay, and HIV negative. The earlier mentioned Leyton adds another variation on this theme by focusing on the involuntary nature of most the activities in which he finds himself. Again he frames his occasional consumption of ecstasy by contrasting it to the noise of his mundane world.

WHAT MAKES YOU SAY THAT "E" REMOVES SOME OF THE BRAIN NOISE?

I guess my perception of um events, people, perhaps it's only a perception. But I guess it seems to remove some - some brain noise which, you know, is going on all the time, which clouds, you know, normal fulfilling or more um deep thought. So, perhaps it removes some of those trivia that allows you to focus more...By filtering out a lot of the noise, being able to interpret the inter-relationships and dependencies between lots of things in life seems to be easier to be able to identify, I guess and so once you, you know, once you understand the interdependencies and relationships situations can become more well understood and therefore solutions can be...

WHAT KIND OF INTER DEPENDENCIES AND RELATIONSHIPS ARE YOU TALKING ABOUT?

Um I guess if you have um something that you're trying to work through from a solutions point of view. It might be something pragmatic um in another state, all of a sudden you might be able to see the nexus between that and something else.

SO, YOU'RE TALKING ABOUT SOLUTIONS FOR EXAMPLE ABOUT PARTICULAR PROJECTS YOU HAVE?

Yeah.

JUST GETTING THAT CLARITY?

Yeah, decisions. Yeah, and yeah, I guess so. I guess so.

ARE YOU AWARE OF WHAT KIND OF NOISES ARE ELIMINATED BY TAKING "E"?

The mundane. The noise of mundane which is really loud in a bureaucracy that we live in. The mundane is, you know,

TELL ME MORE ABOUT THE MUNDANE? IT IS A VERY INTERESTING NOTION?

The mundane is everything.

THE NOISE OF THE MUNDANE?

The mundane is everything that you do that is generally, you know, involuntary. Like you have to do it. Um but it doesn't contribute very much to um to your betterment, if you like, to your fulfilment.

YES.

You know, paying bills is the mundane um and the mundane has an uncanny knack of becoming um something that can cause you stress previously because it's generally imposed on. So, that's the noise of the mundane.

YES.

And if you're talking about being on E's those things that are part of the mundane aren't thought about with the same level of urgency, perhaps not thought about at all, you know, by freeing up it's like, you know, taking all the cars off the road if thoughts were um if the mundane were cars and rich thinking was trucks if you took all the cars off the roads the trucks would be able to move a lot more quickly.

As Green notes, risk assessment is a political enterprise:

> *We cannot know whether we face an ever increasing range of risks or a diminishing one, as risk assessment is a political enterprise, with risks judged "acceptable" or not in terms of the values and beliefs by which they are assessed (1997:139).*

While the state and its vast bureaucratic and law enforcement apparatus, fundamentalist church organizations, conservative political and social organizations, and many others, consider taking illicit drugs, in this case ecstasy, as an unacceptable risk, the vast majority of the interviewed men (thirty) consider it not only an acceptable, but also a desirable risk. The values and beliefs by which the interviewed men judge the risks involved in taking ecstasy, and other psychotropic drugs, are diametrically opposed to the value system of the state and other social organization who advocate "war and toughness on drugs". In the light of the fact that the interviewed sample consists of highly educated, successful professional men, with excellent access to all sorts of information and knowledge, it is counterproductive to continue stereotyping this particular activity as a result of the social marginality, ignorance or "irrationality' of drug-takers.[1]

[1] This still remains as a typical stereotype of drug-takers. Our findings here are validated by the results of previous research done by the National Centre in HIV Social Research (Southgate and Hopwood 1999).

What is even more important to understand here is that drugs, particularly ecstasy, are considered as a means of *getting some control* over one's world, which is seen as intrinsically hostile, repetitive, depressing and alienating, and as a tool that helps remove the imposed "noise" of the world. In this context, those social institutions, including the state, that seek to impose their anti-drug values on others are seen as being involved in creating a washing machine like world. Their anti-drug messages and campaigns are seen and heard by most of the interviewed men as "noise" that ultimately needs to be tuned out.

Lack of passion, meaninglessness and the traditional Australian masculinity script

Unlike Webb's analysis of Australian men as men who shun self-introspection as an indulgent exercise in narcissism (1998:3), the majority of the men we interviewed proved to be the exact opposite. They offered very lucid and deeply introspective accounts of their lives in relation to the risks they face. One of the most interesting themes that emerge out of these narratives is the deep questioning on the part of the interviewed men as to what it means to be a man in the 21st century in cities like Sydney and Melbourne. While we expected this deep introspection on the part of the interviewed gay men who are forced into this because of society's general questioning of their gender identity, we were surprised about the depth of self-introspection on the part of the majority of the interviewed straight men.

One of the most interesting themes here is the sense of hopelessness and exasperation that both straight and gay men feel with he social scripts offered to them within traditional Australian masculinity. There are some similarities between how heterosexual men manifest this exasperation and how gay men express it. However, there are also some important differences between the two groups of men. For gay men the most pressing issue is the insidious persistence of homophobia as a defining feature of traditional masculinity and the life script it offers. Traditional masculinity is based on distancing oneself from, and many times violently negating everything that is not "manly" (i.e. women in general, and gays) (Badinter 1995, 35-90). Sam, a Sydney gay electrician with an airline in his 30s, offers an explicit example of homophobia. Although Sam's is a more extreme experience, the vast majority of the interviewed gay men experience homophobia on a daily basis at work, sometimes in very subtle ways. Sam is currently undergoing a treatment for clinical depression that was directly attributed by him and his doctor to his work situation.

ARE YOU HAPPY IN YOUR JOB?

No, not really.

TELL ME MORE ABOUT THAT?

[AIRLINE] is a very um homophobic and racist company.

OH REALLY?

Oh yeah um they seem to harbour it rather than try and do away with it. Although they run these - like they issue statements and stuff, but they don't follow up with them. I've been told - like I haven't made an official complaint, but I've rung up to make a complaint about it and unless I make an official complaint then they say

YOU MADE A COMPLAINT ABOUT HOMOPHOBIA OR

Yeah, like um

TELL ME ABOUT THAT SITUATION?

Well, I'm not out at work, but um people seem to take it upon themselves um to assume certain things um and make statements. Put pictures up on the walls from magazines sort of thing. Like um every day statements. Even not directed at me sometimes. But you know like I mean I remember one from um Mardi Gras a couple of years ago, the parade, I happened to be at work and it was like oh one of the guys lives out Penrith sort of like um you know if they came out here I'd shoot them sort of stuff. Um -

SO, YOU HAVE TAKEN IT OUTSIDE [THE AIRLINE]?

Yeah. Only because they just say no and then that's it. Like there's no face-to-face meeting. It's all done through the post sort of thing. I mean I understand it's a big company, but yeah, I think they could be a little bit more personal with their staff rather than

STAFF, YEAH.

treating everybody as though they're trying to take the company for a ride. Um yeah.

YEAH, ANY OTHER STRESSES OR PRESSURES YOU FEEL AT WORK?

Well, I'll just get back to before about the homophobia stuff. Like I've contacted - sorry

NO, IT'S PERFECTLY FINE.

I've contacted human resources department um and they say unless you make an official complaint um there's nothing they can do um but if you make an official complaint it's company policy now not to move you from the area where you are. So, and they think that's a good thing. Um I don't know whether I would say it's a good thing. Although I also see the side of well, you shouldn't have to move from where you are. Um yeah. They did a series of lectures about it um like covering all sorts of um racism and all that sort of stuff.

YEAH, ALL THOSE ISSUES, YEAH.

Um but when I've rang up to find out about it all they oh your area hasn't been done yet. It's like oh when is it? Oh we don't know. Um and those lectures only came about because a guy had to sue the company for um homophobic stuff that went on at work um and then it's like that came out of it as part of the settlement that they had to come through with a - you know, an outside company had to come in and talk to everybody. I've never been talked to though. Like I've never attended any of the lectures as such. So.

DO YOU FEEL THAT THOSE LECTURES CHANGED ANYTHING OR

Um no not - well, I don't think so. Um a guy came out a couple of weeks ago - like he's quite high up - further up in the company so he's got as far as he can go um so he took his partner along to a work barbeque sort of thing, this is my partner and then he ever rung - like rumours go around the place like nothing um something said one day and the next day it's around the whole company. Then all the normal stuff starts up again, you know, more comments. Stuff like that.

DO YOU GO HOME AND TALK TO YOUR PARTNER ABOUT ALL THIS STUFF?

Um to a degree, but not fully because I don't think he's the one who should have to have it all sort of thing. Um

It is obvious from Sam's quote that gay men face an uphill battle with a highly homophobic work culture. Sam refers to the systemic, institutional reproduction of homophobia in the workplace. In this context we cannot stress enough the probability of a huge mental health impact of homophobia on gay men. This impact is also indicated by the findings from our quantitative data. Our survey shows that gay/bisexual men are much more likely to experience negative

emotions (including depression and suicidal ideation) than heterosexual men. Twenty two percent of the surveyed gay/bisexual men felt anxious often in comparison to 17% of the surveyed straight men, 13% of the surveyed gay/bisexual men felt depressed often in comparison to 9% of straight men; 12% of the surveyed gay/bisexual men felt sad often in comparison to 6% of the heterosexual men; and 12% of gay/bisexual men felt suicidal sometimes in comparison to 5% of heterosexual men. As our survey shows, feeling suicidal is related to being harassed because of the way they look $p \leq .001$.

The problems that the interviewed heterosexual men have with the traditional masculine script follow a different contour. Apart from homophobia, the traditional masculine script involves the mapping of the life trajectory that a "normal" man should pursue: educate yourself so you can get a good job, get a job and establish yourself financially, get married or enter a long term relationship, get a home mortgage, manage your finances wisely so you are not destitute in old age, and make room for younger people by getting out of their way when you get old (Webb 1998; Connell 1995; West 1996). The interviewed men feel that there is something missing in this script, and yet they are unable to articulate an alternative to it. Sometimes this exasperation with the traditional masculinity script is thematised directly, but most of the times the interviewed men touch on it in an indirect way. This theme also resonates with what we have just said in the previous section.

Albert's interview is again very instructive here. As we said earlier, Albert is a young medical doctor who constructed himself as "normally a non risk-taker". In this section of his interview, Albert talks about all the things he has been blessed with in his life (loving and well-off parents, good looks, health, intelligence and great education, athleticism and many other things). He almost feels guilty that he has had such a privileged, easy and sheltered life. There is a sense that the script of hegemonic masculinity leaves him empty. What is particularly interesting here is the interface between how constructs his life as "meaningless" and "passionless", and the elevation of certain life and health threatening risks to the status of meaning and passion giving life events.

All the fun things and the enjoyable things I've done I still haven't necessarily felt passionate about it or anything.

YEAH.

Um and so that's one way that would automatically give me some sort of passion and not necessarily an adrenalin fix, but it would give me something, you know, and I've thought about - that's how I've reasoned it anyhow before um why I think about things like that and how I go about processing it and it comes down to that just being able to, you know, I sort of thought well with um the risks I've taken in terms of um you know, my sexual life, you know, during the week my natural reaction is, you know, I'm never going to do that again, what am I thinking, you know, there's AIDS out there, there's these things and I thought, you know, what if I've got - what if I've caught AIDS and then I've felt well, what would I do if I

HAD UNPROTECTED SEX?

Yeah, exactly and then I've thought well I almost think of it like if I did catch HIV then it wouldn't be the worse thing or the end of the world for me and I thought what it would give me a passion because it would motivate me to - and I've thought about it. I wouldn't sit back and continue living as I am and I thought it would really motivate me to become active in terms of being a more direct influence on those that are less fortunate and I thought isn't it funny that I would think that. I thought if I contract it I might live for another twenty years. I might only live for another twenty years anyhow, but I don't have - I mean I've thought about it, but I just wouldn't do anything about it now. But, you know if I got AIDS

or if I lost the use of my legs and all of a sudden I would suddenly feel as if I have this passion to do things.

And so I sort of wonder why, you know, why I can't just evoke those sort of feelings naturally without needing some sort of event. I don't know why that is, but whether it - I mean the answer I've come up with is that, you know, having something medically or physically go wrong with you or emotionally uh is almost an - that's a legitimate excuse for doing that. Whereas for me to do it now um I wouldn't have an excuse and I'd be giving away all these things that I've worked up for and the things I've achieved and the things that I'm working towards achieving. So, it's almost like, you know, being given an escape from that. But then I think, you know, I don't know why I'd want - or why I'd want to escape the way that I've - what I've achieved and what I plan on achieving. But it's certainly been something of interest to me to think about. I haven't come up with an answer for that. But then all that goes out the window when the time comes for that period of - short period of time when I can release um - yeah so I would think that in terms of risk I don't take a lot of risks in general, but I'm not afraid of it at the same time and ***I think when push comes to shove then I'd probably take or have the potential to take, you know, a lot of risks um but that without being concerned about them or needing to evaluate them*** *(emphasis is ours).*

What is interesting here is that Albert makes clear associations between being healthy, fully able bodied and being a "real", successful man. The loss of his health status via contracting HIV or losing his limbs will automatically for him mean a loss of his traditional masculine self. Instead of recoiling from the possibility of loss of his masculine identity and the social privileges that go with it, as one would normally expect, Albert romanticizes the risk associated with HIV or losing his limbs. He feels that the change in how he and others perceive his own body – from healthy and able-bodied to diseased and disabled –would provide him with a "legitimate' excuse to break away from the expectations that his upper middle-class masculinity places on him. He believes that an illness or a disability will confer certain nobility and passion on his life, qualities that he feels are sorely lacking in his current pursuit of the Australian "dream"

We find many echoes of this theme in the other interviews. The majority of the interviewed men refuse to privilege rationality, prudence, control and knowledge over desire, passion, irrationality, imprudence, loss of control and the unknown. These two groups of qualities are seen by the interviewed men as antithetical to each other, without any of the groups being able to claim its domination over the other in how men use these qualities to construct themselves. The willingness of so many of the interviewed straight men to tell stories outside the cultural frame provided by dominant masculinity and the qualities it preaches, shows a dramatic shift among Australian urban straight men towards more unorthodox masculine identities.

Cynicism, recreancy and risk

There has been a lot of speculation among those working in the field of men's health and men's studies that masculinity somehow produces Australian men's attitudes towards their own bodies, health, the medical profession and health messages targeting them. Our study shows that the problem is far more complicated than this, and that masculinity *per se* is not a good predictor of men's attitudes towards their own health and health promoting discourses and practices promulgated by the public or private sector. To be more precise here, masculinity matters but only alongside a host of other variables (political ideology, lifestyle, class, general cultural attitudes, and many others). Our findings seem to validate the findings of many other risk studies which have shown that deep scepticism regarding so called "expert" knowledge is a far better predictor of men's attitudes towards many specific risks than gender, sexuality, political ideology

or class (Freudenburg 1993; Petersen and Lupton 1996). Scientists, medical doctors, public servants, and academics no longer enjoy the credibility and trust among "lay" people as they used in earlier times. Ross, a Sydney gay professional in his thirties, notes in relation to health messages targeting men that "all messages need to be taken on board and then checked out for yourself". This process of checking for oneself involves flushing out the sensationalist, the exaggerated, the oversimplified and the patronising elements out of health messages.

Freudenburg refers to this phenomenon as "recreancy" (1993). The concept of "recreancy" has wider implications here. It implies a failure on the part of public or private sector organizations to fulfil either the social obligations expected from them or to warrant trust in them. The concept refers to any behaviour that does not meet these obligations, whether the behaviour is intentional or not. In other words, recreancy refers to the suspicion that lay people in the Western world cultivate in relation to expert knowledge, experts in general and governments' massive use of expertise to justify their modes of governance. As Green notes,

> *In looking at how people perceive risk, Freudenburg claims that the strength of belief in "recreancy" (for instance of government departments) is more significant than the traditional factors of risk perception analysis, such as technical assessments of the actual risk posed, or the socio-demographic characteristics of the risk perceiver. An analysis of beliefs in recreancy, he argues, may be more productive than sterile debates about whether perceptions of risk are rational or not. In empirical studies they are a better predictor of attitudes to specific risks than gender, political ideology or measures of self-interest (Green 1997: 133).*

When we asked the participants in our study about how effective they found the safety and health campaigns they saw in the media, almost a consensual attitudinal picture emerged. The interviewed men are almost unanimous in their deeply held suspicions as to the agenda of organizations, whether public or private, that are behind safety, insurance, prudence and health campaigns in the media. The interviewed men fail to identify with the targeted subject of these campaigns, because they simply do not want to be "suckers" for the system. The "System' here refers to the political, social and economic systems, seen by the interviewed men to be colluding with each other to produce docile, timid and frightened consumers, and self-managed citizens, who by conducting themselves in the way the "System" wants, are able to save the "Government" a lot of money. Deep down, the interviewed men believe that the "System" does not really care about them, so why should they listen to it. Here is what a few of them say in regard to this theme of recreancy.

> *WE ALL SEE THESE ADVERTISEMENTS IN THE MEDIA ABOUT RISKS ASSOCIATED WITH SMOKING, DRINKING, DRINK DRIVING, TAKING DRUGS, EATING JUNK FOOD AND NOT PLANNING YOUR FINANCES WISELY, ETC. WHAT DO YOU THINK ABOUT ALL THOSE MESSAGES AND ADVERTISEMENTS?*
>
> *All those advertisements for like um insurance and health care etcetera, they're making a living and, you know, if you want to buy into that belief system then you're part of an insurance fund and you're part of your life insurance and you're part of the Medicare and you'll part with your money in this form of protection against things going wrong. I don't believe in any of that. I believe if you pay enough insurance you're going to get sick sooner or later. Just because you're parted enough money ensuring that you don't. You know it will soon start subconsciously going I've got to get my money back here, I better get crook.*

WHAT ABOUT OTHER ADVERTISEMENTS TARGETING SMOKING, DRINKING AND DRUG TAKING AND ALL THAT KIND OF STUFF? I MEAN HOW DO YOU READ THOSE MESSAGES? HOW DO YOU SEE THEM? WHAT KIND OF IMPACT THEY HAVE ON YOU?

Well, there was one on the other day about not wearing your seatbelt and I was just entering that phase where I was getting slack with wearing a seatbelt again and myself shooting through the windscreen that doesn't worry me, at the time, but this ad was about shooting sideways and hitting the person next to you. Your head against their head. It was like yeah okay I get it, you know, this is a good message, you know, me dying myself is not a problem, but injuring someone else in the car because, you know, you didn't have your seatbelt on was like, I don't know need that I think I'll just go back to putting a seatbelt on. So, that ad, I thought, was effective. It definitely had me putting my seatbelt on. Those grim reaper AIDS ads were fucking atrocious.....Scare tactics, smoking things, atrocious ads. Atrocious.

I MEAN IT'S STILL AMAZING THAT YOU REMEMBER THOSE GRIM REAPER ADS, I MEAN, YOU KNOW, IT'S BEEN FIFTEEN - FIFTEEN YEARS PROBABLY NOW?

Were they that long. And those smoking ads, you know, talk about trying to make giving up smoking hard. God are they working in the wrong direction or what. Fascinating (Jason, a straight builder in his forties from Melbourne).

What is particularly interesting here is that Jason's cynicism towards anything that the "System" produces in relation to safety and health does not translate into his desire to be an irresponsible citizen. The only messages he seems to be taking seriously are those where he is reminded that his risk taking might hurt others. This was a pattern that we find in most of the interviews. However, there are many other dimensions that the interviewed men add to how they receive safety and health promotion messages. Jerry, a heterosexual academic from Melbourne in his fifties implies that the "System" is interested in promoting safety and health only after it becomes a huge economic burden for the public or the private sector:

WHAT'S YOUR ATTITUDE TO THE SORT OF CURRENT HEALTH AND RISK MESSAGES THAT YOU SEE IN THE MEDIA? I MEAN SOME PEOPLE HAVE TALKED ABOUT THE TAC ADS AND WHATEVER ELSE THEY COME ACROSS ON RADIO AND TELEVISION AND MAGAZINES, NEWSPAPERS. WHAT'S YOUR ATTITUDE TOWARDS THEM?

Um specifically or generally?

WELL, I MEAN THAT'S JUST AN EXAMPLE LIKE THAT?

Well we don't seem to have much um in the electronic media in regards to sexual health these days. It seems to be more in the - oh or not in the visual electronic media um with print media and with radio um you will see a bit about STD's, about general health and well-being through diet, exercise um the uh TAC ads are out there because road trauma costs big bucks and anything that costs big bucks has bucks spent on it

For many of the interviewed men, safety and health promotion is seen as exploitative of human fears and something that leaves people in a state of perennial guilt. Leyton, a heterosexual businessman from Sydney in his early thirties, links the hardiness of human bodies to his desire to switch off from health and safety promotion messages that induce guilt in him:

WHAT'S YOUR ATTITUDE TOWARDS ALL THESE WARNINGS OR MESSAGES ABOUT RISKS ASSOCIATED WITH SMOKING, DRINKING, DRINK DRIVING, TAKING DRUGS, EATING JUNK FOOD AND NOT PLANNING WISELY FOR YOUR FUTURE IN TERMS OF YOUR FINANCES AND ALL THAT.

I have - I think differently about them in different ways. I think some have relevance. I think um I think the media serves um in some situations a disservice because of its willingness to pretty much, you know, report anything um for the sake of it. So, some warnings I heed and others I take, you know, I take without risk management approach as well.

YEAH.

But I think, you know, we evolved from basically hacking things to death out on the plains and eating mega infested food, drinking filthy water and never washing and so what I take from that is, you know, our bodies are - our bodies are pretty hardy things anyway um and it's the old adage of, you know, all things in moderation. So, there are certain things that I, you know, that I abide by. You know, but...

WHICH THINGS?

Such as not smoking, you know, I don't drink very much at all, but that's not the way to health. Um eating the right foods. I try to. It's interesting with all those warnings, you know, you linger in a state of perennial guilt which I suspect a lot of people do because they always think they should be doing something else because what they're doing now is um is somehow not healthy for them.

Leyton's statement already implies the contradictory messages coming out of public health research. What is recommended as "good for you today" may be easily dismissed as irrelevant or positively "bad for you" tomorrow.

Marcus, a gay professional from Melbourne in his early thirties, was one of the few respondents to clearly demarcate the agendas of the public sector, on one hand, from the private sector, on the other, in terms of their involvement in the production of safety and health promotion messages:

WHAT IS YOUR ATTITUDE TO THE RAFT OF HEALTH MESSAGES AND ADVERTS THAT WE SEE THROUGH THE MEDIA? HOW DO YOU READ THEM?

Such as?

WHAT ONES DO YOU RECALL? WHAT ONES ARE YOU FAMILIAR WITH? WHAT ARE THE ONES IN YOUR WORLD?

Uh I recall distinctly in America there's a hell of a lot of pharmaceutical companies advertising on television, advertising drugs and making you aware of all your emotional and physical weaknesses. Very very strongly. A huge amount of money is spent by the pharmaceutical companies. I don't see that here. It's more subtle if anything, or it's not at all. Um I don't read health magazines um men's health or whatever, I don't care for that type of health information.

ARE YOU REFERRING TO THE MAGAZINE ITSELF? MEN'S HEALTH?

Oh that type of body magazine. I don't - I'm not interested in them. Um I don't know that I need people to tell me how to look after myself. *Um I guess I listen to stuff that comes out from the government. Research or advisory, stuff like that, you know, that if you - you know if some university has done - someone has done a study to show that you should eat less of a*

certain type of food or do more of a certain type of exercise I'm likely to listen to that. Um increase - it reduces risks of health, you know, disease or whatever. Um I'm not really - I don't know how to answer that question.

WHAT ABOUT SAY, FOR INSTANCE, THE TAC ADS WITH

Oh drink driving and stuff? Oh yeah, look I'm very receptive to that type of advertising. That's what I was saying the government advertising I tend to listen to that well because I think they're on to something.

WHAT DO YOU THINK THEY'RE ONTO?

Well, they seem to be informed. I get the idea that they're informed. They're not out to make money. So, there's no - there's no commercial incentive there. They're not doing it to spend money. They're not doing it to waste money. They're doing it because they've got some real reason to do it. Which is to save lives and like the drowsy drivers drug campaign has been very effective for me because I tend to fall asleep at the wheel sometimes very easily. Um having said that I drove 370 miles from Texas to Oklahoma without falling - well almost - I was more aware that you have to stop and take breaks and stuff like that (emphasis is ours).

However, the trust placed in the non-profit making public sector, and in its ability to give authoritative recommendations as to how men should conduct their lives in order to promote safety, health and wellbeing, is extremely qualified. Tom's answer to our question about the effectiveness of health promotion messages is indicative of this attitude:

THINKING ABOUT A WHOLE RANGE OF HEALTH AND RISK MESSAGES THAT YOU SEE ON TV AND READ IN THE PAPERS, AND ALL THAT SORT OF THING. WHAT'S YOUR SORT OF ATTITUDE TOWARDS THOSE MESSAGES?

Um I guess - what how they apply to me?

YEAH?

Yeah.

I MEAN HOW DO YOU RESPOND TO THEM?

I guess I consider a lot of them to be propaganda.

YEAH?

Um I don't know maybe it's self-serving to believe that. I guess because I don't have a very healthy lifestyle and yet I don't feel entirely unhealthy

WHAT THINGS DO YOU DO THAT AREN'T HEALTHY?

Well, I smoke and I guess I drink a lot - well not a lot. I have drunk a lot in the past and I'm - and, you know, I have kind of experimented with drugs of all sorts. Um

WHAT THE WHOLE GAMUT?

Yeah, pretty much and yet, you know, don't feel comp - don't feel all that sort of taxed health wise as far as, um I don't know, I'm thinking of anti smoking messages. I'm thinking of TAC commercials. I guess, you know, I've lived quite contrary to those kind of - and feel okay. So.

SO, WHAT THEY DON'T SPEAK TO YOU IN ANY WAY OR YOU DON'T THINK THEY APPLY TO YOU?

Well, yeah I guess they, you know, ***sort of give me pangs of guilt that are very short lived****. I think they're entirely necessary, I just guess I don't relate to them as much. Um you know I guess in terms of health messages around uh I'm very dubious about (emphasis is ours).*

This statement is indicative of the ways health advertising is perceived by those it targets. In our case, a smoker dismisses anti-smoking campaigns because they induce guilt in him. The psychology of guilt induction in targeted subjects employed as a strategy by health promoters is probably not a very effective way to encourage people to quit smoking. Guilt works to a certain degree, after which the interviewed men find the emotional costs involved with it unacceptable, so they switch off. The same logic of perception applies to other types of health advertising using guilt-causing strategies.

The interviewed men also show that how they perceive a particular message ultimately depends on how they construct the medium through which the message is sent into circulation (TV, radio, Internet and print). Of all of these, it seems that for most of the interviewed men TV is the most important and most widely used medium to get information about anything, including knowledge about health promotion. Most of the respondents are highly critical of the role of television in their daily lives. Tony, a gay entertainer from Sydney in his early thirties, who regularly appears on TV, offers a particularly lucid and typical example of how the participants in the study perceive this currently most important medium:

JUST WANT TO ASK YOU A FEW THINGS ABOUT ADVERTISEMENTS RELATED TO RISKS ASSOCIATED WITH SMOKING, DRINK DRIVING, OR DRINKING FOR THAT MATTER, EATING JUNK FOOD, TAKING DRUGS, UNSOUND FINANCIAL PLANNING, ETC. HOW DO YOU PERCEIVE THEM?

Well, I guess now that you said that a lot of those risks are ones I probably could have mentioned earlier but didn't think. I think - I do smoke socially and I understand the risks there of heart disease. Um cancer has a been a big risk for me, skin cancer, because I'm - two family members now have had cancers cut out and I had one cut out on my lip. They're big risks um

SO, WOULD YOU SAY THAT YOU TAKE THESE MESSAGES SERIOUSLY OR

Yeah, but not necessarily from campaigns. I think campaigns can have a really neutral effect on people. Do you know I've got friends that see those smoking ads with all the goo coming out of lungs and they just say, oh it makes me want to light up. You know, so it's the old sort of - it's like the way kids respond to being told they can't have something. Um so I still think there needs to be a lot more thought put into campaigns. I don't think they have the impact they could and also there has to be a real relentlessness to campaigns. I think it's like a band-aid treatment, you know, it's been decades and decades of sort of gay abandon in the general community about alcohol and drug consumption and nicotine, cigarette consumption and now we're trying to sort of like wind it back real quick and tell people that it was all terribly wrong and takes a long time for that to sink in, I think.

IT'S INTERESTING LIKE, FOR EXAMPLE, WHEN PEOPLE TALK ABOUT THE GRIM REAPER AD CAMPAIGN IN THE EIGHTIES THE IMPACT IT HAD ON SEXUAL BEHAVIOUR.

It did have a huge impact.

AND, YOU KNOW, YOU GET SCARY CAMPAIGNS NOW AND AGAIN AND YOU KNOW IT JUST - THEY DON'T SEEM TO PRODUCE THE SAME EFFECTS.

Mm.

I MEAN WHAT ARE YOUR THOUGHTS ON THAT?

Because there's just more violence in the world. People are just so used to seeing gore and guns and bullets and death whether it be on the news or on television and videos. I think people are just desensitised and there's a sort of a sense of hopelessness out there, I think, deep down. People are happy to smoke because they probably think well I don't care if I don't get to 80 because the world will probably be a pretty crappy place, you know, I mightn't even be here when I'm 80. So, I might as well smoke and enjoy it because we're here for a good time not a long time. Like that could be the mentality.

WHAT KIND OF HEALTH CAMPAIGN DO YOU THINK WOULD WORK TODAY?

Well, I just think that the most important way to spread information is through just social networks. I think an ad on television is sort of arrogant and people pretty much...

DO YOU THINK THEY'RE ALL DESENSITISED?

Yeah, television is a drug anyway. I mean just advertising and imagery is just all a drug now. We're just - we just work on these very basic images and sort of symbols now and so I don't think that's as effective any more and I think people's lives are much busier and they just don't have time for that. They're probably much more interested in how quickly they can pay off their mortgage than whether their lungs are falling apart. But, you know, from my experience, particularly with HIV/AIDS health education is to work with groups of people and to talk with them and then for them to sort of disseminate that information on and for it to grow that way. So, really, it has to start in our education system.

YES.

Not telling people right and wrong, but offering people like all the information about anything from drug use to sexuality um and letting it develop from the grass roots up, you know, so it becomes part of a consciousness as opposed to sort of trying to re-train a consciousness that's already entrenched. That to me would be a smart thing, but it's a long-term process.

Now, when we consider all of these factors involved in the reception of health and safety messages, it becomes increasingly clear why it is so difficult to reach men in the ways public health in this country would like. Tony's interview already alludes to some solutions to developing more effective health campaigns against this backdrop of jadedness. We will focus more on these in the conclusion.

Conclusion

The lengthy quote from our interview with Tony sums up well the attitude of the interviewed men not only towards their reception of health messages but also to how they construct risk and health. The overwhelming message to come out of the data is exactly what Tony says in the quoted passage. If the world is a "crappy" place, and in the eyes of the respondents it is becoming an even "more crappy" place by the day, what is the point of one looking after one's body and one's general wellbeing. In an age of accelerated social, political and economic change, there is an all-pervasive feeling of insecurity and exasperation among most of the interviewed men. They are unable to plot out their futures and this leaves them feeling that they are not really in control of their lives. Even for those of the interviewed men who feel that they have some control over their lives by following traditional, middle-class, masculine, life trajectories, there is the nagging question about the value of this path. Most of the interviewed men realise that their lives are highly uniform and regulated by social forces outside them, despite the veneer of chaos and individuality of inner city living in Sydney and Melbourne.

Most of the interviewed men find themselves in a conventional middle-class existence that is temporarily suspended by transgressive and risky acts of illicit drug taking, excessive drinking, and speeding, or by thrill seeking actions like surfing in dangerous conditions or bungy jumping. In the regularity of their lives, the interviewed men need moments of heightened fear or risk that give them that little injection of life that keeps them going until the next fix. Although, the interviewed men's choice of means to produce these moments has something to do with masculinity, gender is not the cause of risk taking. Gender is rather the frame through which the interviewed men respond to the sense of deep social and cultural malaise among them. The interviewed men see society as a loosely connected bunches of people in pursuit of their own selfish interests rather than in pursuit of the common good. Within this context, life for the interviewed men does become about managing the present and making it as much fun as possible. If this means trashing one's body in the process so be it. If these highly successful, productive, fit, functional, generally well-off and integrated men feel like this, what is the hope for those men who are truly on the social margins (the long-term unemployed, the chronically ill, the ones trapped in poverty, the homeless, and the ones struggling with their daily psychosocial dysfunctions).

However, this does not mean that the interviewed men are intentionally pursuing self-destructive ends. There is a deep contradiction in the participants saying that they do not want to lose their health, or everything else for which they have worked so hard (mostly their careers), than saying that their achievements are not valuable enough to warrant their active distancing from pursuing activities and situations that will risk these achievements. They also admit that despite all the knowledge that they have to make adequate assessments of the risks they face, many times they just take "a lot of risks without being concerned about them or needing to evaluate them".

If health promotion in this country wants men to significantly modify their behaviours in order to improve their health outcomes, it has first to convince men that there is a point in men looking after their own bodies and wellbeing. It is obvious that the current, band-aid approaches, as Tony called them above, have no hope of reaching men at all. To a large extent, there is not much we can do for men who are in the same age group as the interviewed men. What are needed are massive systemic changes from a society of indifference, expendability, boredom, coercion,

cynical displays of "at least we are doing something" and corruption to a society of care, mutual need and trust, co-operation, creativity, genuine compassion and concern for others. To be sure here, the interviewed men are not only victims here, they are active perpetrators of this societal dynamic. Some of the interviewed men realise that and try to distance themselves from this world, as much as it is possible, by creating microcultures of care, compassion for and trust in their immediate social networks. The state apparatus, including the health apparatus, should build on these microcultures by encouraging self-organization on the basis of commonly perceived health interests rather than implementing top down health campaigns. As Tony suggests, the education system could play a crucial role here by creating a new culture and a new generation of children who will be able to then weave this new culture into every nook and cranny of the social fabric.

What further complicates the picture we painted here is the discursive multiplicity involved in how the interviewed men construct, assess and manage certain risks. What we mean by this discursive multiplicity is that the interviewed men draw from so many different discourses in order to make sense of their risk environments. They expose the contradictions inherent in these discourses either by critical exploration of the content of one discourse or by using a particular discourse, let us say that of masculinity, as a screen to filter the messages coming out of another discourse (that one of public health, for example). However, the filtering goes in the other direction too. When we add all the other discursive resources the interviewed men draw from to assess risk, the process of sense-making becomes even more complicated. It is far from certain and predictable how a particular men will use these discursive resources in judging a particular thing or situation as an (un)acceptable risk. Just in one or two paragraphs the interviewed men may refer to the discourses of the insurance industry, public health, traditional masculinity, science, economic rationalism, scepticism and fate, while making risk assessments. While they may use the discourse of traditional masculinity to dismiss the messages coming out of the public health or insurance discourse as "exaggerated" and "excessive", many other outcomes are also possible, including those that go in the opposite direction.

Key findings

For the studied men there is no absolute common Good, to be pursued at all costs by all people at all times. This belief seriously undermines public health interventions seeking to modify risk behaviours by appealing to any notions of a commonly shared (public) Good.

There is an overwhelming feeling among the interviewed men that they live in a in an environment of chance and risk, which makes their individual efforts to control their risk environments redundant.

Many specific health and life-threatening risks taken by many Australian urban men are constructed by them as symptomatic attempts on their part to manage the effects of their urban environments, and socio-economic and political systems, over which they have very little control.

The crisis of rationalism manifested as deep scepticism regarding "expert" knowledge, the deep cynicism as to how our society is governed; and suspicions about the value of traditional life goals; are, in many cases, better predictors of urban men's cultural attitudes to specific risks and how they see their bodies than gender, sexuality, class, political ideology or measures of self-interest.

- Many specific risks are time, space, context and mood dependent.
- Those men who embody traditional masculinity's infatuation with contact sports are unwilling to renounce it regardless of how "stupid", "reckless" or "senseless" it might appear to others. It is a mistake to believe that we will be able to steer many contact sports' male players in more acceptable and less risky behaviours by simply exposing the privileges and the huge costs that go with these glorified aspects of traditional masculinity.
- Recreational consumption of illicit, psychotropic drugs is seen by most of the interviewed men not only as an acceptable, but somehow desirable and necessary risk
- Different social situations and sites present the interviewed men with different modes of assessing, managing and taking risk.
- The interviewed men show that how they perceive a particular message ultimately depends on how they construct the medium through which the message is sent into circulation (TV, radio, Internet and print). Although TV seems to be the most important and most widely used medium to get information about anything, including knowledge about health promotion, it causes most suspicion and indifference among them.

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Appendix 1

Living as Men Interview Schedule

(Instructions for interviewers and transcribers: Please observe the affective aspects of the subject's discourse. Record body language, tone and rhythm of speaking. Note general impressions about the interviewee too.)

work

Establish the subject's position in the labour market or socio- economic position, and his perceptions and experiences of it. Follow up any "red lights" in the subject's discourse about anxiety, stress, uncertainty, physical and mental risks in relation to his workplace. Also ask probing questions about "autonomy" and "control':, and the temporal and spatial organisation of one's workplace. *Introducing questions and possible follow-up questions (depending on the opening answer of the interviewee):* Can you tell me something about your work? (What does it involve? How long have you been in your current job? How would you describe your workplace? How does it feel going to your office/shop/factory. etc.? How do you find your workmates? How do you feel about your boss/employer? How do you feel about your current job? How do you feel about your career so far? What does your job/career mean to you? What are your career /work/financial goals? How do you plan to get there? *Direct questions.* Are you prepared to take risks to get there? OR What kind of risks are you prepared to take?

risk and work

Introducing questions. Could you describe in as much detail as possible a work situation that caused you a great deal of anxiety and uncertainty? (How often has something like that happened to you? How long did it last? What were the thoughts that preoccupied your mind at that time? How did you body feel then? How did you deal with the situation? (follow any leads as to possible risks - financial, health, emotional, physical, etc. - involved in the interviewee's response). *Direct questions:* Have you ever been physically injured at work? If, so how did it happen? How long did it last? How did you feel about it? Have you ever taken or considered taking a stress leave? What happened that made you take a stress leave? How did you deal with the (stress) situation? (Seek to understand the causes of the work- related stress.)

What are the things that really worry you about your job? What are the things that really worry you about your future? *How* do you plan to go about these worries?

living in the city

How do you find living in Sydney? Melbourne? What are the things that you look out for when you move around the city? What are things that you enjoy about living in Sydney/Melbourne? Is there anything about Sydney/Melbourne that you find particularly stressful? (Follow up leads about feelings of fear, danger, risk, stimulation, vulnerability, anxiety.)

pleasure, excitement, and thrill-seeking

Establish whether the subject is a hedonist or thrill-seeker and what kinds of risks are involved in the pursuit of pleasure or thrills. Look for clues of control, planning, spontaneity of the experience. Can you give me 'a detailed description of the things you like doing for fun? (Get a detailed description of the fun things. Look for clues of temporality and spatiality.) What are, in your experience, the most essential ingredients for having a great time? Could you describe in as much detail as possible the most thrilling/ exciting thing you have ever done? *How* did that make you feel? What was your body's reaction to the excitement? Would you seek to do it again? Depending on respondents' answers to previous questions, use the following questions if needed. Direct question, followed up by specifying questions: Have you ever found yourself in a very exciting situation where you felt you did not have control over the situation? What was your mood before you got into that situation? What did you do in that situation? How did you body react then? What did you think about the whole situation afterwards? Would you put yourself in that situation again?

body and self-image and health

Establish subject's relationship with his own body image and his childhood responses to risk of injury and sickness. Intro, follow-up and possible probing questions: Where did you grow up? What did your parents do for living when you were a child? What kind of school did you go to? What were the things that you really liked doing as a child? What were the things that you really hated about as a child? Was there anyone in your childhood that you looked up to? How do you remember your body as a child? What do you think your family thought about you? How did others in your childhood see you(r body)? (Follow up leads in the interviewee's response as to images of "sickly", "healthy", "clumsy" "sporty" child). Were you sick or injured as a child? Was there anyone in your family who was chronically ill or disabled? If so, how did you feel about it? How did other members in your family feel about it? Did you have a lot of injuries/illnesses as a child? Did you have to deal with doctors in that situation? If so, how did you feel about them? How did your parents respond to it? How did your peers respond to your injury/sickness? How did your schoolteachers react to it? What did you think and feel about your parents', peers', schoolteachers' reaction to your injury/sickness? How do you feel about your body and in your body now? Probing questions: How do you think other people see you in terms of your physical appearance? What do you think about all those health and safety messages in the media regarding smoking, taking drugs, drinking, drink driving, speeding, eating junk food, not planning soundly for your financial future, etc.?

risk, experimentation, uncertainty and desire

Could you describe inasmuch detail as possible an experience in which you were prepared take all sorts of risks to get something you really wanted? (What was the thing you really wanted? What made this thing (object of desire) so desirable? What were the obstacles in your way to get the thing you wanted? What were the risks involved? Were you aware of the risks from the very beginning or you become aware of them in the process of pursuing the thing you wanted? Did you get the thing you wanted? How did you fell about getting the thing you wanted/not getting the thing you wanted?) How do you usually respond when you find yourself in a completely new situation? How do you usually respond to being challenged by other people to do something that you haven't done before?

Appendix 2

Characteristics of 40 men interviewed

City	n	%
Sydney	20	50.0
Melbourne	20	50.0
Age		
21-30	11	27.5
31-40	17	42.5
41-50	11	27.5
51-60	1	2.5
Class		
Middle class	33	82.5
Working class	7	17.5
Education (highest level)		
Year 10	2	5.0
Year 12	11	27.5
Tertiary degree	23	57.5
Postgraduate degree	4	10.0
Occupation		
Professional	26	65.0
Clerical	3	7.5
Hospitality/retail	4	10.0
Business men	2	5.0
Entertainer	2	5.0
Labourer	1	2.5
Student	1	2.5
Pensioner	1	2.5

Characteristics of 40 men interviewed (continued)

	n	%
HIV status		
Positive	6	15.0
Negative	29	72.5
Unknown	5	12.5
Sexuality		
Gay	23	57.5
Heterosexual	17	42.5