

Reconceiving Middle Eastern Manhood

This book is a tribute to Middle Eastern men such as Hamza, my driver in Lebanon, whose stories never make it to the front pages of the *New York Times*, to flashing news bulletins on CNN, or to Academy Award-winning movies such as *The Hurt Locker*. Hamza is an ordinary man, living through a millennial moment of political violence within the Middle East and between the Middle East and the West. That Hamza was willing to drive me, an American female anthropologist, through a post-9/11 world marked by increasing tension and bloodshed—much of it perpetrated by my own country in the region—seems to me now quite extraordinary. With courage and conviction, Hamza shared his life story, his inner thoughts, his deep sorrows, and his eventual profound happiness with me. Although I came to know Hamza best, he is but one of the hundreds of Middle Eastern men who told me their stories. *The New Arab Man* is my testament to their suffering, their resilience, and their humanity.

Hamza's story reveals many of the themes to be taken up in the chapters that follow. First and foremost, Hamza is infertile; infertility impedes reproduction among a disproportionate percentage of Middle Eastern men. This epidemic of male infertility—which many men attribute to their unrelenting life stresses, including war—has led to a recalibration of manhood in ways to be described at length in this volume. As I argue, reproduction, fatherhood, and manhood are in a state of flux—or what I shall call “emergence”—in the Middle Eastern region as a whole. “Emergent masculinities” bespeak not only the new treatment options available for male infertility but also men's changing desires for a happy life. As seen in Hamza's story, becoming a father was but one of several life goals. Most important to him was the achievement of a loving and understanding relationship with his wife, Janna, his younger cousin. Consanguineous or cousin marriage is widespread across the Middle Eastern region and may be tied to the high rates of male infertility there. However, cousin marriage may also be companionate, marked by romantic love, deep affection, and abiding commitments.

I argue that Hamza and Janna's loving marriage was facilitated by being childless. This finding is counterintuitive, for infertility is widely considered

within the Middle Eastern region to be an inevitable source of marital duress and eventual divorce. Many men's and women's stories suggest otherwise, and male infertility is no longer the major crisis of masculinity that it was once perceived to be. The notions of a "childless couple" or "child-free living" have yet to enter the cultural lexicon. Nonetheless, Hamza and Janna lived happily for more than a decade as a childless Middle Eastern couple. As dual-income migrants, Hamza and Janna were able to enjoy life together, experiencing the attractions of the booming Arab Gulf economy and saving enough money to realize another major dream when they built a rather palatial, marble-tiled, single-family home back in Lebanon.

Such diasporic dreams are profoundly different from a generation ago. Migration and remittances, nuclear residence, dual careers, companionate marriage, romantic love, being a happily married couple, and a childless couple at that—all of these are new patterns that are definitely emerging across the region but have barely been noticed by scholars and media commentators. In part I of this book, "Emergent Masculinities," this phenomenon of happily married but childless Middle Eastern couples is explored at some length from Middle Eastern men's own perspectives. Many men do not want to be perceived as domineering patriarchs; they do not view fatherhood as the be-all and end-all of masculinity; they value conjugal intimacy and privacy, sometimes at the expense of larger familial commitments; and they often adore their wives as friends and lovers, having learned sexuality together in the context of dual premarital virginity. Hamza's story represents these emerging forms of masculinity and conjugality.

Hamza's story also highlights the emergence of changing moral commitments over the course of a man's lifetime. We see in Hamza's tale the moral quest to be a good Muslim man in a religiously complex, even fractured, environment. Men's religious commitments are the subject of part II, "Islamic Masculinities." We still know too little about Middle Eastern men as *practicing Muslims*, or how Islam shapes men's identities.¹ Although Islam is the dominant regional religion, the Middle East is home to many faiths, with eighteen registered religious sects in the country of Lebanon alone. Hamza was born into the minority Shia branch of Islam, which is the single largest religious group in southern Lebanon, in the southern suburbs of Beirut, and perhaps in the country as a whole. But among the Shia, there are major divergences in levels of religiosity, clerical authority, political affiliation, and attitudes toward modernity, including the use of high-tech reproductive medicine. Hamza considered himself to be a pious Shia Muslim. However, he interacted continuously with foreigners and, like most other Lebanese, did not make his religiosity publicly manifest in a country where sectarian rivalries have been the source of tragic violence. Had I not pursued an anthropological line of questioning with Hamza, I might never have known of his religious allegiances.

Hamza's religious and political convictions also changed over the years and were influenced by the tragedy of his father's wartime death. Hamza eventually sided with Hizbullah, during the local power struggle between two rival Shia political factions. However, Hamza's own piety and comportment could only be described as moderate. Although sympathetic to Hizbullah, Hamza worked vociferously to distance himself from the terrorist label. Despite his patriotic rhetoric, Hamza decidedly did *not* take up arms with Hizbullah against Israel in the 2006 war, instead seeking protection for his young family with the Druze, another minority religious sect.

Like many other Middle Eastern men whose lives are explored in the pages that follow, Hamza did not always agree with religious authorities. For example, Hamza did not view sperm donation as a solution to his male infertility, even though he followed the teachings of Iran's Ayatollah Khamene'i, who had issued a *fatwa*, or religious decree, allowing donor technologies. As shown in part II of this volume, religion has shaped the very contours of the assisted reproductive technology industry in the Middle East, with attitudes toward in vitro fertilization (IVF), intracytoplasmic sperm injection (ICSI), gamete donation, embryo disposition and storage, multifetal pregnancy reduction (a form of abortion), and the possibility of adoption heavily infused with local moral sensibilities. Most Muslim men are keen to follow authoritative Islamic *fatwas* and bioethical statements, all of which have allowed IVF and ICSI as solutions to infertility. However, Sunni Islamic authorities continue to ban both gamete donation and surrogacy.² This Sunni ban on third-party reproductive assistance carries great moral authority, for reasons to be explored in part II. Nonetheless, Ayatollah Khamene'i's unprecedented permission of third-party donation, including sperm donation, egg donation, embryo donation, and surrogacy, has created new possibilities in Shia-dominant Lebanon and Iran. How Middle Eastern men accommodate or resist these novel interventions—and the moral justifications they draw on to do so—are also the subject of part II.

Throughout this volume, we follow Middle Eastern men on their quests for ICSI, the reproductive technology that allowed Hamza to become a father. We examine the trials and tribulations of what men call *tifl unbub* (literally, "baby of the tube," or test-tube baby) or, simply, "the operation." Increasingly, the quest for ICSI involves "reproductive tourism," whereby infertile men travel between IVF centers and between countries in search of ICSI success. Such reproductive travel, I argue, is better understood as "reproductive exile,"³ for many infertile couples feel forced to leave home in order to access reliable assisted reproductive health services. Such movements are all too familiar for most Middle Eastern men. Men such as Hamza are a population in motion, with a high percentage of men moving across borders in the course of their lifetimes for reasons having to do

with politics, economics, and, in some cases, reproductive disruptions that require cross-border reproductive care (CBRC).

DISRUPTING OUR SCHOLARSHIP AND ASSUMPTIONS

This is a book about disruptions, with the term “disruption” taking on two important meanings. First, the term “reproductive disruption”—which I have used in my earlier writing⁴—captures the sense of disjuncture, asynchrony, loss, injustice, and stigma that many infertile people feel when they discover that they are unable to conceive a child. Male infertility, like female infertility, definitely constitutes a reproductive disruption, and one that comes as a surprise to most men, who have no idea that they are infertile until diagnosed through semen analysis, usually after marriage.

Second, I intend for this book to disrupt many taken-for-granted assumptions about men's lives, and particularly Middle Eastern men's lives. Preconceived notions about the malevolence of Middle Eastern men certainly come to us through the media, both cinematic and informational. As one of my colleagues summed it up, after attending a research seminar on my work: “You just can't buy a positive picture of a Middle Eastern man these days.” This vilification of Middle Eastern—qua-Muslim men through both popular and scholarly discourses is the subject of the next chapter, “Hegemonic Masculinity.” Suffice it to say here that one of the main goals of this book is to disrupt stereotypes, or what we think we know about Middle Eastern men as patriarchs, polygynists, protestors, religious fanatics, and terrorists—men who represent the very epitome of brutality, rage, and misogyny. This book purports to be an antidote to that kind of thinking, my attempt to humanize men who have been categorically condemned by the media and many politicians as “guilty” after 9/11.⁵

Part of the failure to humanize Middle Eastern men lies in the hands of scholars. In the new millennium, there is a dire need to retool our scholarship on Middle Eastern men's lives. In this regard, two contemporary anthropological theorists have urged scholars to engage in such scholarly disruptions and thereby unseat facile essentializations. One of our most esteemed Middle Eastern anthropologists is Lila Abu-Lughod of Columbia University, the author of the award-winning *Veiled Sentiments: Honor and Piety in a Bedouin Society*.⁶ In her 1991 seminal essay, “Writing Against Culture,” Abu-Lughod took issue with the way in which anthropologists were using the “culture” concept; by representing cultures as seemingly coherent, timeless, and discrete, they ignored history and engaged in a project of profound “othering.”⁷ She urged anthropologists to write against culture by focusing instead on discourse and practice, global connections, or ethnographies of the particular. Turning her critical gaze on

the anthropology of the Arab world, she also challenged the discipline's obsession with particular ethnographic “prestige zones” (e.g., Morocco under the influence of interpretive anthropologist Clifford Geertz) and with particular “zones of theory” that were taking on a talismanic quality within Middle Eastern anthropology at the time.⁸ These zones of theory included tribalism and segmentary lineage theory; harem theory, or the presumed “private” space relegated to Middle Eastern women; and Islam, which she called the “theoretical metonym” for the Arab world. She lamented the relative poverty of anthropological theory on political economy and class, or the anthropology of emotions. In both of her provocative works, she beseeched the anthropological discipline to “reform” itself through attention to history and power.

More than two decades later, Middle Eastern anthropology has yet to break out completely from its theoretical and ethnographic shackles. Of the approximately 420 ethnographies written by anthropologists over the past sixty years—exactly half of which have been published in the new millennium—most focus on only six of the twenty-two Middle Eastern nations, including in order, Israel/Palestine, Egypt, Morocco, Iran, Turkey, and Yemen. Afghanistan, Algeria, Jordan, Lebanon, Sudan, Syria, and Saudi Arabia constitute a second tier of ethnographic attention, with at least ten books on each country, many of them quite old and outdated. Geopolitically crucial countries such as Syria and Iraq, the countries of origin of many of the men in my study, have been difficult to access and, hence, much less studied. The small, petro-rich kingdoms of the Arab Gulf, where many of the men in my study, including Hamza, have migrated, have received the least ethnographic attention.

Works on the original “zones of theory”—namely, tribalism, gender (qua veiled women), and Islam—continue to form a kind of holy triumvirate, composing one-quarter of the entire anthropological corpus. These are followed by numerous ethnographies of place—namely, villages, towns, urban quarters, minority ethnic enclaves, and migrant neighborhoods—which are heavily overrepresented among the remainder. Thankfully, many newer themes have emerged over the past decade and are being celebrated at the 2011 Middle East Studies Association Annual Meeting under the title “Anthropology of the Middle East: A New Millennium.”⁹ Some of these newer themes include studies of mass mediation and popular culture, Middle Eastern youth and education, law and human rights, language and literature, colonial politics and modern violence, memory and subjectivity, fine arts and architecture, diaspora and transnationalism, forced migration, and tourism. There is now even one ethnography on sexuality and sexual practice from contemporary Iran.¹⁰ However, ethnographies of science, technology, and medicine—the theme of my own work in the Middle East over the past twenty-five years¹¹—are relatively few and

far between.¹² Middle Eastern anthropology is decidedly out of touch with the up-and-coming discipline of science and technology studies, which has produced a decade's worth of award-winning anthropological ethnographies.¹³

Furthermore, ethnographies of masculinity—or “men as men,” to use Matthew Gutmann's well-turned phrase¹⁴—are, to my knowledge, nonexistent for the Middle Eastern region as a whole. This glaring lacuna is indexical of problems in the wider discipline of anthropology. Gutmann, a professor at Brown University, has lamented the erasure of men from contemporary gender scholarship in anthropology. Ethnographic accounts of masculinity are rare and tend to focus on the “manly” subjects, such as physical training, sport, education, wage earning, and militarism.¹⁵ Although the literature on masculinity is beginning to grow in anthropology, the majority of it hails from Euro-America and Latin America, and much of this Americanist scholarship centers on masculinity construction among men who have sex with men, given the grim specter of the HIV/AIDS epidemic.¹⁶

Within such studies, Gutmann notes that masculinity is often described imprecisely. Four distinct notions of masculinity can be found in anthropological discourse: masculinity as anything men *think* and *do*; masculinity as anything men think and do to *be* men; masculinity as reflected by some men being inherently *more manly* than others; and masculinity as anything that women are *not*, emphasizing the central importance of male-female relations.¹⁷ In his award-winning ethnography, *Fixing Men: Sex, Birth Control, and AIDS in Mexico*, Gutmann unpacks ten common misconceptions about men's reproductive lives and sexuality, including, for example, that men do not—and will not—take responsibility for birth control.¹⁸ His research from Oaxaca shows that some men are embracing vasectomy as a permanent form of male contraception. Their reasons for doing so are varied but include conjugal empathy and sacrifice, themes that are also prominent in Middle Eastern men's narratives.

Like Abu-Lughod's and Gutmann's, my own work on gender and reproduction in the Middle East has caused me to reflect on such silences and misconceptions. In what follows, I examine scholarly erasures and policy assumptions regarding men, before describing my own ethnographic foray into the world of Middle Eastern men's reproductive lives.

REEMBEDDING MEN IN REPRODUCTION

According to a widely held but largely untested assumption in feminist social science, population policy, and lay circles, men are disinterested and disengaged in matters of human reproduction. Because men do not

give birth, their power and attention lies elsewhere in social life, with the responsibility for pregnancy, parturition, breastfeeding, and childcare remaining solely in the hands of women. Drawing upon the title of Simon de Beauvoir's great feminist treatise,¹⁹ my colleagues and I have argued that men are relegated to be “the second sex” in the scholarship of reproduction, including in anthropology.²⁰

Case in point: When I surveyed the state of the art in the year 2006, I found that more than 150 ethnographic volumes on reproduction and women's health had been written in the past twenty-five years, with nearly two-thirds of those volumes published since the new millennium.²¹ Only four ethnographies on men—two on men's experiences of childbirth and fathering in the United States,²² one on soldiers' reproductive and sexual troubles after the first Gulf War,²³ and Gutmann's book on men's reproduction and sexuality in Mexico²⁴—have ever been published, to my knowledge. To date, there are no ethnographic monographs devoted to male infertility or men's use of assisted reproductive technologies, including donor sperm;²⁵ erectile dysfunction or other sexual health problems;²⁶ sexually transmitted infections (STIs) other than HIV/AIDS; men's usage of the vast repertoire of contraceptives; older men's experiences with prostate cancer and reproductive aging; men's attitudes toward prenatal genetic testing and fetal demise; men's feelings about partners' abortions; men's experiences of pregnancy loss and child death; and men's reproductive health in general. Certainly, other vital topics could be added to this list if it were widened to include smoking, cardiac disease, diabetes, and the like. Although several new journals are devoted to men's health (e.g., *International Journal of Men's Health*, *Journal of Men's Health and Gender*), the empirical literature is still scant compared to that devoted to women and reproduction. Although men influence women's reproductive lives and health in a variety of ways, how women influence men's reproductive lives is rarely explored. Instead, when men are included in reproductive health studies, the focus is generally on the consequences of their actions for women's reproductive lives and well-being.

But are men truly so disassociated from reproduction? This book challenges that assumption, bringing men back into the reproductive imaginary as reproductive progenitors, partners, decision makers, lovers, nurturers, and fathers. Men not only contribute their gametes to human procreation but are often heavily involved and invested in most aspects of the reproductive process, from coupling to impregnation to parenting. Furthermore, men have their own reproductive issues and concerns, which may be connected to but also separate from women's reproductive health and well-being. Thus, men need to be reconceived as reproductive in their own right, and men's reproductive rights need to be acknowledged along with women's.

This insight—that men have reproductive issues and rights—was first suggested on a policy level at a major 1994 conference in Cairo, Egypt. Called the International Conference on Population and Development (ICPD), a broad new approach to population policy, called the Reproductive Health Initiative, was conceived.²⁷ Men were included in the new rubric of “reproductive health for all,” and infertility was recognized as an impediment to “family planning” in the truest sense of that term. The Reproductive Health Initiative promised to move population policy beyond the narrow focus on fertility control. ICPD was hailed by many, including Third World feminist organizations, as a great historical achievement.

Despite the broad definition of reproductive health put forward at the ICPD conference, the Reproductive Health Initiative still remains heavily focused on population reduction through family planning. Some critics argue that the term “reproductive health” has simply replaced the term “family planning” in population and international health discourses, with little substantive change at the level of actual programs.²⁸ Moreover, the questions can be asked: Has the ICPD Reproductive Health Initiative actually improved the reproductive lives of men? And are men and women suffering from infertility actually better off than they were in 1994? The answers to these questions remain unclear.

Treatment of infertility in order to conceive a desired child is now being conceptualized as a fundamental reproductive right. However, reproductive rights discourse continues to be based on Eurocentric, neoliberal bourgeois notions of reproductive “choice” that may not apply to or be operationalized in many non-Euro-American societies, or among poor minority communities within Euro-American settings, where reproductive rights may be severely constrained.²⁹ Reproductive health discourses are still predicated on Western-generated notions of the right to choose (be it contraception, abortion, infertility treatments, or parenthood itself). These discourses assume, at some rudimentary level, a body of autonomous individuals who are free to make choices and who can come together in a concerted way to vocalize their resistance as political agents.³⁰ Yet, in many non-Euro-American societies such as the Middle East, individual agency is often subsumed within larger collectivities such as the extended family; hence, there may be limited opportunities for individual action and expression. Moreover, strategies of everyday resistance and group mobilization (e.g., infertility support and lobbying groups) may be severely constrained by the political contexts within which individuals live their lives.

Globalization, the concomitant spread of biomedicine, and neoliberal values of reproductive “choice” and “freedom” in a now privatized reproductive “marketplace” suggest that individuals bear responsibility for their health and illness, with every person expected to care for himself or herself

in the name of striving for a better quality of life.³¹ Within this perspective, a person with a condition such as infertility should actively seek treatment or find other strategies to overcome the childlessness. With regard to male infertility in particular, seeking a solution becomes a challenge and test of a man's capacity to fend for himself, his wife, his marriage, and the future of his family. For those men who fail in this regard, they may be blamed for not availing themselves of their choices in the reproductive marketplace. Yet men's reproductive choices may be severely constrained by both biology (a lack of sperm) or access (a lack of ICSI)—constraints that the ICPD initiative has done little to overcome.³²

In short, the neoliberal reproductive rights discourse first promulgated at the utopian Cairo ICPD conference has yet to materialize for many people around the world, including many infertile Middle Eastern men. The discourse is oriented toward women, is still focused on population control and the provision of birth control, and fails to account for the many ways in which people lack true reproductive agency.

In my own work on Middle Eastern infertility, I have been struck by the failure of reproductive rights discourse to resonate with most audiences. Namely, is the right to bear children a human right? Many individuals would answer no to that question, especially in the context of poverty or overpopulation (e.g., Gaza, or Cairo with its 20 million inhabitants). The suffering of the infertile in places such as the Middle East evokes little sympathy. Instead, most Westerners, and even some Middle Eastern elites, argue that Middle Eastern fertility levels should be dramatically curtailed, and individuals' reproductive rights should be dramatically curtailed, and individuals' reproductive rights to bear a child questioned and constrained. That I have argued vociferously for the right to IVF, ICSI, and other reproductive technologies in resource-poor settings such as Egypt seems incredibly naïve—even *ill-conceived*—to many.³³ A recent conversation, which occurred “behind my back,” is just one of hundreds of examples I could recount over the ensuing years since I began my research. A member of my own extended family, a high school teacher in Ohio, recently asked my parents what kind of research I *really* do, and why Yale University would want to hire me for it. When my then eighty-three-year-old mother attempted to explain the importance of overcoming infertility in the Middle East, my cousin retorted, quite aggressively: “Why would she want to help terrorists have babies? They'll just bring future terrorists into the world!”³⁴

Although Middle Eastern men are conceived of as particularly ominous reproductive actors, the *negative* contributions of men in general have emerged from ICPD reproductive health discourses. Men either impregnate women (sometimes against their will) or cause women's poor reproductive health outcomes, through HIV/AIDS, other STI exposure, sexual

violence, or physical abuse. In addition, they have been regarded as formidable barriers to women's decision making about fertility, contraceptive use, and health care utilization in general.³⁵

Two recent attempts to reframe men's contributions more positively are noteworthy. In the first, both men and women are seen as having reproductive rights, but men are also seen as having "responsibilities" toward their families.³⁶ "Responsible men" share in family planning; remain faithful to their partners; seek health care for their partners during pregnancy, birth, and postpartum; and participate as fathers in family life and child care. To wit, "real men" are "responsible men," whose role is to protect and ensure the reproductive rights and well-being of others.

But what are the problems of this framework? First, responsible men rhetoric is blatantly patriarchal, if men are primarily conceived of as paternalistic protectors of women and children. Second, in this framework, women's and men's contributions to reproductive health are seen as inherently unequal, and their experiences of reproductive health as fundamentally different. Interventions following from this framework remain focused on the reproductive health problems *caused* by men, along with approaches designed to *empower* women. Third, the fact that the reproductive rights of men and women coexist in relationship to each other is fundamentally ignored; if men, too, have reproductive rights, then women should also have "responsibilities" in protecting men's reproductive rights and health. Fourth, if men are conceived of as primarily responsible for others, then their own reproductive health problems are ignored; this is particularly problematic for integrating men into reproductive health interventions and programs. Finally, a framework that invests men with responsibilities suggests that men are fundamentally "irresponsible." This assumption is profoundly problematic, even denigrating. Many men are already responsible when it comes to reproduction and have been acting so for centuries, according to historical research on reproduction and contraception.³⁷

The second framework for including men in reproductive health heralds them as "partners" to women.³⁸ Men as partners is a "client-based" approach, which seeks to provide sustainable reproductive health care for men without compromising (and hopefully improving) services for women. Such a perspective recognizes men's important contributions to reproductive health, as well as men's own reproductive health care needs. It attempts to reconcile conflicting reproductive goals within the context of reproductive "partnerships," primarily among married couples. Such an approach focuses on men as husbands and members of a family, with a significant locus of responsibility for reproduction.

What are the problematic assumptions of this framework? First, given the explicit focus on the cooperation of men and women in reproductive

decision making, this framework downplays the different reproductive and sexual strategies and goals that men and women may pursue separately, including outside of the marital union.³⁹ A related problem is the ideological assumption of heterosexual monogamy and fidelity within marriage, which has become a programmatic goal of the men-as-partners approach. Third, this perspective has been difficult to implement, as the definition of "partner" has been difficult to operationalize, even within the context of marriage. Does marriage make a man a partner, or does "partnership" encompass more nuanced notions of love, companionship, friendship, and the like? Fourth, on a programmatic level, this approach does not clearly answer whether services for men should be integrated or separate from those for women; this is a contentious issue that depends heavily on existing services as well as the kinds of services provided. Finally, the partner perspective also makes several implicit assumptions about men and reproductive health—namely, that educating men about men's and women's reproductive health needs will make men more sensitive and responsive to these needs and that incorporating men into reproductive health programs will improve both men's and women's reproductive health outcomes. Such assumptions may not hold in all contexts.

Men in the Middle East may feel greatly responsible for reproduction and may strive to be the best possible partners to their wives. This is true even though few Middle Eastern men have been "targeted" in the kinds of programs just described. Their sense of responsibility and partnership comes from other sources, including conjugal love, which, as I argue, has been virtually overlooked in population and reproductive health discourses (as well as in Middle East anthropology). That men—even Middle Eastern men—actually *love* their wives and will do what they can to meet their wives' reproductive desires and needs seems to have been lost in the popular imagination and by the population studies establishment. Middle Eastern men as responsible reproductive partners, in love with wives whom they wish to please, is, perhaps, the abiding theme of this volume.

UNSEATING PATRIARCHY

Implicit in much of the ICPD discourse is that the reproductive and sexual needs of women are culturally *subordinate* to those of men. In many locales around the world, this may be true: namely, men may have implicit rights *over* women's reproduction and sexuality. Thus, the achievement of equity in reproductive health requires unseating patriarchy wherever it is detected. The concept of patriarchy, or men's systematic domination of key structural and ideological resources and positions, does not fully explain poor reproductive health outcomes for women. Yet a strong ar-

gument can be made that patriarchy affects women's reproductive health on both macrostructural and microstructural levels.⁴⁰ On the macrostructural level, women's reproductive health is affected by male policy makers, male health care administrators, and male service providers, who may perpetuate a dominant "male definition" of what is important and what is not without taking heed of women's perceptions and felt needs. On the microstructural level, research shows that men are more likely to have more sexual partners over their lives; to have multiple partners simultaneously; to pursue commercial sex; to have extramarital sexual relations; and to commit an act of violence against women, adolescents and children, and other men.⁴¹ Men have the option to be absent at childbirth; tend to commit smaller percentages of their income to children and childcare; and contribute less time to direct childcare.⁴² In short, men's relative superior power and privilege in most societies may have dire consequences on women's lives and reproductive well-being.

Men's relative power and privilege over women has been the dominant trope in the Middle Eastern gender studies literature—much of it written by Middle Eastern-born scholars—where the concept of "patriarchy" has served as a theoretical metonym. Scholars have unearthed the patriarchy in Islamic scriptural representations of women and in Islamic personal status laws.⁴³ They have analyzed childhood socialization practices that produce patriarchy in Middle Eastern family life.⁴⁴ They have critiqued a variety of Middle Eastern patriarchal practices ranging from veiling to female genital cutting to honor killing.⁴⁵ They have analyzed women's resistance to men's violence, including through women's storytelling, poetics, and memoirs of war.⁴⁶ And they have hailed the emergence of Middle Eastern feminist movements, both historically and amid growing male-dominated Islamism.⁴⁷

Furthermore, nearly one hundred ethnographies have been written by anthropologists about Middle Eastern women. Very few of these ethnographies have examined women's and men's actual relationships within the context of marriage. This lacuna reflects the highly gender-divided world of Middle Eastern anthropology: namely, women study women, and men study men. Ethnographers and ethnographies of what might be called "gender interaction" or "marital ethnography" are largely absent, not only for the Middle East but within the discipline of anthropology as a whole.⁴⁸

As a result of this lopsided view of gender through the eyes of women subjects and scholars, very little has been written about Middle Eastern men as men. A growing interest in Middle Eastern homoeroticism can be detected,⁴⁹ as well as the study of what might be called "military masculinity."⁵⁰ Four recent volumes examine primarily discursive traditions, including writings on Arab men's (and women's) sexuality since the early

nineteenth century,⁵¹ Arab men's portrayals in fiction since 1967,⁵² and Arab men's representations in Hollywood post-9/11.⁵³ The fourth volume, which is a compendium, is appropriately titled *Imagined Masculinities*, to signal how little is known about the realities of men's lives in the Middle Eastern region.⁵⁴ Calling the Middle East "one of the seats of patriarchy," the editors nonetheless challenge women's studies scholars to focus on masculinity as a "complementary endeavour" to their various "feminist projects."⁵⁵ The editors argue that Middle Eastern patriarchy "is both more complex . . . more implicated in the structure of social relations than has sometimes been admitted, and at the same time not as monolithic as has been suggested."⁵⁶ For example, in her chapter on representations of maleness in the Arab popular media, Ghousseub argues for "men's tortured conception of their own 'masculinity': its meanings, demands and projections." She poses the rhetorical question, "Who said it was easy to be a man?"⁵⁷ Through chapters on male circumcision, military service, and men's images in the Middle Eastern media, movies, and memoirs, the underlying purpose of the volume is to recalibrate understandings of Middle Eastern men's lives, including their oppression by other men. The editors and authors strive to show that men's lives may not be easy, particularly in a region that is highly militarized and where young men are often conscripted. However, the theme of patriarchy prevails throughout the volume. The editors remind us that men are "positioned at the thresholds and have often attempted to police the mobility and conduct of their sisters, daughters, companions, wives, and comrades, sometimes—quite often in fact—with the complicity of their mothers and other senior women."⁵⁸

My own intellectual genealogy as a Middle Eastern studies scholar and the founding editor of the *Journal of Middle East Women's Studies* (JMEWS) is tied up in this feminist project. For more than two decades, I have focused on Egypt, writing a series of three books that one scholar has dubbed my "Egyptian trilogy."⁵⁹ The second volume, *Infertility and Patriarchy: The Cultural Politics of Gender and Family Life in Egypt*, represents my most extended contribution to this feminist genre. In the book, I localize patriarchy within the Egyptian context, offering the following formulation:

Patriarchy is characterized by relations of power and authority of males over females, which are (1) learned through gender socialization within the family, where males wield power through the socially defined institution of fatherhood; (2) manifested in both inter- and intragender interactions within the family and in other interpersonal milieus; (3) legitimized through deeply engrained, pervasive ideologies of inherent male superiority; and (4) institutionalized on many societal levels (legal, political, economic, educational, religious, and so on).⁶⁰

The remainder of the book examines the ways in which patriarchy is "lived" by poor urban infertile Egyptian women in their relationships with husbands, in-laws, and community members. I argue that the severe stigmatization, threats of marital dissolution, and social ostracism faced by infertile women are rationalized and perpetuated by the dominant procreative ideology in Egypt, which attributes life-giving powers to men through spermatogenesis of fetuses and blames women for thwarting men's procreative powers. The book concludes with an analysis of the social and cultural factors perpetuating emphatic pronatalism in Egypt and the resultant "cult of motherhood" that is increasing in importance with the rise of Islamism in the country.

In later publications, including contributions to edited volumes on *Islamic Masculinities*⁶¹ and *African Masculinities*,⁶² I describe the ways in which fertile Egyptian women are scapegoated for their husbands' infertility and impotence. In "The Worms Are Weak': Male Infertility and Patriarchal Paradoxes in Egypt," I demonstrate four ways in which Egyptian women carry the social and physical onus of male infertility.⁶³ First, they are blamed for the reproductive failure and expected to bear their husbands' secret in silence. Second, lacking the signs of pregnancy, their gendered identities are diminished, while their husbands' masculine identities remain relatively intact. Third, they are expected to endure a childless marriage, while their husbands may become increasingly frustrated, demoralized, and divorce prone. And, finally, they are expected to seek treatment for their husbands' infertility, a form of asymmetrical, gendered embodiment that leaves men physically unscathed. As I conclude, infertile Egyptian men experience various forms of privilege in their marriages, social relations, and treatment experiences, often to the detriment of the wives who love and support them.

Similarly, in "Sexuality, Masculinity, and Infertility in Egypt: Potent Troubles in the Marital and Medical Encounters," I show how hegemonic constructions of masculinity prohibit frank marital and medical discussions of male sexual dysfunction, producing acute dilemmas for women who are labeled infertile by virtue of their childlessness.⁶⁴ In a culture that rewards and locates masculinity in a man's ability to father children, male sexual dysfunction is rendered invisible—particularly within a "don't ask, don't tell" regime upheld by impotent husbands and the male gynecologists who proceed to treat these men's wives. Although male sexual dysfunction represents a "crisis moment" for hegemonic Egyptian masculinity, this masculine crisis is lived most acutely by women, who must absorb both the sexual shame and the reproductive blame in public.

These publications were based on research conducted entirely with poor Egyptian women. As I wrote in the introduction to *Infertility and Patriarchy*, "I came to know much more about Egyptian husbands, as seen

through the eyes of Egyptian wives, than about Egyptian men in either a general sense or individually."⁶⁵ However, my portrayal of poor Egyptian husbands was not entirely unsympathetic, one-sided, and unfair. The most important chapter of my book, "Conjugal Connectivity," described the ways in which many poor Egyptian men support and protect their infertile wives within an otherwise hostile social milieu. These men's desires for "companionate" marriages—characterized by loving connectivity even in the face of female infertility—was perhaps the major insight of the study. Relatively few of the infertile women that I encountered were living lives of brutal oppression by domineering patriarchs. Rather, many of them described their good fortune in having adoring spouses and satisfying sex lives—contrary, they admitted, to what was expected for a childless marriage within their social environment.

Since then, I have gone on to reconsider the ways in which I once systematically excluded men from my earlier studies. I returned to Egypt in the late 1990s to study elite women's utilization of in vitro fertilization and was literally overwhelmed by husbands' response to my study, with nearly half of them coming forward to speak with me, usually about their own infertility problems. The majority of these couples (70%) were seeking assisted reproduction because of male infertility in a society where infertility affects more than 15 percent of all married couples, and at least 60–70 percent of the infertility problems hail from men's own reproductive tracts. It was then that I realized the toll on men's bodies and lives entailed by male infertility, and I attempted to portray this embodied suffering and emasculation in my third book, *Local Babies, Global Science: Gender, Religion, and In Vitro Fertilization in Egypt*.⁶⁶

The New Arab Man is my own act of scholarly contrition—my frankly apologetic attempt to render visible the lives of Middle Eastern men whom I once regarded as imponderable and forbidden research subjects. In this book, I challenge many of my earlier claims and assumptions about Middle Eastern patriarchy and men's lives. I argue that Middle Eastern patriarchy today is being unseated by Middle Eastern men themselves, who are questioning traditional notions of manhood. This does not mean that patriarchy is nonexistent in the Middle East; certainly, it does persist in a variety of forms. However, we need to rethink whether patriarchy should remain the dominant theoretical trope. Better empiricism—actually studying men's lives and their relationships with women—might help to undo patriarchal assumptions in Middle Eastern gender studies. In short, as Middle Eastern feminist scholars, we could do a much better job of nuancing our patriarchal polemics, if we only took ethnographic realities into account.

In my own long-term, feminist research project, I had argued to myself and others that Middle Eastern men were off limits to me, as a female anthropologist studying the intimacies of reproduction, sexuality, and infer-

tility. However, the Egyptian men who volunteered for my study in the late 1990s proved that I might need to rethink many of my methodological assumptions. One Middle Eastern-born colleague, Lahoucine Ouzgane, was also especially helpful in this regard. When I discussed with him my reluctance to move forward with a post-9/11 project on Middle Eastern male infertility, he surmised that I might possess superior access to this sensitive research subject by virtue of my positionality. First, if Middle Eastern men regard fertility as an important and somewhat competitive attribute of manhood, then it might be very difficult for them to discuss infertility with another man, he surmised. As a woman, I might be better positioned to enter this secret world of reproductive shame, providing at least some men the only opportunity for frank discussion. Second, a Western woman is assumed to be knowledgeable in the ways of sex and conception, so that sexually troubled Middle Eastern men might be able to discuss their problems and questions more freely. Third, as an educated *duktura* and professor of medical anthropology and public health, I might be considered a potentially knowledgeable and empathic confidante, sworn to secrecy by virtue of research ethics. Fourth, as a middle-aged woman "past my prime," I could represent a quasi-maternal and comforting presence, especially to younger men. Finally, as a temporary visitor to these men's social worlds, I might be seen as taking "men's secrets" far away, providing a fleeting moment in their tortured lives for honesty, candor, and catharsis.

NARRATING MEN'S REPRODUCTIVE LIFE HISTORIES

The New Arab Man is the outcome of my own ethnographic attempt to render men's lives visible. I have made the collection of Middle Eastern men's stories my major research project in the post-9/11, wars-in-Iraq-and-Afghanistan world in which we live. Hundreds of Middle Eastern men have come forward to tell me their "reproductive life histories." What is a reproductive life history? This is a term I have coined to merge the methodological genres of cultural anthropology and epidemiology, the two disciplines in which I have received advanced training.⁶⁷ The "reproductive history," as used in epidemiology, explores the important reproductive events in individuals' lives through a process of structured interviewing. Questions revolve around premarital and marital sexuality, contraception, conjugality, infertility, pregnancy, pregnancy loss, childbirth, and maternal and neonatal mortality. Reproductive epidemiology also focuses on so-called risk factors (e.g., smoking, sexually transmitted infections) that may lead to so-called disease outcomes (e.g., infertility, stillbirth). Carefully rendered reproductive histories can provide an incredible wealth of

information on both epidemiological and demographic variables. Through systematic and detailed reproductive histories, reproductive disruptions of all kinds may emerge.

When combined with anthropological ethnography, reproductive histories take on additional meanings, transforming into full-fledged reproductive life histories. In anthropology, the "life history" is one of the most important ways in which ethnographers elicit chronological accounts of persons' lives, through processes of gentle questioning and probing.⁶⁸ Life histories are, in my view, the sine qua non of ethnography—that which takes our field to a different level of subjective inquiry. In medical anthropology, some of the most compelling and award-winning ethnographies adopt the life history genre.⁶⁹ Psychological anthropologists, too, have argued for the importance of "person-centered ethnography," which attempts to develop "experience-near ways of describing and analyzing human behavior, subjective experience, and psychological processes."⁷⁰

Here, I have attempted to conjoin the two disparate genres—epidemiological reproductive history with anthropological life history—to elicit nuanced reproductive life histories from Middle Eastern men. The resulting person-centered, reproductive accounts take us to places well beyond reproduction, providing rich entrée into experiential worlds, local moralities, and embodied subjectivities. The exploration of Middle Eastern men's subjectivity is at the heart of this endeavor. I am inspired in this regard by my medical anthropologist colleagues at Harvard and Princeton, who have challenged us to "rethink subjectivity" in the modern era:

In the many settings in which anthropologists now work, the vagaries of modern life are undoing and remaking people's lives in new and ominous ways. The subjects of our study struggle with the possibilities and dangers of economic globalization, the threat of endless violence and insecurity, and the new infrastructures and forms of political domination and resistance that lie in the shadows of grand claims of democratization and reform. Once the door to the study of subjectivity is open, anthropology and its practitioners must find new ways to engage particularities of affect, cognition, moral responsibility, and action.⁷¹

My own ethnography is a foray into these multiple domains: of politics, war, globalization, economic stresses, emotions, identities, religious subjectivities, and moral and practical responses to technological innovation. My research is based on reproductive life history interviews carried out with more than 330 Middle Eastern men in Egypt (1996), Lebanon (2003), United Arab Emirates (2007), and so-called "Arab Detroit," Michigan (2003–8), the capital of Arab America.⁷² In these four places, I have interviewed

Hegemonic Masculinity

HISHAM, THE SYRIAN ACCOUNTANT

On a scorching summer day in 2007, I met Hisham in a blessedly air-conditioned IVF clinic in the United Arab Emirates. Hisham's wife was having her eggs "harvested" under anesthesia, and so Hisham had time to kill and was more than happy to talk with an anthropologist. As I soon learned, Hisham hailed from the relatively poor country of Syria, where he was the oldest of six children. Like so many other young Syrian men, Hisham and his two brothers had all left the country, the brothers to the United States and Hisham to the Arab Gulf. Following an unpleasant stint in Saudi Arabia, Hisham moved to the Emirates. There, he accrued enough financial resources to marry, agreeing to an arranged marriage with a Syrian woman named Rana, who was ten years his junior.

In preparation for the wedding, Hisham decided to undergo premarital semen analysis to ascertain his fertility. Although the test was not required by law or by Rana's family, Hisham—like increasing numbers of Middle Eastern men—thought this the sensible thing to do, given the growing recognition in the region that men, too, may be infertile. Although Hisham was not deemed infertile per se, his sperm count was considered "borderline." Consulting a fellow Syrian urologist at an Emirati hospital, Hisham was convinced by the physician that he could improve his fertility by undergoing a varicocelectomy, an invasive genital surgery designed to remove varicose veins from the testicles. Eager to please his new young wife, Hisham underwent the varicocelectomy shortly after marriage. This is a decision that Hisham now deeply regrets. Not only was the surgery unsuccessful, but it was actually iatrogenic, causing irreparable physical and emotional harm. Hisham's sperm count plummeted after the operation and has never returned to normal. As a result, his only hope of producing a child is through ICSI.

When I met Hisham, he and Rana were trying their second cycle of ICSI, carried out in secrecy from both of their families. Hisham told me that he was not at all embarrassed about his fertility problem. Rather, he explained that feelings of empathy would lead the relatives to worry and intervene with long-distance phone calls. It was simply less stressful for

both him and Rana to tell their families about the ICSI once they had obtained a successful result.

As educated, middle-class professionals with a science background, Hisham and Rana realized that ICSI could not guarantee a successful pregnancy. Their first ICSI attempt at a Lebanese-run clinic was "a very bad experience," both interpersonally and physically for Rana. Hisham and Rana were far happier with the quality of care at this second clinic on the border of high-tech Dubai. But in Dubai, the cost of an ICSI cycle was much higher—nearly \$5,000 as opposed to only \$2,000 in Lebanon—which had required Hisham to use his credit card and take out a bank loan. "I'm now in a lot of debt trying to make a baby," Hisham explained. "Plus, I'm afraid for her. I don't know if there are bad effects from the hormones. She started feeling dizzy and vomiting. She was feeling very weak, feeling always sleepy. I don't want to see her suffer this way."

Hisham is thinking of returning to Syria if the current cycle of ICSI is not successful. According to Hisham, ICSI is now widely available in the cities of Damascus, Aleppo, and Homs, but for only one-third the cost of an ICSI cycle in the UAE. Furthermore, in Syria, he can rely on his family and in-laws to take care of his beloved wife, Rana, who he feels has "suffered" for him. Hisham is full of love, respect, and empathy for his wife, which he expressed throughout his interview.

Insha' Allah [God willing], she'll get a baby. She's suffering, actually, and I'm feeling pretty awful about it. She is trained as a chemist, but she works long days as a secretary with a horrible commute to Dubai. I wish if she gets a baby, she can quit her job and maybe I can bring her mother, one or two months, then my mother, just to take care of her. Like they can help her so that she can just sit, because she's very, very active, and I'm afraid for her.

According to Hisham, he often volunteers to cook and do housework, because they both work twelve-hour days, six days a week. But his wife is adamant about carrying out what she perceives to be her domestic duties. "It's really exhausting for her," he said, "with lots of tension, pressure. And for nothing! We don't have children, so it seems like all of this work is not worth it."

Never once did Hisham mention his own masculinity throughout the course of a two-hour, wide-ranging interview. He does not consider male infertility to be a problem of manhood; rather, it is a problem of sperm counts, with a now widely accepted medical solution of ICSI. The only blame Hisham assigns is to the Syrian urologist who "tricked" him into undertaking a dangerous surgery.

Furthermore, Hisham is not the only infertile man in his social world. One of his close Syrian friends, Eyad, is also infertile, and they share their

trials and tribulations openly. Eyad led Hisham to the Emirati IVF clinic, where he is also pursuing ICSI with his wife. If necessary, both Eyad and Hisham will take their wives back to Syria to undergo future ICSI cycles.

However, Hisham remains hopeful that he and Rana will achieve a successful ICSI pregnancy in the Emirates. No matter what happens, Hisham and Rana remain committed to each other, and to God's plan for their lives. "Even if there is no success, this is God's will," Hisham concluded. "We did our best, and we'll say *mash Allah* [what God wills]."

نظريّة الذكورة THEORIZING MASCULINITY

How do we begin to analyze Hisham's masculinity with few if any clues from Hisham himself? Hisham was one of many infertile men in my study who appeared unconcerned about the masculinity effects of male infertility. Hisham, like Hamza, was a long-term migrant, having lived in the UAE for eleven years. Both men suffered from male infertility, leading them on ICSI quests undertaken with their beloved wives. In Hisham's case, however, he had experienced the embodied suffering of a futile varicocelectomy, and he was now very concerned about how hormones and egg harvesting might affect Rana's current and future health. Embodiment—of invasive surgeries and artificial hormonal medications—was what Hisham lamented most vociferously in his interview.

Hisham's story is a fine exemplar of emergent masculinities—the term that I have coined as a key conceptual trope to understand new forms of masculinity in interaction with new forms of medical technology.¹ My concept of emergent masculinities has been inspired by my own ethnographic findings, as well as the conceptual work of two social theorists, R. W. Connell and Raymond Williams, both of them influenced by the Marxist scholar Antonio Gramsci. R. W. Connell has been the world's most influential authority on masculinity. (Connell was "he" when formulating and reformulating hegemonic masculinity theory, but is now Raewyn. I use "he" to refer to his earlier work.) In Connell's case, he has applied Gramsci's notion of hegemony to a theory of masculinity.² In Williams's case, he has examined processes of historical and cultural change, which he calls "emergence."³

In my view, any ethnographic study of masculinity must begin with Connell's theory of hegemonic masculinity. It has been incredibly influential in masculinity research since the 1980s, and it has greatly influenced my own early work on Egyptian masculinity and sexuality.⁴ In this chapter, I apply the notion of hegemonic masculinity to discourses about Middle Eastern men, as brought to us through both scholarly and popular media. I then explore the theory's utility—or lack thereof—for understanding

someone like Hisham as a masculine subject and for analyzing masculinity in the Middle Eastern region as a whole.

HEGEMONIC MASCULINITY

As the only social constructionist analytic developed specifically for studying masculinity, hegemonic masculinity has been widely used since its 1985 introduction.⁵ Drawing explicitly from feminist theory and Marxist sociology, Connell sought to reconcile the lived reality of inequality among men with the fact of men's group dominance over women. This new theory sought to examine hierarchical inequality among men, relate analysis of masculinity to feminist insights on the social construction of gender, and resist the dichotomy of structure versus the individual plaguing contemporary studies of gender and class.⁶ To achieve these goals, Connell used Gramsci's concept of hegemony, a social mechanism through which various groups develop the "will to conform" with a leading group's way of being, thereby facilitating class-based domination.⁷ He argued that by using hegemony to understand masculinity, scholars could reveal the historical production of various masculinities, the way power functioned to mediate the production of these masculinities, their hierarchical relationships, and the dialectical relationships between social structures and practiced masculinities.⁸

Connell defined hegemonic masculinity as the strategy for being a man that legitimizes patriarchy in current, local practices of gender. In this formulation, masculinity is shaped by, but not necessarily an incarnation of, cultural ideals of manliness.⁹ Specifically, he argued that most men are not fully able to practice hegemonic masculinity, because it requires access to particular social resources. Hegemonic masculinity thus creates inequality among men, making some men dominant over others, and subordinate men complicit with its practice as they aspire to act out elements of this idealized way of being manly.¹⁰ Crucially, the theory of hegemonic masculinity is about *relationships*—among men, between men and women, and between men and their ideas of other men. Connell argues that masculinity must be understood in terms of relationality and that the relationships *within* gender (i.e., between men) are based on the relationships *between* genders (i.e., between men and women), relationships that are hierarchical. However, the notion of hierarchy and competition *within* masculinity is, for Connell, of cardinal importance. He argues, "We must also recognize the *relations* between different kinds of masculinity: relations of alliance, dominance, and subordination. These relationships are constructed through practices that exclude and include, that intimidate, exploit, and so on. There is a gender politics within masculinity."¹¹

Because there are different ways of being a man, masculinities are differently valued. In the Weberian sense, hegemonic masculinity is a normative "ideal type," which, while varying cross-culturally, exhibits general patterns. Hegemonic masculinity often concentrates ideal masculine attributes, including wealth and command of other resources, attractiveness, virility (i.e., sexual potency), physical strength, heterosexuality, and emotional detachment. These ideal qualities are often associated with the ruling class—men who control and dominate other men. Hegemonic masculinity is thus associated with masculine power, but a form of power that exists more through persuasion and consent than through the exercise of force.¹²

Connell is equally concerned, if not more so, with what he describes as "subordinated" (a.k.a. "marginalized," "alternative," or "subaltern") masculinity, which embodies some of the opposites of these ideal hegemonic attributes. Connell points in particular to gay, working-class, and nonwhite men, contrasting their experiences to those of the white, heteronormative, ruling class in Euro-America. Because hegemonic masculinity is unattainable for so many ordinary men, it may lead to distress for those unable to achieve normative expectations. Moreover, subordinated men may be conflicted about their desire to achieve hegemonic masculine ideals, which they may perceive, critique, and protest as oppressive. Indeed, Connell defined "protest masculinity" as "a pattern of masculinity constructed in local working-class settings, sometimes among ethnically marginalized men, which embodies the claim to power typical of regional hegemonic masculinities in Western countries, but which lacks the economic resources and institutional authority that underpins the regional and global patterns."¹³

Clearly, masculinity cannot be isolated from its institutional context, including the state, the workplace or labor market, and the family. Because masculinity is an aspect of institutions, it is tied to three distinct but related domains—namely, exercise of power, division of labor, and objects of desire. Men's exercise of power in many societies ranges from the institutionalized connection of masculinity with political authority and the use of military force to the legitimization of sexual and other forms of intimate violence, leading some men to violate, while others are violated. Class-based divisions of labor affect men's differential access to work and income, leading some men to be marginalized in the labor market. Finally, gender informs systems of desire, influencing the kinds of bodies that are deemed desirable and the conditions under which they are desired. According to Connell, "masculinities as cultural forms cannot be abstracted from *sexuality*, which is an essential dimension of the social creation of gender."¹⁴

Although Connell is most concerned about demonstrating relationalities *between* forms of masculinity, his conceptualization of hegemonic or

subordinate types has led to an unfortunate dualism, which masculinist theorists have subsequently problematized. In one of the most sophisticated evaluations, Demetrakis Demetriou argues that Connell has followed Gramsci too closely. Gramsci viewed hegemony as culminating in the formation of a historic bloc, achieved through leadership of a fundamental class; similarly, Connell sees masculine power as "a closed, coherent, and unified totality that embraces no otherness, no contradiction." According to Demetriou, the contributions of the subordinate class to the formation of hegemonic masculinity must be taken into consideration: even subaltern men resist total subordination and emasculation. For Demetriou, the formation of hegemonic masculinity involves a "dialectic of appropriation, marginalization," or a reciprocal process of masculinity construction between hegemonic and subordinate groups of men. Connell, however, following Gramsci, assumes that hegemonic masculinity resides *within* a hegemonic class of men; thus, he leaves no room in his formulation for masculine *hybridity*, or the ways in which both dominant and subaltern men may appropriate diverse elements from various masculinities through complex forms of negotiation.¹⁶

From a somewhat different angle, Mike Donaldson examines the outcome of theoretical overdetermination in the new masculinity studies in which the dominance of hegemonic masculinity as a key theoretical trope has led to its unfortunate reification. In his essay "What Is Hegemonic Masculinity?" Donaldson portrays hegemonic masculinity as a kind of conceptual cul-de-sac.

A culturally idealized form, it is both a personal and collective project, and is the common sense about breadwinning and manhood. It is exclusive, anxiety-provoking, internally and hierarchically differentiated, brutal, and violent. It is pseudo-natural, tough, contradictory, crisis-prone, rich, and socially sustained. While centrally connected with the institutions of male dominance, not all men practice it, though most benefit from it. Although cross-class, it often excludes working-class and black men. It is a lived experience, and an economic and cultural force, and dependent on social arrangements. It is constructed through difficult negotiation over a life-time. Fragile it may be, but it constructs the most dangerous things we live with. Resilient, it incorporates its own critiques, but it is, nonetheless, "unraveling." What can men do with it?¹⁷

Donaldson's final question, although posed in playful jest, is still highly relevant: How does hegemonic masculinity translate, if at all, into the realm of quotidian practice? How would we begin to study the enactment of or resistance to, hegemonic masculinity in men's lives? As a qualitative sociologist, Connell was fascinated by the potential of ethnography—or

what he has called "ethnographic realism,"¹⁸ discovered primarily through the kind of life history research described in the preceding chapter—to account for hegemonic masculinity within a global and historical framework, thereby moving beyond psychological and sociobiological portrayals of masculinity, which he found to be inherently ethnocentric. According to Connell, ethnographic accounts of masculinity "might lead to a comparative sociology of masculinity capable of challenging many of our culture's received notions."¹⁹

However, the difficulty of operationalizing hegemonic masculinity becomes apparent when the concept is applied to ethnographic data. While the theory is designed to account for masculine relationality, as well as fluid and shifting power between men, its ethnographic applications often seem to reify specific masculinities as static manly types, which hold particular positions within a set social hierarchy. Namely, the pigeonholing of ethnographic participants as examples of "hegemonic" or "subordinated" males casts them as static subjects and serves to solidify the types themselves. This obscures the lived reality of different forms of masculinity as *ever-changing social strategies* enacted through practice. Actual men's performances of gender are constantly in flux and may change radically as their social and physical circumstances change.²⁰

As a result, applications of hegemonic masculinity theory may have the unintended consequence of reducing masculinity to a typology, instead of elucidating masculinity as a dynamic social practice. This essentialization of hegemonic masculinity precludes the study of change, internal tension, and disjuncture in individual men's enactments of manliness. For example, the ethnographic portions of Connell's own work use individual men's life histories to represent different types of masculinity, as if men's lives culminate in a particular sort of masculinity rather than moving through many variants.²¹ This sort of application undoes the goal of the theory; it casts men as either normal or deviant in relationship to some fixed masculine ideal, thereby hampering study of various masculinities' interrelationships and historical contingencies. When applied, then, the theory of hegemonic masculinity frequently obscures the very relationality, fluidity, and dynamism that it was developed to explain.

Further, because hegemonic masculinity theory is based in a Marxist sociology more focused on structures and power than embodiment, applications of hegemonic masculinity often fail to account for the way men's bodies and physical ways of being are constituted by gender practices. As poststructuralist gender theory demonstrates, the physicality of masculinity is integral to practices and understandings of what it is to be a man. While the theory of hegemonic masculinity can be useful for comparing different men's relative social positions at a specific point in historical time, it cannot account for individuals' changing embodiments of masculinity

over the individual life course. The social, physical, structural, and technological changes that occur throughout a man's life force him to enact masculinity in ever-changing ways. Thus, a theory is needed that can account not only for hierarchical relationships among men and between men and women but for the relationships between the different masculinities that a man may embody and perform over his lifetime. In short, scholars not only must attend to differences and power-laden relationships between men who act out recognizably different types of masculinity but also must examine and explain the nuanced ways of "being a man" through embodied practices that change over the life course.²²

REFORMULATING HEGEMONIC MASCULINITY THEORY

Having listened carefully to these criticisms over the years, Connell himself argues, "If the concept proves still useful, it must be reformulated in contemporary terms."²³ In his view, five major challenges to the theory must be taken into account. First, the concept of multiple masculinities—"hegemonic" and "subordinated"—has tended to produce a static, dualistic typology, instead of portraying a diverse field of masculinities in practice within particular social settings. Second, inconsistencies and ambiguities in usage of the concept have stripped hegemonic masculinity of its intended historicity and applicability to the lives of real men. Masculinities not only differ across generation, social class, and cultural setting but also are subject to change over time. Third, the concept of hegemonic masculinity has been reified and associated with an "assemblage of toxic traits."²⁴ Hegemonic masculinity is no longer seen as a "dominant" type but rather as a negative trait complex, associated exclusively with men who are unemotional, nonnurturing, dispassionate, aggressive, violent, and even criminal. Fourth, hegemonic masculinity is based on an unsatisfactory theory of the masculine subject, leading to the loss of visibility and agency for individual men. Men may adopt hegemonic masculinity when it is desirable, but they may also distance themselves from it, resisting hegemonic masculinity at strategic moments over the life course. Finally, hegemonic masculinity is portrayed as a self-contained, self-reproducing system in a functionalist model of gender relations. In such a portrayal, the historicity of gender is ignored, such that patriarchy is left unchallenged.

Having enumerated these main criticisms, Connell points to four areas in which the concept of hegemonic masculinity requires reformulation: the nature of gender hierarchy, the geography of masculine configurations, the process of social embodiment, and the dynamics of masculinities. With regard to gender hierarchy, Connell notes that the concept of hegemonic masculinity was originally formulated in tandem with the concept of

"hegemonic femininity," which was soon renamed "emphasized femininity" and which acknowledged the asymmetrical relations of masculinities and femininities in a patriarchal gender order.²⁵ However, because of the problem of "separate spheres" research—that is, feminist scholarship by women and men's studies scholarship by men—the relationship between women and women soon dropped out of focus in hegemonic masculinity discussions. This omission requires correction, according to Connell, and will serve ultimately to reduce the isolation of men's studies and to emphasize the relevance of male-female gender dynamics to a variety of social problems. As Connell and his colleague James W. Messerschmidt state,

Focusing only on the activities of men occludes the practices of women in the construction of gender among men. As is well shown by life-history research, women are central in many of the processes constructing masculinities—as mothers; as schoolmates; as girlfriends, sexual partners, and wives; as workers in the gender division of labor; and so forth. The concept of emphasized femininity focused on compliance to patriarchy, and this is still highly relevant in contemporary mass culture. Yet gender hierarchies are also affected by new configurations of women's identity and practice, especially among younger women—which are increasingly acknowledged by younger men. We consider that research on hegemonic masculinity now needs to give much closer attention to the practices of women and to the historical interplay of femininities and masculinities.²⁶

Second, with regard to the geography of masculinities, Connell acknowledges that change in locally specific constructions of hegemonic masculinity has been an important theme of the emerging masculinities research, along with the significance of transnationalism and global institutions for local gender orders. Connell argues that a new tripartite framework is needed for analyzing empirically existing hegemonic masculinities: *local*, constructed in face-to-face interactions in families, communities and organizations, and typically discovered through ethnographic and life history research; *regional*, constructed at the level of the culture or nation-state, and typically found through demographic, political, or various kinds of discursive research; and *global*, constructed in transnational arenas (e.g., long-distance migration, multinational businesses, global media), and evident in the emerging research on masculinities and globalization.²⁷ Although Connell stresses the importance of global influences on local gender orders, he seems most interested in "regional masculinities," which provide a "symbolic model" and "cultural framework" for society-wide formulations of masculine reality.

Third, Connell argues for more work on social embodiment, or particular ways of representing and theorizing men's bodies in research on hege-

monic masculinity. Connell admits that bodies "are involved more actively, more intimately, and more intricately in social processes than theory has usually allowed."²⁸ Yet, Connell is least specific in suggesting how embodiment and hegemony might be productively studied together. He points to work on transgender practice and transsexuality but says little about other embodied social phenomena, including men's health, illness, aging, medical treatment, or the use of medical technologies (e.g., sexual and reproductive health technologies).

Finally, Connell urges attention to change, or what he calls "the dynamics of masculinities," which were not articulated clearly enough in the original formulation of hegemonic masculinity. These dynamics include change over the male life course, as determined through life history research; change over time, particularly as the generation of male children become men; and change brought about by social contestations, such as women's and gay protest movements, which open the possibility for democratizing gender relations over time. According to Connell, "Both at a local and a broad societal level, the situations in which masculinities were formed change over time. These changes call forth new strategies in gender relations (e.g., companionate marriage) and result in redefinitions of socially admired masculinity (e.g., the domestic partner rather than the Victorian patriarch)."²⁹

Connell concludes by advocating for the "renovation" of hegemonic masculinity, following these reformulations. The term should be retained, he argues, but opened up to "new usages."³⁰ In short, hegemonic masculinity is a "traveling" concept, which acquires new meanings when applied to new problems and settings.

HEGEMONIC MASCULINITY—MIDDLE EASTERN STYLE

Most of the empirical research on hegemonic masculinity has been carried out in the West and Australia, the latter representing the site of Connell's earliest work on the role of men in Australian labor politics.³¹ But what do we know about masculinities in other regions of the world, including the Middle East? How are ideas of masculinity conceptualized, embraced, experienced, challenged, and sometimes resisted? Is it fair to speak of a Middle Eastern form of hegemonic masculinity? If so, what are its elements?

Here, I attempt to formulate a notion of "hegemonic masculinity, Middle Eastern-style," based on my long-term engagement in Middle Eastern studies, as well as my reading of four different types of sources: the selective representations of the Western mass media, ethnographic portrayals by mostly male anthropologists, Middle Eastern feminist writings, and

what we might call the "self-stereotypy" or *residual indigenous Orientalism* of Middle Eastern men and women themselves.³² Together, these four sources have coproduced a version of Middle Eastern hegemonic masculinity as follows.

In the Middle East, the hegemonically masculine man is said to be a *family patriarch*. He is socialized into patriarchy during boyhood, where he learns to dominate his sisters and even his mother, although he is still subordinated by the senior males of the family. Eventually, he achieves patriarchal control over his own family when he reaches adulthood, marries, and produces offspring, especially sons, who are necessary for the perpetuation of his lineage. Because he is a patriarch, he may exert his power and authority over the women, junior males, and children in his family through coercion and even force. This is especially true if *family honor* is threatened. Women who shame themselves through perceived licentious behavior simultaneously shame their families. The family patriarch (or his surrogates) must respond swiftly and definitively to defend the family honor, even through *honor killing* of the offending female family member. As a hegemonic male, he is supported in his exercise of power and violence by other male relatives.

These hegemonic males live in close proximity. This is because family life in the Middle East is said to be strictly *patrilineal* and *patrilocal*, meaning that kinship is defined through men and men alone, and these men form extended family residences together with their wives and children. Within these patrilocal compounds, women who have married in are subordinated by men of the patrilineage, as well as by men's mothers and sisters. This is because women *buy into patriarchy*. To receive the support of men in their natal families, they turn against in-married women in a cruel form of intragender patriarchal rivalry.

Women who marry into the patriarchal, patrilineal, patrilocal extended family are in an extremely vulnerable position. If they challenge their husband's authority, they are at risk of an *Islamic form of divorce* in which a man need only utter his intentions without recourse to formal legal proceedings. Hegemonic masculinity allows men to exercise these divorce rights liberally and freely. Marriage is not characterized by love, because it is *arranged* by families, often for the purposes of familial and tribal alliance. Without conjugal intimacy, men's primary emotional commitments remain with their own mothers.

In this context of fragile marital bonds, hegemonically masculine men enjoy their rights to *polygyny*. Muslim men may marry up to four wives simultaneously, as long as they promise to treat them equally. Equal treatment demands *hypervirility*: The polygynous man not only enjoys sexual variety but must be sexually potent to quell rivalries between competing co-wives. Furthermore, the Islamic mandate to reproduce an Islamic "mul-

titude" encourages *pronatalism* within polygynous marriage, with men producing their own small tribes of children from multiple spouses. *Tribalism* itself requires large families, not only for the purposes of nomadic pastoral labor but also for tribal raiding and defense. Hence, men's tendencies toward *violence* and *militarism* are perpetuated, indeed encouraged, through tribal structures, as well as through Islamic *jihad*, or the mandate to defend the religion when it is threatened by outside forces.

The role of *Islam* in reinforcing hegemonic masculinity is crucial. Islam organizes daily life through prayer and ritual; it dictates men's attitudes toward women, including through gender segregation and prohibitions on intimate contact with unrelated women; it channels men's economic relations through tithing and restrictions on credit; and it supports religious extremism, even *fanaticism*, including violent hatred of non-Muslims. Muslim men follow all-male clerics who shape the contours of Muslim manhood through their preaching and their written discourse, particularly *fatwas*, or religious proclamations outlining which attitudes and practices are *halal* (permitted) or *haram* (prohibited). In the *umma* (community of the faithful), seeking one's own fortunes through *bazaar* culture is a noble form of masculine livelihood. Muslim men are encouraged to seek wealth for Islam does not condone voluntary penury, as shown in the example of the Prophet Muhammad, who was a successful merchant.

Within this context of Middle Eastern hegemonic masculinity, men vie with each other for economic and social success. The hegemonic male is *homosocially competitive*. He accumulates greater wealth than other men. He fathers more children, especially sons, through his marriages to multiple women. He is perforce a *heterosexual*, as homosexuality is one of the gravest forms of *zina*, or illicit sexuality in Islam. He demonstrates his piety more fervently than other men through his attendance at the mosque, his physical appearance (e.g., untrimmed beard and calloused forehead from praying), and his willingness to take up arms in the name of Islam. He is socially powerful through his patriarchal control over other men, including those in his family, his business, and his communal *jihad*. In short, in his performance of hegemonic masculinity, he is a force to be reckoned with—a *rajul* (man) who is not only respected but also feared.

ORIENTALISMS: NEW AND INDIGENOUS

This long description of Middle Eastern hegemonic masculinity represents my best effort to concatenate a list of masculine traits as they are presented to us in various Western sources. Clearly, such a composite sketch of Middle Eastern hegemonic masculinity is extremely essentializing and deeply vilifying—a "toxic trait list," to use Connell's own term. Contempo-

rary masculinity in the Middle East is rarely captured in such stereotypical portrayals, even if elements of this hegemonic masculine caricature may, at times and in certain places, be "true" to the lives of some men. Rather, masculinities in the Middle East, as elsewhere, are plural, diverse, locally situated, historically contingent, socially constructed, and performed in ways that require careful empirical inspection. Yet, empiricism concerning Middle Eastern manhood has been the exception rather than the rule. In the West at least, we have allowed our perceptions of Middle Eastern men's lives to be overwhelmed by recent media portrayals of Taliban, al-Qaeda, Hamas, and Hizbullah religious zealots, suicide bombers, ruthless dictators, and petro-rich Gulf moguls. Such contemporary representations of Middle Eastern men as medieval theocrats, violent barbarians, oil despots, and patriarchal oppressors are part of a much longer history of Orientalism, through which the West has viewed the East with simultaneous prurience, repugnance, and outright fear (figures 3–5).³³

Post-9/11 representations of Middle Eastern masculinity bespeak a *new Orientalism* replete in American popular culture. It can be found in the political fear-mongering of presidential candidates such as John McCain, who argued that "Islamic terrorism" (i.e., perpetrated mostly by men) is the single worst threat facing American society. In the election battle between McCain and Barack Obama, McCain supporter Gayle Quinnell claimed



FIGURE 3. Media image of King Fahd bin Abdul Aziz Al Saud of Saudi Arabia, before his death on August 1, 2005. Thomas Hartwell/Time & Life Images/Getty Images



FIGURE 4. Media image of Mahmoud Ahmadinejad, president of the Islamic Republic of Iran. Atta Kenare/AFP/Getty Images

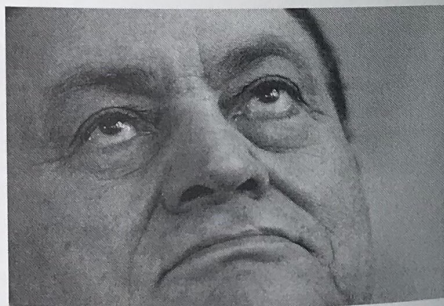


FIGURE 5. Media image of Hosni Mubarak, president of Egypt before his resignation on February 11, 2011. Andreas Rentz/Getty Images News/Getty Images

on camera at a GOP rally that she was scared of Obama because he is "an Arab." McCain's response: "No. No, ma'am. He's a decent family man with whom I happen to have some disagreements." In John McCain's world—and evidently in the thinking of many Americans—"Arab" and "decent family man" are mutually exclusive categories. That Arab men should be vilified in this way reflects the new post-September 11 landscape of America, where "Arab" and "Muslim" are, indeed, deemed "indecent." The 2010

Islamophobic frenzy over the building of a mosque and Islamic community center near Ground Zero, the site of the former World Trade Center, has renewed hate-mongering diatribes against Arab and Muslim men. For many right-wing American Tea Party advocates, Obama's own middle name, Hussein, as well as his Kenyan Muslim paternal origins, disqualify him from a legitimate claim to the presidency of the United States. The conspiracy theories about Obama as a "Muslim terrorist plant" can only be called insanely malevolent.

In Obama's case, he shares a third discredited status because he is black. Both Arabs-qua-Muslims ("Arab/Muslims" for short) and black Americans are vilified by many white Americans, who regard Arab/Muslim and black men in particular as dangerous, untrustworthy, and inherently violent (as well as fanatical, if they are Muslims). The very possibility that Arab/Muslim and black men might be trustworthy, loving, law-abiding citizens—who may want to conceive and nurture children as responsible father figures—seems to have eluded both the media and popular imagination, leaving deeply entrenched caricatures that are difficult to overcome.³⁴ These caricatures of Arab/Muslim and black men include notions of hypersexuality and hyperfertility (e.g., Newt Gingrich's descriptions of Obama's father as a "Luo tribal philanderer"). Arab/Muslim men are seen as polygamous fathers of children from multiple wives, harkening back to Western Orientalist fantasies of the harem.³⁵ Similarly, black men are often portrayed as informal polygamists, spawning offspring with multiple, unmarried sexual partners (as well as spreading HIV/AIDS to them).³⁶

The dangerous hypervirility of Arab men is the dominant theme of the post-9/11, Harlequin "Desert Romance" series, in which Middle Eastern Bedouin men—typically hegemonic male "sheikhs"—abduct (usually blonde) Western women to remote desert harems, only to unleash, via their hypervirility, these women's unbridled passions there. The books' covers and titles—exemplified in table 3—bespeak the themes of violence, captivity, and terror, even if the Western heroine, lacking any other form of agency, learns to love and desire her abuser. In short, "romance equals rape" in this pop-culture series destined for middle-aged American women, with Arab men cast as hegemonic, villainous, sexual predators.

In a less benign form, this new Orientalism is seen in the movie *Sex and the City 2*, which was released in American theaters in summer 2010. Described by one Film Salon reviewer as "an Orientalist's wet dream,"³⁷ the four American female protagonists—Carrie, Samantha, Miranda, and Charlotte—embark on an expense-paid trip to Abu Dhabi, idealized as "the new Middle East" by the wealthy Emirati "sheikh" who hosts them. These four "material girls" are enthralled by the lavishness of the sheikh's private jet, the white limousines waiting for them at the Abu Dhabi airport, the \$22,000-night penthouse suite in the sheikh's desert hotel, and

TABLE 3. Selected titles from the Harlequin "Desert Romance" series

<i>In the Enemy's Embrace</i>
<i>Taken by the Sheikh</i>
<i>By the Sheikh's Command</i>
<i>The Sheikh's Unsuitable Bride</i>
<i>Bedded by the Desert King</i>
<i>The Desert Prince's Mistress</i>
<i>King of the Desert, Captive Bride</i>
<i>The Desert Sheikh's Captive Wife</i>
<i>The Sheikh's Unwilling Wife</i>
<i>The Desert King's Virgin Bride</i>

the four turbaned Indian manservants assigned to cater to the American women's whims and desires. However, outside this Shangri La, Carrie and her friends encounter the "real" Middle East, which includes silent women in burqas and grim, oppressive men who cannot handle Samantha's open displays of sexuality. These range from strapless dresses and kisses on the beach, to the performance of fellatio on a water pipe and a handbag literally bursting with condoms. Because of Samantha's Western-style sexual "liberation," the four women are kicked out of the hotel, and then chased by an angry mob of bearded Arab men dressed in traditional Emirati robes and headscarves. The women are "saved" by "oppressed" Arab women in their black facial veils and abbayas. Once the "burqas" are removed, the women are shown to be wearing designer fashions hidden from "their" men. As the Film Salon reviewer concludes, quite aptly, "The movie uses only two broad colors to paint the Middle East: one depicting an opulent Eden for our blissfully ignorant protagonists to selfishly use as a temporary escape, and the other showing an oppressive dungeon populated by intolerant men [who] cannot comprehend cleavage or bare shoulders."¹⁸

Such Orientalizing, fearsome portrayals make no room for ordinary Middle Eastern men such as Hisham or Hamza, who defy such easy categorization as tyrannical misogynists, desert lotharios, or Muslim zealots. What are we to make of their masculinity? Is hegemonic masculinity, Middle Eastern-style, always patriarchal, hypervirile, brutal, and religiously fanatical? Are Hisham and Hamza simply "subordinated" men, unable to achieve hegemonic masculine ideals? Or are their lives actually much more representative of masculinity as it is emerging in the contemporary Middle East today?

To begin to answer these questions, I would like to make a number of preliminary points, based on my ethnographic fieldwork. First, the "new

Middle East"—to use the term put forward, then vigorously retracted in *Sex and the City 2*—is filled with men like Hisham and Hamza, who do not conform to any particular "type," and certainly not to the aforementioned caricatures. Second, men such as Hisham and Hamza are aware of such vilifying stereotypes of Middle Eastern men, in part through their exposure to English-language Western media. (Recall Hamza's vehement protestations: "But I am not a terrorist!") Yet, it is very important to point out that not all of these damning portrayals emanate from the West. A third important point is that Middle Easterners themselves make frequent reference to indigenous notions of "the Oriental man" or "the Eastern mentality," in a common form of self-stereotyping. It is partly these *indigenous stereotypes* of Middle Eastern manhood—or what I would like to call "residual indigenous Orientalism"—that men such as Hisham and Hamza are rejecting, a point that deserves further attention.

In the Middle East, the Arabic term *rujula* is used to describe "manhood" or "masculinity." When the term *rujula* is articulated in conversation (or *rujuli* in the Lebanese dialect), it tends to be associated with certain hegemonic attributes, including tribalism, the fathering of many sons, and the oppression of women. However, these notions of *rujula* are increasingly critiqued by Middle Eastern men as "backward," "old-fashioned," and "traditional." In interviews, men often took great pains to signal their "modernity," "education," and "culture," critiquing the past as oppressive to both men and women. Their comments on what they considered to be an "Oriental" or "Eastern-style" *rujula* were often quite funny and biting. As one man remarked,

If you see on TV, or a video clip—I mean if you see on *Arabic TV* or a video clip—when a man puts on the *jallabiya* [i.e., the traditional male robe], what do you see? The horse and the sword! But that mentality, it's an old, old mentality. Seriously! Nobody has his sword anymore!

A second man quipped, "Arab manliness and all that sort of crap! Yeah, it's definitely still there. But for me, I take a wiser and bigger view of life."

Another man, speaking about the masculine side effects of male infertility, explained to me,

"You see, it's *rujuli*, the Oriental mentality. Most of them [infertile men], they don't talk at all [about it]. They don't even go to have tests to see [if they are infertile]. So, if they don't have children, it's the wife who can't have [them]. I think even the educated—no, maybe less with educated people—but they equate having children with being a man. So, when they go to have tests and see that it's male infertility, of course, they will feel affected. But I have an understanding wife.

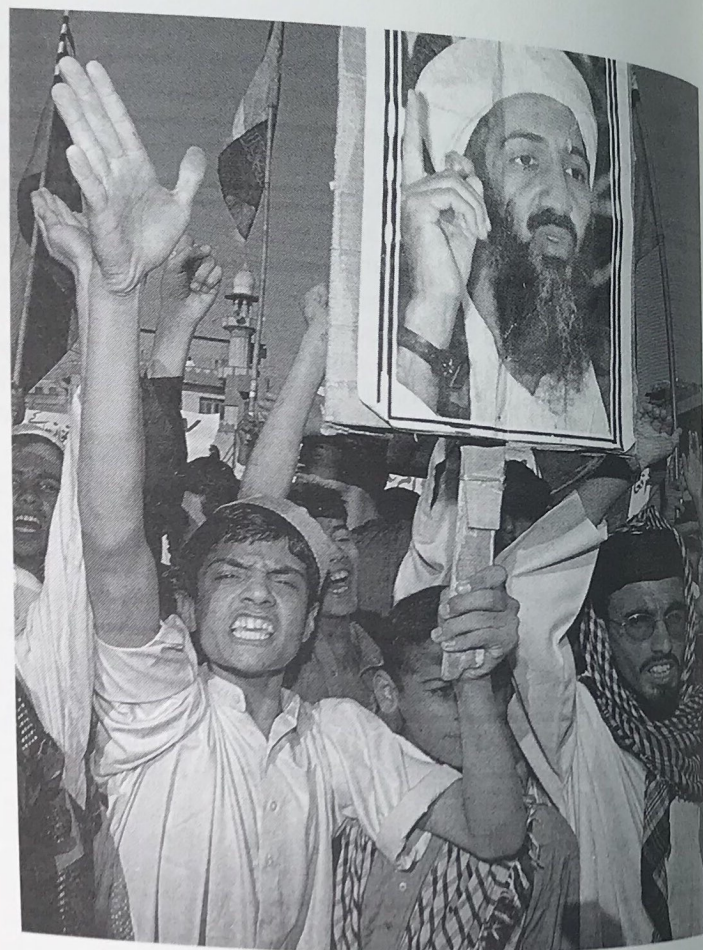


FIGURE 6. Media image of a rally by Al-Qaeda supporters. Shakeel Adeel/ AFP/Getty Images

All of my masculinity is here, within the couple. If a couple has good relations, this will not affect them. It's a medical problem. Even in the family, we were not raised in this Oriental way. It's not like, "He's a boy, he's the boss. She's a girl, she has to obey." We were all raised the same in my family.

As these quotes suggest, many men do not see their lives as resembling the caricature of hegemonic masculinity, Middle Eastern-style, which has been described in this chapter. The difficulty of fitting so many men into



FIGURE 7. Media image of a Hizbullah rally in Lebanon. Kaveh Kazemi/ Hulton Archive/Getty Images

a single hegemonic mold suggests that hegemonic masculinity requires rethinking. In my own work, I have become less and less comfortable with the concept of hegemonic masculinity as the best way of characterizing Middle Eastern manhood. As we have seen, the term now carries with it many negative connotations, or a "toxic trait list," which, in the context of the Middle East, condemns all men as oppressive patriarchs, polygamists, religious fanatics, and terrorists. In Connell's own reassessment of the concept, he points to al Qaeda as the only Middle Eastern example, calling it a global "protest masculinity" and comparing it to white supremacist movements in the United States (figure 6).³⁹ These kinds of examples from the Middle East, be they Sunni or Shia "protest masculinities" (figure 7), are simply not "true" to the lives of most men.

Indeed, if there is a "protest masculinity" to be found in the Middle East today, it is in the lives of those ordinary men who, in January 2011, took to the streets in Tunisia, Egypt, and beyond to protest the dictatorial regimes, police brutality, corruption, poverty, and unemployment in their home countries. As young men, they called for many things, including democracy, freedom of expression, freedom from repression and fear, the right to vote, the right to work at a decent wage, and the right to afford marriage and family life within their home countries. It is these ordinary, "nonterrorist" men who are by far the statistical majority in the region, but whose individual stories of hope and fear, suffering and triumph are rarely told.

FROM HEGEMONIC TO EMERGENT MASCULINITIES

After more than twenty years of work in the region, I maintain that hegemonic masculinity theory must be rethought for the Middle East and perhaps for men's lives everywhere around the globe. When I began my work on male infertility and sexuality in Egypt in the late 1980s, I found the concept of hegemonic masculinity—which was quite new at the time—to be very useful in framing my analysis. Specifically, I used hegemonic masculinity as a way to describe male privilege and female disadvantage when poor urban Egyptian couples confronted the embodied problems of male infertility and sexual impotence. Although I found elements of hegemonic masculinity in my informants' life experiences, I was also struck by the fact that many poor urban infertile Egyptian men were not engaging in wife blame or acting in an otherwise hegemonically recognized fashion. Most poor Egyptian women prided themselves on having "good husbands," thanking God for their luck in marriage. Calling this emphasis on conjugal connectivity, I argued that Egyptian men—poor "subordinated" men—were treating their wives as loving partners. Women who were infertile emphasized that such good treatment was not to be expected: namely, residual, indigenous Orientalist views of men suggested that they invariably divorce infertile wives. However, as I could show through my ethnography, this was not the norm. Rather, most men stayed in their infertile marriages, arguing that love prevailed over having children. In the late 1980s, this was my first evidence that men were changing in the Middle East and, in so doing, changing society with them.⁴⁰

As the years have passed, I have met hundreds more "good husbands" from numerous Middle Eastern countries and social backgrounds. In this book, we will meet a wide variety of Middle Eastern men, seeing how they relate to their wives, their family members and friends, religious authorities, and physicians. We will witness their contemplations over emerging forms of medical technology, observing how they embody some and reject others. In order to understand their masculine practices, we must focus on two issues: emergence and embodiment.

"Emergence" is a concept that has been developed by Marxist scholar Raymond Williams, who, like Connell, is interested in cultural processes of hegemony.⁴¹ In classic Marxist theory, hegemony is associated with the dominant class in society, which rules primarily through coercion and consent rather than through the use of force. In his essay, "Dominant, Residual, and Emergent," Williams asks how a dominant group maintains a cultural system and how this system might change over time. Through what he calls "epochal analysis," he contrasts "feudal culture" and "socialist culture" to the "bourgeois culture" found in capitalist systems. However,

even dominant bourgeois culture is subject to change. As he explains, "no dominant social order and therefore no dominant culture ever in reality includes or exhausts all human practice, human energy, and human intention."⁴² Instead, "new meanings and values, new practices, new relationships and kinds of relationship are continually being created."⁴³ Williams calls this "emergence," to signify that which is novel rather than strictly alternative or oppositional to the dominant culture. These emergent elements may eventually be incorporated into the dominant culture, causing the social order itself to change over time.

Williams's focus on the emergent, rather than on the dominant or hegemonic, has helped me to think about new forms of masculinity. There is abundant ethnographic evidence from around the world that masculinity is changing, transforming patterns of gender in the process. For example, anthropologist Mark Padilla has shown how male workers in the Dominican Republic's booming tourism industry are experimenting with their conjugality and sexuality, emphasizing the "regional" and "situational" masculinities of Dominican men as they move through distinct social contexts over time.⁴⁴ In Mexico, anthropologists Gloria Gonzalez-Lopez, Matthew Gutmann, Jennifer Hirsch, and Emily Wentzell have shown that younger generations of Mexican men are questioning their fathers' *machismo*, which was characterized by harmful heavy drinking, risky promiscuity, and family violence.⁴⁵ Similarly, emerging ethnography from Japan shows that young middle-class men are rejecting the corporate, heavy-drinking "salary-man model" of masculinity, attempting instead to forge new forms of domestic partnership with Japanese women, whether they be wives or girlfriends.⁴⁶ Even men in the United States are changing. In an article entitled "Beyond the Bad Boys: A Quiet Revolution in Male Behavior," author Julia Baird defies the conventional wisdom that "men are bastards, men don't change, men always put their own desires before their families" (e.g., as in the examples of Tiger Woods, John Edwards, Arnold Schwarzenegger, or Jessie James).⁴⁷ Instead, she cites emerging evidence that men are spending more time with their children (double the amount found in 1977); men have dramatically increased their share of housework, especially among the working class; men are now feeling more torn over balancing work and family than their wives are; and taking care of a child is now part of what it means to be a father, even if "stay-at-home dads" are still in the minority. As Baird concludes,

In the midst of the tabloid hysteria about bad boys and dirty dads, it's important to remember that some things are going right. It is such a simple and important change that we have almost missed it: more and more men are starting to care for their children. The consequences of this are enormous.⁴⁸

The concept of "emergence" speaks to these processes of social change, as men navigate and adapt to their changing social worlds. In my view, the term "emergent masculinities"—intentionally plural—embraces social history and new forms of manhood in a way that "hegemonic masculinity" does not. Whereas hegemony emphasizes the dominant and ideal, emergence highlights the novel and transformative. When applied to manhood, emergent masculinities encapsulate change over the male life course as men age; change over the generations as male youth grow to adulthood; and changes in social history that involve men in transformative social processes (e.g., male labor migration, the rise of companionate marriage, the introduction of computers and the Internet into homes and workplaces). In addition, emergent masculinities highlight new forms of masculine practice that accompany these social trends. These would include, for example, men's desire to date their partners before marriage, men's acceptance of condoms and vasectomy as forms of male birth control, men's desires to live in nuclear family residences with their wives and children, and men's encouragement of daughters' education. All of these masculine practices are, in fact, emerging in the Middle East, but are rarely noticed by scholars or media pundits.

The "emergent" is omnipresent in the Middle East. The region now hosts, *inter alia*, the world's tallest building and other architectural marvels; a global satellite television culture headlined by the homegrown product, Al Jazeera; Internet cafés frequented by youth; a mass cell phone culture even among domestic servants and day laborers; multistory shopping malls selling European designer labels, as well as local Islamic fashions; rates of university matriculation among women now outstripping those of men; entrance of large numbers of women into the government bureaucracy and retail service sector; mass migration of men to the Arab Gulf and to virtually every other continent; concomitant delays in marriage, as young men and women establish themselves in new careers, new nuclear residences, and new lives different from their parents; and emerging social movements, including recent protest movements against dictatorial regimes, which have been largely initiated by younger-generation men and which have spread like wildfire across the region. In short, a veritable revolution in men's and women's social worlds—and their interactions with each other—is abundantly observable across the Middle Eastern region and requires scholarly attention.

Thus, an emergent masculinities approach that takes new forms of masculine practice seriously as an object of empirical investigation serves us better than resort to a worn-out notion of Middle Eastern hegemonic masculinity, the pitfalls of which have been highlighted in this chapter. It is time, I would argue, for new thinking about manhood in the Middle East. This, of course, requires ethnographic documentation of gender in

practice—of men acting *as* men, in relation to women and to other men—rather than as mere representatives of nation-states, religious sects, political parties, tribal groupings, and the like. The Middle East is, in fact, an excellent site for rethinking masculinity, as men themselves recast their own lives in relation to globally diffused, but toxic Orientalist stereotypes. In short, the Middle East is ready for an emergent masculinities approach to be applied.

Furthermore, emergent masculinities must enjoin the notion of embodiment, a concept that is widely used within medical anthropology and the other social sciences.⁴⁹ The embodiment of emergent masculinities implies the physical, in this case, changing notions and practices of the male body itself. Men's bodies are often thought of as embodying their masculinity, and notions of masculine embodiment are locally and historically situated. For example, the physicality of bulging biceps and "six-pack abs" may signal youthful masculinity in the contemporary West, whereas handle-bar mustaches were a sign of masculinity in a former era. Furthermore, a man's pot belly or double chin may be a sign of poor fitness in one society, but a marker of masculine prosperity and well-being in another. In addition, men's bodies change over time, as they engage in physical labor or exercise, gain or lose weight, become ill, or grow old, with attendant losses of sight, hearing, physical vigor, and sometimes mental lucidity. How men react to these physical changes—and how they judge their health over the life course—are important aspects of embodiment that deserve to be studied.

What men do with their bodies is of equal concern: Do they play soccer? Do they dance? Do they overeat? Do they drink alcohol? Do they smoke? Do they sit in front of a computer all day at work? Do they masturbate? Do they have sex with or without condoms? Do they go to the doctor when feeling ill? These kinds of questions are often framed in terms of "risk" or "risky behavior," an epidemiological concept. However, the answers to these questions are also tied to embodied masculinities. For example, in the Middle East, many men smoke because this is what men are socialized to do *as men*; smoking is equated with masculinity, whether or not it is perceived as dangerous (and it often is not). Furthermore, as will be shown in chapter 5, men in the Middle East are conflicted about masturbation, because of religious injunctions about appropriate versus inappropriate sexuality. Studying these bodily enactments of manhood, whether culturally valorized or not, is a crucial subject for a new anthropology of masculinity.

Finally, emergent masculinities intersect with emergent health technologies. These technologies include pharmaceuticals, such as vitamins, testosterone, performance-enhancing drugs, antidepressants, insulin, antihypertensives, antiretrovirals, erectile dysfunction treatments, and many other forms of life-prolonging or life-enhancing medication. However,

men's engagement with medical technology spans other dimensions as well. Ultrasounds are no longer confined to pregnancy; they are used to examine men's testicles. Men undergo a variety of physically demanding diagnostic tests and therapeutic technologies, including MRIs, fine-needle biopsies, and x-ray-guided angioplasty. Men's increasing willingness to embody these medical technologies and practices is another aspect of emergent masculinities that certainly deserves our attention.

In the Middle East, men are self-consciously acting out emergent masculinities in relationship to their changing bodies and to new technologies that mediate these changes. In the world of assisted reproduction, men's engagement with medical technology can be quite agonizing, when their sexual organs are scrutinized and opened up in various ways, or quite liberating, when their ICSI twins and triplets are born. The stories presented throughout this book show men engaging creatively with these new medical possibilities, forging new ways to be men and become fathers in the process.

In conclusion, I argue that masculinity theory must become dynamic enough to account for these emergent and embodied changes in Middle Eastern manhood. Previous work on hegemonic masculinity has established the nature of masculinity as hierarchical, relational, and located in specific cultural contexts. I believe that it is crucial to develop new theoretical approaches that, when applied to ethnographic cases of real men's lives, do not reify them into particular "types" of men but instead account for their nuanced and constantly evolving responses to their changing social worlds and physical bodies. Men's experiences of infertility and new assisted reproductive technologies such as ICSI represent a quintessential example of emergent masculinities that are deeply embodied.

As an anthropologist, I am committed to ethnography as the best way to explore men's changing social worlds, their evolving understandings of manhood, and their embodied experiences. In addition to Hamza and Hisham, we will meet many Middle Eastern men in this book, who are enacting emergent masculinities within changing local worlds of marriage, morality, and medicine. I urge others to engage in similar studies of "lived" masculinities on the local level. By doing so, we can establish the empirical base upon which to further develop an emergent masculinities approach and to bring masculinity theory up to date in the new millennium.

CHAPTER 2

Infertile Subjectivities

"I AM THE PROBLEM," SAID ZIAD

While writing up notes in an IVF clinic waiting room one day, I found myself seated across from two men who were chatting amiably with each other. This was surprising, given that most men are quiet and tense—sometimes holding prayer beads—while waiting for their wives to emerge from the operating theater. Soon, one of the men left, leaving me alone with the other man, whose appearance was not typical for Lebanon. He had long, dark hair, slicked back with shiny pomade into a ponytail. He also wore a gray striped suit with a black shirt and no tie, giving him the appearance of either a fashion model or a mogul—it was hard to tell. The man began reading my study advertisement placed on the waiting room table, soon entering my phone number into his mobile. Detecting his interest in the study, I introduced myself to him, asking if he wanted to participate. He agreed without hesitation, and we found a quiet spot in a nearby ultrasound room. As soon as we were seated, he blurted out, "I'm Ziad, and *I am the problem*. I would have called you if you hadn't found me, because I assume I am the only one in Lebanon with this problem." With little further prompting, he began to tell his story, which began with the Lebanese civil war.

The only son of a Lebanese Greek Orthodox family, Ziad joined a Christian militia at the tender age of thirteen. "I will never forget the fear and the stench of the B7 missiles I carried," he told me, after asking for repeated assurances that the interview was confidential. Ziad's militia involvement interfered with his education, and like many young men of his generation, he barely finished high school. Smart, handsome, and self-taught, Ziad found a job in the men's fashion industry when the war ended. Beginning as a salesman, he soon became a buyer, traveling monthly to Europe on purchasing expeditions. There, he was exposed for the first time to the wide world of Western sexuality. Ziad admitted that he engaged in numerous one-night stands, with at least three hundred women. Although he used condoms on occasion, he often did not. Thus, he lived in fear of accidentally impregnating a woman during one of his casual trysts. This was

this, she's very hyper and stressed. I feel the tension is more for her, even though I'm the only guy in my family, and so I'm supposed to care about having children.

Ziad paused, then added,

Me, I only want kids "fifty-fifty." I'm mostly doing this for my wife, for her mother, for my mother. I could easily adopt a child, but I can't really mention it in front of my wife. She wants to feel pregnant, and this is only natural for a woman. She's smart, so she doesn't pressure me. But the people in Lebanon, they pressure us—especially they pressure her. They don't pressure me because I set limits. They ask me, "When will you have children?" And I say, "*Insha'Allah* [god willing], *insha'Allah*, *insha'Allah*."

Here in Lebanon, people live *for* other people, not for themselves. They live *for* other people. So the parents, the neighbors, other people can be gratified that you have a child. Other people are more concerned about having children than the couple themselves!

I'm just preoccupied about this for my wife, my parents, and my wife's parents. I feel sorry for my wife and our parents. Had I known I had this problem before age thirty, I would never have married, because I feel bad for my wife.

For the sake of Jinan, Ziad tries to remain hopeful. He trusts his current Lebanese physician, whom he describes as "very natural, very humanistic." He was also encouraged by Jinan's pregnancy on the last ICSI attempt. If he had his wish, Ziad would like to be the father of three children, two boys and one girl. "Definitely two boys so that one wouldn't turn out to be an only son like his father. And definitely more than one child, because in Lebanon, they think an only child is really pampered." According to Ziad, if the sixth ICSI attempt fails, he has no choice but to try again.

MALE INFERTILITY

Ziad's story is illustrative on many levels. He suffers from a very serious case of male infertility, and this problem was first detected after marriage. Because male infertility is not a visible medical condition, most men have no idea that they are infertile until they attempt to impregnate their wives. Second, Ziad assumes that his infertility problem is unique. He knows no other infertile men and so does not realize the high prevalence of this condition across the Middle Eastern region. Third, Ziad has never been able to answer the "Why me?" question. Without sophisticated DNA analysis, the

causes of most cases of male infertility remain strictly speculative. Fourth, Ziad has questioned his own masculinity, including the nature of his sexual orientation and the meaning of his previous sexual encounters. This conflation of male infertility with problems of virility (i.e., sexual potency) is common. Fifth, Ziad has bought into the medicalization thesis. Over time, he has accepted both a medical cause and a medical solution for his infertility problem, thereby disentangling his masculinity from what he has now come to view as a health condition. Sixth, Ziad is pursuing ICSI mostly "for her"; that is, he cares more about his wife's feelings and desires for children than about his own procreation. Seventh, even though Ziad is the only son in his natal family and is expected to continue his patriline, he admits ambivalence about fatherhood. Happy in his successful career and his marriage to a beautiful, intelligent woman, he argues that having children is more about pleasing other people—especially the prospective grandparents—than about fulfilling the desires of the man or the couple. Finally, Ziad thinks of himself as part of a couple; he does not need children to make his marriage, or his masculine identity, complete.

Ziad's story is interesting in that it conveys a full range of masculine responses to male infertility, including shifts in subjectivity over the course of a man's lifetime. In this chapter, we explore the infertile subjectivities of other Middle Eastern men. Male infertility does not lead to an inevitable crisis of masculinity. Rather, men in the Middle East live with their infertility in a variety of ways, ways that have changed since the emergence of ICSI.

To understand men's infertile subjectivities, a few initial points about infertility as a biomedical problem bear mentioning. A standard biomedical definition of infertility is the inability to conceive after twelve months of regular, unprotected intercourse.¹ By this definition then, infertility affects more than 15 percent of all reproductive-aged couples worldwide.² So-called male factors contribute to *more than half* of all these cases.³ Yet this high percentage is rarely acknowledged, because women tend to bear responsibility—even if misattributed—for failures of reproduction.⁴ Because male infertility is often idiopathic, or of unknown cause, it is recalcitrant to prevention, and among the most difficult forms of infertility to treat.⁵ Male infertility can be solved by ICSI, but it is not a condition that can be cured *per se*. In other words, male infertility is a *chronic* reproductive health condition for millions of men worldwide.⁶

There are four major categories of sperm defects, any one of which leads to a diagnosis of male infertility: *oligozoospermia* (low sperm count), *asthenozoospermia* (poor sperm motility), *teratozoospermia* (defects of sperm morphology), and *azoospermia* (total absence of sperm in the ejaculate). Azoospermia may be either *nonobstructive* (due to lack of sperm produc-

tion) or *obstructive* (due to blockages in sperm transport). These four types of male infertility account for about 40 percent of all infertility cases in the Western countries. However, in the Middle East, 60–90 percent of all cases presenting to IVF centers involve a diagnosis of male infertility, according to physician estimates.⁷ Moreover, nonobstructive azoospermia is highly prevalent in the Middle East, as are cases of severe oligoasthenozoospermia (i.e., very low sperm count and poor motility). Because of advances in the field of genetics, it is now realized that a significant percentage of these kinds of severe cases are due to genetic abnormalities,⁸ a point that was made by Ziad's physicians. That male infertility "runs in the family" is a theme to which we return in chapter 4.

In short, male infertility is especially common in the Middle East and quite common elsewhere, but this is not popularly known. Male infertility has been called a "neglected" reproductive health problem, and one that remains deeply hidden, including in the West.⁹ Studies in the United States have shown male infertility to be among the most stigmatizing of all male health conditions.¹⁰ The depth of this stigmatization may be even deeper in non-Western settings, casting a permanent shadow on a man's community standing.¹¹

Such stigmatization is clearly related to issues of sexuality. Male infertility is popularly, although usually mistakenly, conflated with impotence (i.e., erectile dysfunction), as both disrupt a man's ability to impregnate a woman and to prove one's virility, paternity, and manhood.¹² This "fertility-virility linkage" means that men who are infertile are assumed to be impotent, even though most are not.¹³ In the Middle Eastern context, they may also be assumed to be homosexual, as suggested by Ziad's own self-doubt in this regard.

On an even more basic level, male infertility casts doubt on a man's gender identity. Quite tellingly, the first definition of "male" in *The New Shorter Oxford English Dictionary* (1993) is as follows: "pertaining to, or designating the sex which can beget offspring; in organisms which undergo sexual reproduction, designating, pertaining to, or producing gametes (as spermatozoa) that can fertilize female gametes (ova)."¹⁴ If biological "maleness" is, in fact, constituted by begetting offspring through the production of spermatozoa, then male infertility, or the inability to produce fertile spermatozoa, may come as a striking blow to men's gender identities, with far-reaching implications for the construction of masculinity on

The relatively small but growing body of social scientific literature on male infertility in the West suggests that male infertility can have these kinds of effects on men's gender identities. For example, in an article provocatively titled "The End of the Line: Infertile Men's Experiences of Being Unable to Produce a Child," Russell Webb and Judith Daniluk report their

findings from an interview-based study of infertile American men, where the theme of male inadequacy was paramount.¹⁵ According to the authors, "The participants used words and phrases like *failure*, *useless*, *a dud*, *inadequate*, *not a real man*, *garbage*, *loser*, and *defective* in reference to their self-perceptions as infertile men—men who were unable to 'give their wife a child.'"¹⁶ Some men, furthermore, attempted to compensate for their feelings of inadequacy by acting like "super jocks," having affairs with other women, or throwing themselves into their work. In another American study, men reported that their male physicians attempted to "smooth troubled waters" by referring to their infertility as "shooting blanks"—masculinist, even militaristic language, which left men feeling estranged from their infertile bodies.¹⁷ Both male infertility and its treatment have been reported in the West as resulting for some men in impaired sexual functioning and dissatisfaction, marital communication and adjustment problems, interpersonal relationship difficulties, and emotional and psychological distress.¹⁸ In one of the few recent qualitative studies of infertile American men who eventually discontinued ICSI, researchers found that infertility threatened men's masculinity, in part because husbands were teased for being infertile, while their wives were pitied.¹⁹ Men sometimes responded by casting blame on their wives, arguing that this was justified, because "it's different for men" to be infertile than for women.

It is very much an empirical question whether the effects of male infertility on men's sense of masculinity are culturally invariant; the topic has been even less researched in non-Western sites.²⁰ The few comparative studies tend to come from Israel, more Western than Middle Eastern in some ways. There, a handful of scholars have examined the impact of infertility treatment and especially donor insemination on masculinity.²¹ In one Israeli study, infertile men were found to experience a profound sense of embarrassment and anomie in clinical treatment settings.²² Poor semen analysis results were usually taken by men as indications of personal failure. Furthermore, infertile men felt as if they were expected to compete with another man, the sperm donor, who could easily substitute for them as a biological progenitor. Thus, the authors suggested that infertility may have a "diffuse, total impact" on men, who may become a "target of ridicule" if their infertility becomes known to family and friends.²³ In another Israeli study, a "conceptual link . . . between dysfunctional sperm, failed masculinity and impotence in sexual intercourse" was found among men presenting with their wives to Israeli IVF clinics.²⁴

The most recent review of published scholarship on the sociopsychological impact of male infertility shows mixed results.²⁵ On the one hand, most recent studies confirm that infertility is more distressing for women than it is for men. Women invest more in having children, are more likely

to initiate and continue treatment, experience higher levels of stigma, are likely to admit changes in mood and feelings of jealousy, and are aware that their "biological clocks are ticking away."²⁶ Women experience infertility as a "direct blow to their self-identity," whereas men experience infertility indirectly through the effect that it has on their wives.²⁷ However, the review, "It may be justifiable to think in terms of two worlds of infertility."²⁸ For example, studies of infertile men from Iran, Zimbabwe, and South Africa report higher scores for depression and anxiety than among men in the West,²⁹ leading the authors to conclude: "The infertility literature can also serve to remind us that it is not only women who reproduce, who undergo medicalisation and who experience stigma, and that men need to be a part of research on gender and health."³⁰

My own early work on infertility in Egypt supports this conclusion: few men were willing to tell anyone, including their closest family members, that they were affected by male infertility.³¹ Male infertility was described variously as an "embarrassing," "sensitive," and "private" subject for the Egyptian male, who would necessarily feel *ana mish ragil*—"I am not a man"—if others were to know that he was the cause of a given infertility problem. Because of the association between male infertility and manhood, men's wives were generally expected to participate in a two-person culture of silence regarding the male infertility, which usually meant that women shouldered the blame for the infertility in public. When women were questioned (as is often the case in Egypt) about the source of the childlessness most told others that there was "nothing wrong" with either partner, and that the matter was "up to God." Sometimes women suggested to their acquaintances that they themselves were seeking treatment for the infertility. Women often explained that they "covered" for their husbands out of love and loyalty. However, some women also said that they feared the potential familial and marital consequences of exposing their husbands' secret.³²

My Egyptian studies—and the available demographic evidence from the Middle East—suggest the existence of what I would call a "masculine reproductive imperative." Namely, men living in Middle Eastern communities are expected to have children, as reflected in the relatively high marriage and fertility rates across the region.³³ Men are presumed to acquire social power within the "classic" Middle Eastern family structure—that is, patriarchal, patrilineal, patrilocal—through the reproduction of offspring, especially sons, who will perpetuate this social structure into the future.³⁴ "Intimate selving" in Middle Eastern families also involves expectations of "patriarchal connectivity,"³⁵ whereby men assume patriarchal power in the family not only with advancing age and authority but through the explicit production of offspring, whom they nurture but also dominate and

control. Thus, in this region of the world, men who do not become family patriarchs through physical and, ultimately, social reproduction may be deemed weak and ineffective,³⁶ and may be encouraged to divorce or take additional wives in order to continue the patrilineage and to prove their masculine virility.³⁷

This masculine reproductive imperative is said to engender homosocial competition between Middle Eastern men in the realms of virility and fertility, which, as noted earlier, are typically conflated.³⁸ According to Lahoucine Ouzgane, a scholar of contemporary Arabic literature, virility emerges as the "essence of Arab masculinity" in the novels of some of the region's most eminent writers, with men in these stories both distinguishing themselves, and being distinguished from other men, through the fathering of children, and especially sons.³⁹ If this is, in fact, the case, as much of the literature from this region suggests, then the experience of male infertility for a Middle Eastern man can only be *imagined* as extremely threatening and emasculating,⁴⁰ particularly in a region of the world where men work hard to sustain their public images as "powerful, virile" patriarchs.⁴¹

The word *imagined* is significant. As noted earlier, one of the only scholarly books on Middle Eastern masculinity is titled *Imagined Masculinities* to signal how little is actually known about male identity and culture in the modern Middle East.⁴² Male infertility is part of what I would call a *Middle Eastern masculine "black box"*: literally nothing is known about male infertility and masculinity, except for what I have discovered through my own research over the past two decades.

What have I found? The most important discovery is that male infertility is not necessarily a crisis of masculinity. Although some men feel that their manhood is diminished by male infertility, others deny any such association. Some men want to talk at length about their reproductive problems, whereas others do not. Some men are devastated by the thought of never having children, whereas others do not care if they ever become fathers. This range of infertile subjectivities is not expected but suggests that masculinities are emerging in a variety of forms in the Middle East today. Some men like Ziad are beginning to question the masculine reproductive imperative itself, reassessing whether fatherhood is always the route to a happy life.

NONRESPONSE

Ziad was perhaps not typical in his questioning of fatherhood. And he was also unusually willing to participate in my study and to talk about his reproductive and sexual problems quite openly and eloquently. Many

other men were not. Requests to participate in my male infertility study in Lebanon yielded responses ranging from direct refusal to occasional voluntarism. If the willingness of Ziad represented one end of the participatory spectrum, then the refusal of many other men represented the other extreme. Most men were somewhere in between, willing to participate but with some reticence.

What do refusals and reticence mean in a study of Middle Eastern male infertility? Are they an indicator of the profound emasculation of male infertility in this region of the world? Perhaps, but not necessarily so. There may be many reasons for what Mike Lloyd has called "non-response" in studies of men and infertility.⁴³

Lloyd is one of the few ethnographers to study the lived experiences of male infertility directly. In his own study conducted in Wellington, New Zealand, Lloyd hoped to interview thirty infertile men, "but even this relatively small number proved difficult to attain."⁴⁴ Using multiple clinical and nonclinical networks, Lloyd was eventually able to conduct nineteen interviews over ten months' time, keeping track of refusals along the way. He claimed a nonresponse rate of 48 percent—"that is, for every man who agreed to talk to me, there was one man that refused."⁴⁵ These many refusals led Lloyd, a sociologist, to examine nonresponse in other qualitative studies of male infertility. Of the eight social scientific studies of male infertility, all of which were undertaken in Western countries, nonresponse was a recurring theme. Lloyd surmised that "researchers have often experienced great difficulty in gaining male respondents in studies of infertility."⁴⁶ Furthermore, in the absence of documentary evidence about why men refuse, researchers have applied their own commonsense cultural understandings, usually pointing to the "sensitivity," "secrecy," and "stigma" of male infertility. Lloyd concludes that infertile men's nonresponse is "condemned to be meaningful": namely, men may have simple reasons for not participating in male infertility studies (e.g., too busy at work), but, instead, researchers attribute psychosocial causes to men's reluctance (e.g., male humiliation). As a result, the "truth of infertility" in men's lives is poorly understood.⁴⁷

Although I have been studying infertility in the Middle East for many years, I had never encountered this issue of nonresponse until I began working with men. Never once did a woman refuse to participate in my earlier studies of female infertility in Egypt. From the poorest slum dwellers to the wealthiest Egyptian movie stars, most women were eager to talk to me about their reproductive, sexual, and marital lives.⁴⁸ Thus, when I began my study of male infertility in Lebanon in 2003, I was somewhat surprised by men's reluctance. On any given day, one, two, or even more men declined to meet with me, even after careful description of the bene-

fits of the study and its guarantees of confidentiality. On the basis of men's statements at the time, the reasons for refusal seemed multiple and varied. Generally, they fell into five major categories: pragmatics, politics, gender socialization, heightened emotions, and emasculation.

On the pragmatic level, men often felt very rushed in IVF clinic settings, where they were expected to meet with doctors, provide semen samples, make payments, and provide physical and emotional succor to wives, usually in the midst of their own busy workdays. Some men also had long drives home, including across national borders. "Not enough time" was the most common reason for men's refusal and probably reflected men's honest, pragmatic assessments about the lack of time to conduct a thorough interview. On the other hand, on days when men spent hours in clinic waiting areas while their wives completed ICSI operations, refusals based on purported time constraints appeared disingenuous.

Politics also intervened in my study in Lebanon. I began my research there in January 2003, only two months before the United States invaded Iraq. During this period of heightened political tension, my Americanness was noted, with some men openly expressing their displeasure with the United States and its policies in the Middle East. In one clinic, which catered to many members of Hizbullah, I was clearly not welcome during March and April 2003, when virtually every Lebanese and Syrian man who was asked refused to participate in my study. Quite ironically, once George W. Bush announced "mission accomplished" in early April 2003, the bad feelings toward the United States ebbed somewhat, and my interviews at that clinic resumed in May.⁴⁹ However, my field notes from that clinic are filled with perpetual discomfort. One member of the mostly Shia Muslim clinical staff told me, "All Arabs are upset at America." Another stated bluntly, "You can't force people to talk." Pious Shia men at that clinic, some of whom were presumably allied with Hizbullah, were often reluctant to meet with me because of my nationality and my gender.⁵⁰ For example, one man refused quite apprehensively by stating, "If I talk to her, I'll end up in prison!" In short, the politics of research during wartime—particularly when it was my country that was going to war in a nearby Arab nation—clearly led to many refusals. I often found myself apologizing for my Americanness, introducing myself as being "from Michigan" rather than "from *Amrika*." Having said that, some men made generous attempts to put me at ease as an American researcher. For example, one man who agreed to talk to me stated, "Politics is politics. This has nothing to do with your study."

Many of these infertile men's wives were more supportive of my study, wanting their husbands to talk to me. Women's relative willingness versus men's relative reluctance to respond is clearly a reflection of gender social-

ization. As I was told by one of the IVF physicians, who had experienced similar refusals in a study of infertile men's genetic karyotypes, "Men here are shy even with their doctors. They let their wives do all of the infertile work and initiate everything." To some degree this is understandable in IVF clinics are, by definition, ob/gyn sites. They tend to be placed in ob/gyn maternity units in Middle Eastern hospitals, where men feel out of place and uncomfortable in this female-dominated sphere.⁵¹ Women in these spaces tend to talk with one another, offering comfort and condolences, whereas men do not. As one IVF doctor put it, "Women are socialized to talk about their problems, and men are not, even with their friends." The difference between husbands and wives in some of my couple interviews in Lebanon was quite striking. Lebanese women tended to be animated and forthcoming, whereas their husbands were often taciturn, even morose. When I asked one Lebanese male IVF physician why Lebanese men were like this—especially compared to the garrulous and friendly infertile men I met in Egypt—his answer was, "I could never be friends with an Egyptian. They talk too much! Everyone knows this about Egyptians."

Putting these kinds of national character assessments aside, the poor psychological state of many Lebanese men was something that I noted and was another major reason for refusals. Many men declined participation in my study by saying, "I'm not in a good mood," or "I don't feel like talking." The terms *nafsiya*, "psychology," and *asabi*, "nervous," were used repeatedly. In a few cases, men nearly pleaded not to have to participate in the interview, indicating a high level of distress over the subject. I told clinic staff members never to pressure men and to accept their refusals without any form of coercion. Men's heightened emotions were legitimate. I argued, given the stresses of "timed" ejaculation in clinic bathrooms, watching wives wince in pain during ICSI operations, or hearing bad news about semen test results or the "cancellation" of an ICSI cycle when embryos failed to develop. Men with financial problems experienced additional stresses at the time of payment.

For some men, talking about one's life and reproductive problems could also be highly emotional. Especially in Lebanon, but also for the Iraqi and Palestinian refugee men in my study, reproductive life histories were filled with memories of war. The psychologically exhausting fifteen-year Lebanese civil war, which was followed by at least seven years of postwar economic crisis, seemed to have generated high levels of poor mental health in Lebanon. Many men in my study openly admitted to feelings of stress, depression, and anxiety, for which some were taking medications. Even more of these men attributed their current infertility problems to *al harb*, "the war," which they believe had made them infertile.⁵² In general, the Lebanese men in my study did not seem happy, an impression that was seconded by some of the physicians I also interviewed. Lebanese men

rarely laughed, were somewhat reserved during interviews, and generally looked much older than their reported ages (presumably from a "weathering" effect attributable to the war, too much sun, and heavy smoking). Although I enjoyed my interviews with many men in this study, particularly after some of them started opening up as the interviews progressed, I found Lebanese men to be much less forthcoming and animated than Egyptians, the latter of whom are known within the region for their loquaciousness and good humor. Perhaps this tendency toward reserve made it more difficult for Lebanese men to admit deeply personal and potentially humiliating feelings of masculine inadequacy, leading to refusals.

Finally, some men invoked their rights to privacy, stating that "this is something confidential." As I had learned in my previous study of IVF in Egypt, both male infertility and ICSI were deemed "top secret," to be held in confidence between a couple and their physician.⁵³ When I encountered these same secrecy concerns years later in Lebanon, most of the IVF physicians and clinic staff members chalked this up to masculinity issues—or the "sensitivity" that Middle Eastern men feel about revealing their reproductive problems to anyone, including a Western researcher. Additionally, in Lebanon, some men were using donor sperm or oocytes, which may be forbidden in their religions.

I suspect that male infertility is, on some level for some Middle Eastern men, deeply humiliating—something to be hidden rather than revealed. In fact, when I first arrived at a Lebanese IVF clinic and explained my study to the staff members, a nurse predicted bluntly that my study would "never succeed" because of the stigma and secrecy surrounding this topic. She described how couples with infertile husbands tried to "hide from each other" in the recovery rooms and would sometimes stay there for hours if they saw an acquaintance who might expose their secret to the outside world. Although her prediction about my study's inherent failure did not come to pass, her point was well taken. At least some men in Lebanese IVF clinics probably refused to speak to me out of feelings of stigma and emasculation. Those who *did* agree to participate were probably the ones who felt least diminished by their infertility, or who had overcome feelings of emasculation, as in Ziad's case. One such man, who ended up speaking to me at great length about both his war traumas and his male infertility problems, sat in the waiting room with me one day and commented under his breath, "The shame men feel here; you can see it when you look in their faces and eyes, and no one speaks to each other. The doctors make it worse by coming and whispering to the patients. It reinforces the shame and secrecy."

Indeed, looking back on my research—including the hundreds of hours spent seated in uncomfortable waiting areas with quiet, morose, infertile men—I feel quite lucky and grateful. Somehow, more than three hundred

men agreed to speak with me, a fact that I now find quite remarkable. In my own attempt to speak truth to their infertile subjectivities, what follows is my assessment of how male infertility affects Middle Eastern masculinity, and how men's infertile subjectivities are changing over time.

"WEAK" SPERM AND EMASCULATION

Clues to the emasculating effects of male infertility take many forms in the Middle East. The first clue comes from the high rates of nonresponse. The second clue comes when some infertile men, including a few in my study, present themselves at IVF clinics as being fertile "controls" rather than infertile "cases"—what epidemiologists term "misclassification." Their misclassification may be unwitting, as they may lack solid evidence of a male infertility problem. On the other hand, misclassification may be evidence of men's emasculation and what IVF physicians call men's "denial" of their infertility problems. Over the years, I have heard numerous stories of infertile Middle Eastern men refusing to go to doctors, preferring to "prove" their fertility through marriage to a second wife. However, with the widespread advent of semen analysis across the Middle Eastern region over the past three to four decades, resort to polygyny is no longer common in the current generation of reproductive-aged men. Nonetheless, it is said that some men still refuse to go for semen analysis or bribe laboratory technicians for falsely inflated reports. Although I cannot verify whether these patterns of male resistance are widespread, I did find instances where men in my study with severe sperm abnormalities attempted to downplay the seriousness of their infertility. Furthermore, I met some men, both fertile and infertile, who attempted to distance themselves from male infertility problems altogether, by insisting that "nothing was wrong" with either partner, despite clear medical evidence to the contrary.

As noted earlier, male infertility is not a problem that can be seen on a man's body, for the reproductive impairment is usually hidden deep in the testicles (or the brain's hormone-producing pituitary gland). Like Ziad, most men first learn of their infertility upon postmarital semen analysis. Only then does male infertility become a problem for masculinity, marriage, and the formation of family life. Or, as Ziad put it, "Had I known I had this problem before age thirty, I would never have married, because I feel bad for my wife." Another Lebanese-born man, who had spent most of his life in Latin America, described the effects of male infertility in this way:

This is a hidden problem, but it is a huge issue for masculinity, especially if you're both Arab and Latino! It can affect your sexuality, leading to impotence, and it can affect your marriage. You start to wonder

if your partner views you as less than a man, because you can't give her a child. So it can damage your self-esteem and your relationship.

As suggested by this excerpt, emasculation stems from the fertility-virility linkage, a linkage that is made clear in the language used to describe both male infertility and impotence in Arabic. In what I would call "biomedical Arabic," infertility (both male and female) is referred to as *'aqam*, a term sometimes used interchangeably to denote erectile dysfunction. This fertility-virility linkage is even more apparent in popular spoken Arabic. Almost invariably, both male infertility and erectile dysfunction are referred to as *da'f*, or "weakness," with both sperm and erections being referred to as *da'if*, or "weak." Sometimes, men who are diagnosed as infertile are confused, because they have never experienced any sexual difficulties, and they conflate the two problems in their own minds. Doctors themselves use the language of weakness when describing both of these problems to their male patients. In fact, the language of weakness suffuses the Middle Eastern infertility realm. In IVF clinics, both physicians and patients speak of "weak sperm," "weak ejaculation," "weak erections," "weak periods," "weak ovaries," "weak ovulation," and "weak embryos." Not surprisingly, this language of weakness bleeds into personhood, with both infertile men and women sometimes describing themselves as *ana da'if*, or "I am weak." Men sometimes admit to feeling "weak" or "useless." They also worry that they may pass on their weakness to their male offspring.

This language of masculine weakness was less apparent in my 2003 Lebanese study than it was in Egypt in the 1980s and 1990s. This is largely because of detailed laboratory semen analysis methods, which are carried out in all IVF clinics, as well as in andrology laboratories across the region. While male infertility is defined outside IVF clinic walls by the perceived inability of a man to impregnate his wife, this definition changes radically once an infertile man sets foot in an IVF clinic, where a differentiated notion of male infertility comes into play. The concept of "severity" is applied in clinical settings, in order to locate the male patient along a graded infertility spectrum. Through the microscope in the IVF laboratory, experts examine sperm retrieved from semen—semen that is usually masturbated into a plastic cup or sometimes surgically removed directly from the testicles. The sperm are separated from semen through various spinning and washing techniques, then graded and quantified on the basis of numerous fertility-related factors, including count, movement, and shape. Quantitatively, a fertile man should have more than 20 million spermatozoa per milliliter of ejaculate (although the number has recently been reduced to 15 million by the World Health Organization); more than 50 percent of those spermatozoa should be motile, or moving (although 40 percent was

previously accepted as a cutoff point); and more than 30 percent of spermatozoa should have normal morphology, or shape.⁵⁴ Thus, the diagnosis of male infertility reads as an equation: < 15 million/mL, $< 50\%$ motility, $< 30\%$ normal = male infertility. Those men with numbers much lower than this are deemed to have more severe cases. The degree of severity then determines the type of treatment that will be proposed. Intrauterine insemination (IUI), involving the injection of the husband's own sperm into his wife's uterus, is generally recommended for less severe cases of male infertility. But, when IUI fails, or when a man's sperm count, motility, or morphology is particularly poor, a man and his wife will likely be moved directly to ICSI.

Most men in my study had undergone semen analysis several times—even hundreds of times in some long-term cases. Because of this repeated ritual of semen analysis, many men had become quasi experts on their cases, including their numbers of sperm and the percentage of sperm motility, or movement. Most men in my study had an approximate idea about the numbers: namely, a fertile man should have “more than 20 million sperm and 40 percent active,” per the WHO definition at the time. This is why men such as Ziad—who are diagnosed with zero sperm in their ejaculate—are often truly shocked and demoralized. Having no sperm is far different from having, say, 19 million. Nonetheless, azoospermia and very, very low sperm counts are quite common among infertile men in the Middle East. These cases are defined by the clinical adjective severe, as in “severe oligozoospermia” (e.g., < 100 or $< 1,000$ sperm found in the ejaculate) or “severe asthenozoospermia” (e.g., $< 10\%$ active). Sometimes men have both of these sperm defects together, a condition called “oligoasthenozoospermia.”

Men in the Middle East rarely use these Latin-based medical terms to describe their sperm defects. Rather, they use Arabic terms for sperm and motility, adding the adjective *da'if* as a qualifier. In Egypt, Iraq, and the Arab Gulf, sperm are generally known as *hayawanat al-minawi*, literally “spermatic animals.” Lower-class Egyptian men use the term *didan*, or “worms,” to describe sperm.⁵⁵ In the Levant region, including Lebanon, Syria, Jordan, and Palestine, men refer to their sperm as *bizri*, or “seeds,” an agricultural metaphor of procreation that has been reported throughout the region.⁵⁶ Not surprisingly, in some parts of Palestine, IVF is known as “planting” (as in “planting seed”).⁵⁷ In Iraq, the variation “implanting” is used. In my study in Lebanon, *tifl unhub* (baby of a tube, or test-tube baby) was used, similar to *tifl al-anabib* (baby of the tubes, or test-tube babies) in Egypt. In addition to these important terms, men are concerned about their sperm's *haraka*, literally “movement” or motility. Whether a man has any sperm—and whether enough of them are actively moving—determines whether ICSI can be undertaken.

Most infertile men become “sperm savvy” over time. In my study in Lebanon, many men could describe their sperm counts—and often motility and morphology percentages as well—with some degree of specificity and accuracy. When I asked about men's *tahlil bizri* (analysis of sperm), men had typical responses such as: “The first time after marriage, it was half a million, 500,000. But I took medicine and it increased to 5 million.” Or “six months ago, it was 65 million, but only 20 percent motility.” Or “I've had sperm tests more than ten times. The most recent was about 70 million, but the movement was only 8 percent.”

Some men had a great deal to say about their semen analyses. Two examples of detailed “sperm talk” are representative of these kinds of discussions. As one man told me,

I've had a lot of sperm tests, in both Syria and Lebanon. Maybe 100! It was 25 million the first time, then 28 million after the ampicillin, then 10 million, then 12 million, then 8 million sometimes, then 20 million, then 4 million, the minimum, one time only. The last time, it was 25 million, here at the hospital. But 75 percent are dead after one hour. Only 10 percent are active, and 5 percent are abnormal.

A second man, a Palestinian high school biology teacher, also had much to say about his “numbers,”

Every year, I make two or three tests. But when I made a sperm test one year after marriage, the first time, it was 45 million, 30 percent active, 20 percent normal. The doctor said, “No problem.” But there is a problem. And he didn't even mention that there is a problem. He didn't inform me accurately about the result. Every time, the activity is less than 40 percent, sometimes only 5 percent, or normally 5 to 10 percent. Now I know that this is a problem. My knowledge now tells me that 60 million, 60 percent active, and 60 percent normal [morphology]—these should be the numbers, and my numbers are always lower. Here, the last one [sperm test], one month ago, my count was 45 million, activity was 20 percent, and normal was 20 percent.

Despite this rhetoric of numbers and percentages, it is important to emphasize that “weakness” dominates men's vocabulary. Male infertility is still most commonly glossed as “weakness,” and men like Ziad may begin to doubt their masculinity, even if they feel they are not to blame for the condition. In my interviews, men would occasionally relay how the discovery of male infertility had caused surprise, demoralization, and self-doubt. A few examples:

ELIAS: I was very devastated in the beginning—as a man. I don't think it's like this everywhere, but here in Lebanon, here you should have

a baby straight away. So it took me some time until I realized that it's not the sperm that makes you a man.

MARWAN: Neither my parents or her parents know anything about my problem, because they might say, "Oh, he's not a man!" But, personally, I think this has nothing to do with manhood. My sperm cannot define my manhood in any way. To be honest with all people and to treat them as well as you treat yourself—this is manhood.

MAHMOUD: Even before marriage I wanted kids. I love children. So my masculinity was affected. Ah, yes! In all of the Arab world, if a man has a child, and especially if it's a boy, this "makes a man a man." If someone has four or five boys, this guy is strong! And if he only has girls, it's a big problem. Even now, everyone says this. But I believe it is what God gives. Sometimes I feel bad about myself, but then I remember God. If it [infertility] were not mentioned in the Qur'an, I would feel very bad. But it is, and when I remember this, then I feel good. I will have a child only when God wishes.

SAMIR: Sometimes I do, I do ask this question, "Why me? Why am I not like other men?" But I'm a believer in God. And I'm trying. I tried so many medications, so many treatments. And it's depressing, yes. Since 1993, when I started to see doctors, this is a long time. I feel guilt toward my wife. She wants to have a baby. Before, I didn't, I wasn't as much like her, I wasn't wanting a child so much. But now I'm starting to think about this. I love kids, yes. I love them. And, for the future, they will take care of my wife and me, later in life.

Mansour, an infertile, American-trained Lebanese Muslim physician who was attempting with his wife to make a third ICSI baby (perhaps a son after the birth of two daughters), described the relationship between masculinity and male infertility this way,

Manhood. It's really an important factor in society. I know this as a pediatrician. The first thing people ask for at the first baby visit is to check the [male] baby's reproductive organs. They're worried from the first moment of life if [the child has] normal reproductive organs. If they will have a normal sexual life. It's about his future manhood. It's a strong feeling. And it's a deficiency if you can't have children. I do think people feel this. I would assume they do, because it's a secret kind of thing, male infertility. In my own case, who knows about this [his male infertility problem, involving abnormal sperm morphology]? My wife doesn't want *anyone* to know. So we come here [to the IVF clinic] in secrecy.

As is clear from all of these men's statements, male infertility is considered by society to be a threat to manhood. Thus, most infertile men

are reluctant to reveal their condition in public.⁵⁸ Male infertility is still shrouded in secrecy, as suggested by many men's nonresponse to my study, as well as by the responses of men who agreed to be interviewed. Men often wanted multiple assurances that the information was confidential and anonymous and would not be tape-recorded (and potentially "leaked"). They also described to me how I was among the first to know about their infertility problems. These desires for secrecy were explained to me by Amin, a Christian engineer, in the following way,

I think that, for Lebanese men, this problem [male infertility] affects their manhood. Maybe sometimes, I say something related to my problem, and people say, "Oof! How can you say that?" They want to maintain secrecy about personal things. They are shy; they don't like to tell their problems to other people. I know someone who had a problem like me [male infertility], but he never said so. If forced, he would say it was a problem with his wife. He told me, because he knows I don't have children and he was asking me about a doctor at the hospital, and I told him he should see my doctor also. So he was *obliged* to tell me he had male infertility. I told him, "I need to know your problem to tell you which doctor to go to!" But, in general, personal problems stay in the family.

Having said this, secrecy is not universal. In my study, men exhibited a wide variety of communication patterns, ranging from complete concealment to full disclosure. A significant number of men had consulted friends and relatives in order to obtain treatment advice and the names of good infertility specialists. In some families, close relatives took an even more active role by escorting the couple to the clinic, donating money for treatment, or caring for the wife after an ICSI cycle was completed. Other men preferred to avoid such intimate sharing of their cases and limited their communication with family members. They explained to parents and siblings that they were "receiving treatment" but did not divulge the timeline or technical details.

In short, men in the Middle East invest considerable energy in deciding whether, and to what extent, to share information about their male infertility and its treatment within their social circles. Within the wider social milieu, male infertility becomes a problem of impression management—namely, whether one should attempt to "pass for normal," thereby implicitly placing the blame for childlessness on an otherwise fertile wife. The fact that so few men are open about their infertility problems means that women are often blamed for the childlessness and sometimes face relentless social pressure because of this. Women being blamed for the childlessness of male infertility was certainly one of the major findings of my earlier studies in Egypt.⁵⁹

However, in the past decade, some infertile men are speaking truth to this injustice, viewing it as inherently unfair and wrong. In fact, many infertile men in my study were like Ziad, who "claimed" his infertility at the outset of the interview in order to clear his wife of any responsibility. When I asked infertile men about their wives' fertility, a common response was *ma fii shi abadan*, or "there is nothing at all" wrong with her. Along similar lines, infertile men would sometimes respond *walla marra*, or "not once" when I asked them if they had ever impregnated a woman. The fact that Middle Eastern men are claiming their infertility, while expressing concern for their wives' "courtesy stigmatization,"⁶⁰ was an emerging theme of my interviews. Amin, the engineer quoted earlier, had the most to say on this subject,

The first time I had my results, I didn't expect to have a problem like this, and I didn't expect that it couldn't have a solution. It was really hard for me, not because I have the problem, but because the solution is not clear. If I have a problem, I want to solve it. Just tell me the solution! But I've passed this way of thinking. I could have been born with this problem. It's not my fault, and it's not the fault of Yusra [his wife]. So, we just took it easy. It wasn't a big shock, because somehow, I was prepared. I suggested to Yusra that maybe this problem is from me. I don't know, but I didn't take it as a problem of manhood. For me, it's, it's not the "proof" [of manhood]. And thank God I'm being like this. Because women get more pressure, and especially here, because they don't think this problem is from the man. They think *she* is the problem. This is bad. Even my parents didn't understand. "Oh, no! Not possible." But I said, "If you want proof, I can show you." They didn't want to believe that their son had a problem. Instead, the whole family focused on her. When we got married and we went to the hotel, two days afterward, she met my aunt, who asked her, "Oh?" [are you pregnant?] Not like this, in only two days!

Other men talked about similar undue pressure placed on their own wives, and on Middle Eastern women more generally.

MOUSTAFA: Of course there's pressure. My mother and my brothers want me to have children—more than I'm wanting, in fact. An Arab person, if he's married and he doesn't have children, it's like he's not married. And the pressure is a lot on the woman. It's like if she didn't have children, she'll die, because motherhood to a woman means a lot to her. So 10 percent of the pressure is on the man, and 90 percent on the woman.

ISSA: I will tell you, people think that *she* has something "missing" when the man, he can't make a child. The women, they're degraded by society. And this is completely wrong.

These men's sense that a grave gender injustice was being committed was something new to me. Although I had analyzed this gender inequity in my earlier work in Egypt, my analytical frame was based on women's sad stories of being blamed for their husbands' infertility.⁶¹ In my research in Lebanon, I was truly surprised to find men making feminist critiques of this inequity on their own. Men's desires to remove the *daght*, or "pressure" on their wives—based on what they saw as the inherent unfairness of a fertile woman being blamed for male infertility—was a recurring theme of my interviews in the new millennium. For example, a Palestinian man living in Dubai, who had traveled to Beirut for ICSI, had a great deal to say about this injustice,

When I was married, I went to a doctor, and he was all secretive. I told him, "Why must it be secret? I'm not shy about it. It's a sickness, and I'm looking for treatment." I wouldn't do like other men [do]. They say it's a problem with their wives. I wouldn't do this. I say it's from me, and I have to go for treatment. But in the Middle East, for a man to go to a doctor [for infertility], they feel like he's not a man anymore, and they always blame the woman. My wife, she *would* tell other people, "No, it is not from him, it's from me," so that I don't feel hurt. But then she found out there's nothing wrong with her, so why should she do this? Men's exams are much less [invasive] than women's, so men should pursue it. But Palestinian, Jordanian men, they think it affects their manhood. But I and my wife are the same. A man is like a woman, there's no difference. She can get sick, and I can get sick. It's just a disease. So I tell people it's from me. But, on the contrary, other [men] will say [to me], "I'm a man because I have children. If you don't have a child, you're not a man."

NORMALIZATION

As suggested by this and other men's statements, new trends are emerging: some men desire to spare their wives from social pillory by public acknowledgment of their own male infertility. Some men are beginning to chastise physicians for shrouding male infertility in secrecy. Some men are disassociating male infertility from masculinity by turning to religious theodicies (i.e., "God made me this way"). Other men are destigmatizing male infertility by treating it as a medical condition (i.e., "it's a disease like any other"). All of these trends speak to emerging normalization: what was once perceived as a masculine character defect has been turned into a God-given disease category. For the religiously inclined, God sends diseases so that humans may seek solutions to their own suffering.⁶² For men

with more secular orientations, male infertility is being treated as a medical condition or a "disease," which has helped to desocialize it, removing it from the realm of gender.

Increasing medicalization—or the growing acknowledgment of male infertility as a medical condition with a high-tech solution through IVF—has led to major changes in the Middle East over the past decade and a half. The conspiracy of silence surrounding male infertility is beginning to fade, as men point to the increasing openness about male infertility within their social circles. Many men now admit to having infertile relatives and friends, who share information with each other, even helping out with the costs of treatment. Furthermore, the widespread advertisement of IVF services across the Middle Eastern region has led to general acknowledgment within Middle Eastern society that men can be infertile, and that men's infertility can be overcome through a medical solution.

In short, widespread medicalization of male infertility in the new millennium Middle East is leading to greater social acceptance and decreasing stigma. Once inside IVF clinics, Middle Eastern men seem to begin accepting the fact that male infertility is a medical problem, "like any other medical condition." As George, a Lebanese Christian oil executive, explained to me, there are two views of male infertility, an "insider's" point of view and an "outsider's" perspective,

In Lebanon, yes, male infertility does affect manhood. Men don't want to admit they can't have children. They're not men any more. But this is not the view of people inside treatment. People who are "in" know it is a medical problem. So we don't feel this problem of manhood or womanhood. In our company [where he works], four to five people have IVF babies. One guy was married for fifteen years and he went to Singapore [for IVF]. Then another one went there. So in my company, people talk about it. I tell everybody about it. I don't mind. Because it's easier to tell everyone what you're doing. Even at work, it's easier to tell them, so that they just stop asking. My boss said, "You've been married for more than two years and you didn't get your wife pregnant yet?" I said, "I'm trying, but I couldn't get my wife pregnant yet." Two days ago, I told him I'm coming for IVF. But this is *very* uncharacteristic of Lebanese people. People think like, "Manhood. He can't have children." So a lot of people blame the woman, even when it's male infertility. This is because people are secretive. They don't know the problem is male infertility, and so they say [it's from] the woman.

This insider's view—that male infertility has "nothing to do with manhood"—was the most common refrain in my interviews with men

TABLE 4. Middle Eastern men's statements about male infertility and manhood

Country	Religion	Comment
Lebanese	Druze	Personally, I don't think my sense of manhood has been affected. My psychology is fine, because I'm seeing that infertility is very common, and more and more people are doing ICSI.
Lebanese	Shia Muslim	It hasn't affected my psychology or my manhood, because I believe male infertility has nothing to do with this. It is God's will. I accept whatever God wants.
Lebanese	Shia Muslim	I think when you are not having children, it's from some disease. It's a medical, organic problem. It has no connection with manhood.
Syrian	Sunni Muslim	No, never! Some people are born like that, and I have to accept my case.
Lebanese	Sunni Muslim	Male infertility, in the older generation, they blamed it on the woman. But this is dying out. Our generation, we know about male infertility, and we go to doctors.
Lebanese, living in the UAE	Sunni Muslim	I don't feel shy, actually, about this. I just feel this is a medical problem. This is something normal. I haven't done anything wrong, so why should I feel shy?
Lebanese	Shia Muslim	What makes a man a man is his ability to persevere and find a solution.
Lebanese	Shia Muslim	A man's reasoning abilities take precedence over physical problems. Manhood is about mind over body.
Lebanese, living in Tunisia	Shia Muslim	Never! No connection at all. Masculinity here is reflected more through sexual intercourse, to be able to live with your partner, and whether you have a good sexual relationship, regardless if you have children. As long as you can have sex!
Lebanese	Shia Muslim	Providing for the family is the most important thing in being a man. Because you have no choice to eat!
Lebanese, living in Nigeria	Shia Muslim	(Laughing) Manhood! I knew exactly what I could do [sexually], and that's no problem for me!
Lebanese	Sunni Muslim	Manhood. Never! I don't feel embarrassed in front of other people. I don't think manhood is related to the ability to have children. It's about how I treat my wife. I insure that she's completely satisfied and I provide everything for her. We have a very close relationship. I'm living my life as a man in all venues of my life.
Syrian	Sunni Muslim	It's not having children that defines manhood. It's his mentality, his personality, his understanding. There are some men who consider themselves men through their sexual relations, but not me. The way a man treats his wife doesn't even really define his manhood. I treat my wife on an equal basis, as a friend.

TABLE 4. Middle Eastern men's statements about male infertility and manhood (continued)

Country	Religion	Comment
Syrian	Alawi Muslim	Manhood. I don't think male infertility affects it, because this is a narrow-mindedness. In my environment, there is no such man or maybe I personally don't mingle with people who think like this. As long as a man is educated and open-minded, he would never be affected by this.
Lebanese	Shia Muslim	There is no relation to manhood, unlike for a woman. A woman feels she needs a child. For a woman, because she will feel when she holds the child that she is a mother. But for a man, no. When he holds a baby, he will look like a father, but not a man. In Lebanon, what makes a man a man is his reasoning, his mind. What proves a man is a man is the way he thinks.
Lebanese	Shia Muslim	Nah! Even if I don't have kids, I'm okay. It's not about manhood. I like to have kids because I'm making money, and so as many as I can afford, I don't mind.
Lebanese	Maronite Catholic	Maybe in the past it used to be a problem of manhood. At first, it used to be something which is not good about a man. In the old days, they would say, "He's not a man." It used to affect his manhood. But not anymore. Now male infertility is normal.
Lebanese, living in Senegal	Shia Muslim	Male infertility? I believe that everything comes from God, for a reason, and this is unchangeable. A person who has faith in God is not affected by such things. So me? No! My psychology is not affected. As long as my relation with God is strong, everything will come as it should.
Lebanese	Sunni Muslim	I am not happy about this [azoospermia]. But I am a believer in God, so this is not a disaster for me. I believe in God. I believe in science. God creates science, and this is life, our life, to live it very well. Not to put a hole in our head! So I'm not blaming myself or my manhood.
Lebanese	Shia Muslim	My manhood is not affected at all. A man is a man by his reason, not by his appearance. Because if a man is defined by his physical potential, then nothing differentiates a man from animals.
Syrian Bedouin	Sunni Muslim	My psychology has <i>never</i> been affected! Sometimes I think of it [male infertility], but it doesn't affect my psychology, or my manhood. Because I think of it like this: I have sperm and medicine is advancing, so I think at some point, I may have the chance to have kids. At some point, God will give me a child.
Lebanese	Sunni Muslim	[Azoospermia] has no effects on my masculinity. Sure, it's not "Oh great! I'm so happy!" But it has nothing to do with manhood. This does not affect me, like "I'm less than a man." Sure, you'll feel that something is wrong with you, but not your sense of self. It is upsetting, but what can I do about it?

TABLE 4. Middle Eastern men's statements about male infertility and manhood (continued)

Country	Religion	Comment
Palestinian	Sunni Muslim	I don't feel that way at all. Maybe I should!
Lebanese	Shia Muslim	Manhood? Maybe some people think that manhood is just bringing children. But this is traditional thinking, not modern and scientific. There is a proverb in Arabic, "If you can find medicine, your happiness will be secured."
Syrian	Sunni Muslim	Male infertility has no relation to manhood. Having children is from God. Manhood is your ability to provide for your kids, your living, your income. Manhood is providing for children, not making them.
Lebanese	Sunni Muslim	Manhood, no, it has nothing to do with it! Male infertility, it's from God. You could be very fit, lifting weights, doing boxing, and yet have no kids. So this is just a medical problem. Manhood is the understanding between a husband and a wife. Women have their rights, just like men. Manhood is being fair to women.
Lebanese, living in USA	Sunni Muslim	It's not a big deal. It's not under my control, because it's a physical problem. It won't make me less male or more male.
Lebanese, living in USA	Shia Muslim	The Arabic nature is to ask, "Why is this happening?" But God chose me to be like this. It's a test of my patience and faith.

Although I expected to hear consistent reports of infertility-related emasculation, I found instead significant levels of disassociation. Men were denying to me that they had ever experienced male infertility as an assault on their masculinity. Rather, I was told by numerous men that manhood is measured in different ways—and not only by the fertility of one's sperm. Table 4 provides a diverse sampling of some of these quite powerful comments about manhood and what it means. These Middle Eastern men are clearly voicing emergent masculinities that are independent of their fertility.

Having said this, some additional information must be considered when assessing these emergent masculinities. First, Lebanon generally has higher educational and literacy rates than most other Middle Eastern countries. Thus, many Lebanese men in my study were highly educated—with at least a high school diploma and many with advanced degrees—and virtually all were literate. Many of these men had educated, working wives, and thus presented to IVF clinics as "career couples." Presumably higher levels of education and satisfaction with professional careers may have offset the potential effects of emasculation and contributed to men's acceptance of a "medical model" of male infertility. In addition, Lebanon has never fully recovered economically from two wars, the most recent in the summer of

2006. For some men, then, manhood is more about the ability to persevere and to provide for loved ones under harsh conditions than about proving one's fertility per se.

Men in particular feel the stress of societal expectations to support both nuclear and extended family members, especially aging parents. Thus, male infertility may seem like a relatively trivial concern, especially given a current economic climate that is seen by most Lebanese as not conducive to raising a family.

MANHOOD BEYOND FATHERHOOD

As seen in Ziad's case, some men feel that having children is more "for the family" than for themselves. As we will see in chapter 4, men's families often invest heavily in their sons' ICSI quests, hoping to produce offspring for patrilineal continuity. For example, Ziad, who was an only son, lamented the fact that he was seeking ICSI more to satisfy the demands of his in-laws and parents than out of his own innate desire to have children or become a father. Becoming a father—and hence a family patriarch—was not necessarily a personal life goal. Another man explained it this way, "I don't have a problem with not having kids, but the problem is the family. I truly don't have a problem if I never have children, but *they, the family*—they want children!"

In my study in Lebanon, I found 14 out of 220 men, or 6 percent, who admitted to "not caring" about having children. Most told me that they were pursuing ICSI with their wives mostly out of a sense of familial obligation, not because of their own inherent desires to become fathers. Some of these men were infertile themselves; others were married to infertile women. Most expressed happiness in their marriages and felt that they lived well as childless couples. They were adamant that fatherhood was not necessary to "complete" their lives, their marriages, or their masculinities. Simply put, they did not associate manhood with fatherhood, and they distinguished between their families' wishes for children and their own needs as happily married men. One of these men said,

On the first day I found out I had this problem, I got really upset by the situation. But then I decided I must overcome it. My own sense of manhood comes from my ability to persevere and to "go for it" through treatment. But if we don't ever have kids, it's not a big problem. Family members here do ask, "Why no kids?" But, now, people are accepting that you can wait after marriage [to have children], and we easily say to them, "No, we don't want kids now."

Another Lebanese man, married to an infertile woman, stated even more forcefully,

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