

Men and Masculinities in Pandemic: Illness Narratives and Social Isolation Experiences of Men Diagnosed with COVID-19 in Turkey

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Abstract

This qualitative study aims to understand the illness narratives and social isolation experiences of men living in Turkey to examine the relationship between traditional masculinity norms and the pandemic. The data were gathered through semi-structured interviews with 13 men who were diagnosed with COVID-19 and four women whose spouses were diagnosed with COVID-19. According to data, the COVID-19 pandemic has (re)shown that traditional masculinity roles can damage men's health and make men vulnerable to diseases. In addition to these health-related outcomes of the pandemic, traditional masculinity norms have also affected men's social lives. It is seen that the men who have grown up in a more patriarchal social environment may experience the pandemic as a kind of masculinity loss and react in a more sexist way. But, there may also be positive scenarios in the future, since it is seen that the pandemic may cause men to change positively.

Keywords: Masculinity; Gender; COVID-19; Pandemic; Turkey

Introduction

The COVID-19 pandemic, which occurred in late 2019 and negatively affected all people in the world, is one of the biggest public health crises we have witnessed so far in a global sense in recent decades (Mahalik, Di Bianca, & Harris, 2021). Indeed, it is more than a “health crisis” as the pandemic has transformed our social and economic life (UNDP, 2020) in which millions of people have been unemployed or changed their workplaces (Vatansever, Sezer, & Ünsever, 2021, p. 138), and many social systems, especially medical institutions, have faced the risk of collapse (TWB, 2020; BBC, 2020; DW, 2021). However, As Beck (2019, p. 47) indicated not everyone is equal in avoiding risks and purchasing risk exemptions. This can be seen in the differences in death rates and/or the negative socio-economic consequences of the pandemic. Studies state that black people (Keval, 2020), immigrants, asylum seekers, and/or refugees (Bahar Özvarış et al. 2020; Rebhun, 2021), and other marginalized groups are more negatively affected by the pandemic (Kim and Bostwick, 2020). In this respect, the pandemic has created a kind of *booster effect* that intensifies global inequalities. In other words, the COVID-19 pandemic plays a catalyst role that deepens social problems on a global scale (Özbudun 2020). The COVID-19 pandemic has also created a *litmus paper* effect (Özbudun 2020); it has shown the negative effects of all kinds of discrimination that damage our lives.

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What about gender relations?

This dual effect created by the pandemic becomes much more pronounced regarding gender relations. Reports from different countries have shown that women are more vulnerable in terms of employment, accessing social assistance, and safety during the pandemic (Kalaylıoğlu, 2020; Alon et al., 2020; Aygüneş and Ok, 2020; Oreffice and Quintana Domeque, 2020; Rauhaus, Sibila and Johnson, 2020; Dlamini, 2020). Indeed, the results show that the pandemic has created a kind of *booster effect* that intensifies gender inequalities. In addition, the litmus paper effect of the pandemic (Özbudun, 2020) also has revealed the relationship between gender and health behavior. The COVID-19 pandemic reminded us that health is not only a medical phenomenon but also a gendered phenomenon and reintroduced the negative effects of traditional masculinity norms on men's health and public health (White, 2020, p. 18). As the experiences with the SARS and MERS epidemics (Ruxton and Burrell, 2020, p. 21) in many countries, the number of men dying because of COVID-19 is higher compared to women (Globalhealth5050, 2021; WHO, 2020a). Although biological factors also play an important role in the death of more men (Wadman, 2020; Moeser, 2020), it is observed that there are also social determinants of this condition. Studies have indicated that men can be vulnerable to COVID-19 due to the traditional norms of masculinity, such as not expressing their emotions, and trying to look strong or tough. It is even noted that traditional masculinity roles are a major element that shapes the COVID-19 experience of many men (Ruxton and Burrell, 2020, p. 21). Since some men do not comply with measures, such as wearing masks, keeping distance, and washing hands (Mahalik et al. 2021; Cassino and Besen-Cassino, 2020; Palmer and Peterson, 2020) and sometimes underestimate the effects of coronavirus (Umamaheswar and Tan, 2020; Nolsoe, 2020; Alcadipani, 2020), the death rates of men are higher compared to women. This situation, of course, regarding men's health differs according to factors, such as class, age, and educational status (Ruxton and Burrell, 2020, p.15) or sexism rate (Reny, 2020, p. 6).

Although the pandemic has affected women more negatively, it has also deeply affected men. As masculinity is interpreted by reference to “masculine” features, such as economic autonomy, working in a paid job, and being a breadwinner or sole provider (Connell, 1995), some men have had harsh experiences in the pandemic, like many social crises in our history (Reeves and Stuckler, 2016). Even though female unemployment is quite higher, male unemployment has also been increasing during the pandemic period (Ruxton and Burrell, 2020) and men may experience being jobless as a threat to their gender identity due to the pressure of traditional masculine roles. For this reason, as research or reports reveal, the number of men who commit suicide is much higher in some countries due to the economic conditions created by the pandemic (Khan, Ratele and Arendse, 2020; Bhuiyan et al., 2020; Mamun and Ullah, 2020). Besides, it is estimated that some men may show more toxic masculinity or negative features of traditional masculinity features as they feel their masculine identity is threatened (Ruxton and Burrell, 2020, p. 25).

However, it is seen that the pandemic sometimes causes men to change. Some men may become aware of their vulnerabilities during the pandemic and want to change by facing the traditional masculinity norms that suppress them (Gonzalez-Calvo, 2020). This change may slightly reduce the perceived role pressure, as early studies have shown that men also participate in housework and childcare, although not as much as women (Alon et al. 2020;



Craig and Churchill 2021). In this respect, the COVID-19 pandemic can create changes in the roles within the family by shaking masculinity norms in some cases (Ruppner et al., 2021) and potentially lead to the emergence of more egalitarian masculinities.

The case of Turkey

A similar situation seems to be experienced in Turkey. The first confirmed case in Turkey dates back to 11 March 2020. From the day cases were seen in Turkey, some measures, such as social distance, hygiene, and wearing masks, have been taken, although they have not been carried out very successfully. According to current data, more than five million people in Turkey have been infected, and approximately 50,000 people have died due to COVID-19 (T.R. Ministry of Health, 2021). Although Turkey does not regularly publish statistics that indicate the differences between men and women, the available data show that the number of deaths among men due to COVID-19 is much higher (men: 62%, women: 38%) than women (TR Ministry of Health, 2020). Similarly, Yörük (2020) states that men in Turkey are less observant of precautions, such as mask-wearing and keeping social distance. It is also stated in studies that women are exposed to more risks during the pandemic (Kalaylıoğlu, 2020; Adibelli, Sümen and Teskereci, 2021; Aygüneş and Ok, 2020). However, the lack of financial resources in Turkey, where patriarchal values are adopted, and the lack of sufficient financial support for unemployed citizens have severely increased the role pressures on men. According to a recent report, four men committed suicide in Turkey in the space of 24 hours due to the economic conditions caused by the pandemic (Gazete Karınca, 2021). In addition to intensifying gender inequalities, the COVID-19 pandemic also enables men to participate more in housework practices in Turkey. Therefore, although the pandemic process is quite difficult, it also has the potential to reduce inequalities between men and women in Turkey (Hızıroğlu Aygün, Köksal and Uysal, 2021).

In the light of this information, the pandemic is experienced as a gendered phenomenon in Turkey based on both its health and socio-economic outcomes. For this reason, the pandemic should be examined from a gender lens in Turkey, where the epidemic continues in serious dimensions due to political and economical instability. By conceptualizing masculinity as a cultural process, this paper aims to sociologically examine the relationship between COVID-19 and masculinity, an issue that has not been considered much in Turkey. Accordingly, the study focuses on the illness narratives and social isolation experiences of 13 men diagnosed with COVID-19. There are two reasons why I focus on both illness narratives and the social isolation experiences of men. Firstly, I aim to sociologically understand how men can be vulnerable to COVID-19 through the participants' illness narratives. Second, by examining the social isolation experiences of the participants, I aim to interpret the masculinity identity in the private spheres during the pandemic. Because I know that in Turkey, as in many parts of the world, men are expected to establish a superficial relationship with the private sphere, to be the head of the family, and “bring home the bacon” (Bolak Boratav, Okman Fişek and Eslen Ziya, 2014). However, I observe that the pandemic has sharply disrupted the activities of men in the public spheres where they construct their “dominant” gender identities (Sancar, 2013) and that men spend more time in the private sphere and participate in housework than ever before (İlkkaracan and Memiş, 2021). I also want to question the potential for change of the masculinities in the process of the pandemic, by focusing on men's experiences at home. In this direction, I also interviewed four women whose spouses had COVID-19, so I tried to understand the experiences of men at home in a holistic way by enriching my horizon.

Conceptual Framework: Hegemonic Masculinity and Masculinities

Starting from the idea that masculinity is a social and cultural construction just like femininity, the field of critical studies on men and masculinities showed that masculinity is a heterogeneous identity with the theory of hegemonic masculinity and multiple masculinities, especially with the contributions of Connell (1995), the pioneer of the field. Connell (1995) states that not every form of masculinity is advantageous in terms of gender relations; only some men who perform certain *performances* (Goffman 1959) benefit from the patriarchal dividend (Connell, 1995). These behaviors are performed concerning hegemonic masculinity (Connell, (1995), which is an idealized understanding of masculinity in society. Although every social context has its unique arrangement in terms of gender hierarchies, as an ideal type, hegemonic masculinity presents men as risk-taking, being rational, doing sports, having an athletic body, being homophobic, and sexist as methods of constructing and maintaining masculine privilege (Sancar, 2013). These methods or strategies are taught to men throughout their lives. Men are expected to learn these methods successfully and are often stigmatized if they fail. It should be noted that it is not possible to achieve hegemonic masculinity as a whole; rather, it is a specific arrangement of gender practices that ensures men's dominance (Connell, 1995, p. 77). In other words, hegemonic masculinity as an ideal type should be conceived as a kind of map that men always refer to in their quest for power (Whitehead, 2002, p. 89). In a way, men who use the map much more effectively occupy more positions of power. For this reason, many men are often complicit with hegemonic masculinity to gain power in terms of gender relations (Connell 1987, p. 185). Masculinities that are complicit with hegemonic masculinity are called “patriarchal and sexist masculinities” by Bozok (2015). Even though it does not cover all men universally in this study, I prefer to call the men that I observe more attached to masculinity norms as patriarchal and sexist masculinities because I do not want to generalize men in a single pot of masculinity.

The Hazards of Being a Patriarchal and Sexist Male: What About Health Outcomes?

However, although men are the main subjects of domination (Sancar, 2013), being a patriarchal and sexist man and pursuing the hegemonic masculinity ideals also has certain costs for men. Social psychologist Goldberg (1976) states in his work “*The Hazards of Being Male: Surviving the Myth of Masculine Privilege*” that there are some idealized responsibilities and particular roles for men in patriarchal societies. These are responsibilities and roles, such as working in a paid job, being a provider or breadwinner, being altruistic and heroic, being tough, and hiding one's feelings (Goldberg, 1976). Indeed, these responsibilities include some performances of hegemonic masculinity (Connell, 1995). Paradoxically, there is a strange contradiction here because as men meet these “criteria” of masculinity, they gain power and status while harming themselves physically and emotionally (Goldberg, 1976). As Messner (1998, p. 266) stated, it is because of these masculinity criteria that men live much less and face many health problems. In other words, studies show that performing these roles harms men's health. In particular, the meaning of risk-taking with a kind of heroic masculinity image (Melström, 2020) and the claim that men are stronger and more resilient than women cause men not to worry about their health (Courtenay, 2000; Levant and Wimer, 2014; Mahalik and Burns, 2011). Therefore, it is stated in the studies that men are more prone to substance abuse (Blazina and Watkins, 1996; Moe et al., 2016), eat more unhealthy foods (Wardle et al., 2004), receive less medical support, and follow health-related advice much less (Mahalik, Burns and Syzdek, 2007). However, it should not be forgotten that these attitudes of men differ



according to some variables, such as sexism, social class, and education level (Mahalik et al., 2007; Gough, 2006).

Masculinities, Housework, and Caring

Since I want to focus on the isolation experiences of men as well as their experiences of illness, it is necessary to mention the relationship between masculinity identity and the private sphere. Hegemonic masculinity often presents to men the roles of working in a paid job and providing for the home as major ways of constructing masculinity identity (Connell, 1995). Through these "masculine" performances performed in the public sphere, men often become more profitable in gendered exchanges in the private sphere (Connell, 1987, p. 6). For this reason, while men's relationships with the private sphere are mostly limited to financial roles, such as taking care of the family, women are more intensely related to the private sphere due to the roles imposed on them, such as child care and cleaning (Bianchi et al., 2012; Powell and Greenhaus, 2010). However, although cultural processes have recently brought positive changes in terms of participation in housework and childcare (Sayer, 2005; Kaufman, 2013), women's status in the home is still seen as a "natural" element of their gender identity, and housework or childcare is still referred to as a "secondary" responsibility in the men's world.

There is a similar situation in Turkey. Compared to the previous years, it is observed that the sexist attitudes that associate women with the private sphere are decreasing, and it is stated that men participate more in housework, even though it is for "help" purposes (Bozok, 2018). This situation, of course, varies according to class positions. Like the trend in many countries of the world (Kaufman, 2013), men have started to participate in childcare more in Turkey. However, many fathers still consider childcare as the main responsibility of the mother. According to one of the most detailed studies on paternity in Turkey, 91% of fathers regard the person responsible for childcare as the absolute mother (AÇEV, 2017). However, there are also positive changes. With the increase in women's participation in the work settings and the increase in the education rate in society, the roles in the home have begun to change, and fatherhood is transformed. As women have more resources, the power of men in the private sphere decreases as Chafetz (1990, s. 48) stated. In this context, the fact that men are unemployed or have a decrease in their monthly wages, or spend more time at home due to the pandemic brings to mind that there may be changes in these exchange relations, albeit partial. In this case, it is stated that there are two different potential scenarios: The pandemic may change and/or intensify gender hierarchies in Turkey (Eslen-Ziya, Okman Fişek and Bolak Boratav, 2021).

Method and Data

I decided to use the maximum diversity sampling method in the selection of the participants. Maximum diversity sampling is usually chosen to reveal different aspects of a phenomenon or situation in qualitative research, and variables such as different gender, age, and social position are taken into account, which makes it possible to obtain information about the phenomenon under investigation (Creswell and Clark, 2016). To sociologically understand the pandemic experiences of men, I took into account the differences in the different marital statuses of the participants, their jobs, and the class positions they belong to. In addition, I selected some of the participants from health professionals or occupational groups that I think may have more experience with the pandemic. In addition to these, I included four women whose spouses had been diagnosed with COVID-19, as I wanted to focus on the domestic

experiences of men in line with the second purpose of the research. I gave the participants pseudonyms and indicated their social background while quoting them.

I was able to meet some of the attendees face-to-face, but I interviewed most of the attendees via video calling apps like Zoom due to restrictions. I held the meetings between 12.01.2021 and 23.03.2021. During the interviews, I mainly asked the men to tell me more about their illness experiences and questions about their understanding of masculinity. I created the individual interview questions based on some concepts of critical studies on men and masculinities and referenced the theoretical framework of the study. In addition to this, I asked more detailed questions while meeting with M10, who is a healthcare worker, and M2 and M11, who worked in the caring environment during the process of the pandemic. Finally, in my interviews with four different women, I mainly focused on men's performances at home. To check if the interview questions were clear, I first conducted a pilot interview with M1 and M2. After these interviews, I revised the questionnaire and started the interviews again. All interviews were conducted in Turkish. Then I got help from a translator.

Findings and Discussion

I analyzed the interview data, which I recorded with a voice recorder, using the thematic analysis (Braun and Clark, 2006) approach. In this context, I read the raw data three times, then I created codes and identified two different themes.

The Health-Related Impacts of the Covid-19 Pandemic: Traditional Masculinity Norms as the Most Harmful Virus for Men's Health

The first theme that emerged after the coding process is about the health-related impacts of the pandemic on men. In my interviews, I focused on men's thoughts and experiences about illness and health in general. During this time, one of the points that I paid the most attention to was trying to understand the changes in men's health practices. Many participants said that they were not afraid of COVID-19 and therefore did not change their health behaviors much. This can be seen in the following words of M7: *“There hasn't been much change in my life. I'm not afraid of being infected with covid again because I got through the process easier, I think if it gets me again, I will get over it again.”* Honestly, these reactions of men did not surprise me, because almost all of the men could not express their emotions to me. As stated in the critical masculinity literature, in patriarchal societies, men are often forced to seem strong and hesitate to express their feelings, especially their vulnerabilities (Connell, 1995). Similarly, since I was socialized as a “man” by social institutions, I was aware of this situation experienced by men. To overcome this problem, I developed intimate relations with the participants as much as possible. Despite all the difficulties, the data I can obtain show that patriarchy threatens men's health more than COVID-19.

First of all, most participants consider themselves “superior” to women in terms of biological and genetic structure. For example, M13 who works as a worker in a factory says: *“Yeab...Men are physically superior because it's the law of nature. That's why I think our immunity is so stronger.”* Although it is not possible to generalize, men are grown up in patriarchal societies with a kind of heroic masculinity image, and regarding this image, men are taught to be looking strong, being fearless, and not talking about their vulnerabilities (Goldberg, 1976, p. 42). In this process of “masculinity socialization”, male embodiment plays an important role. The male body is considered a symbol of power and toughness through the discourses of social control



institutions such as religion, medicine, and science, and these are internalized during the socialization stage (Sancar, 2013). While this mindset provides lots of advantages to men in terms of gendered exchanges, it also makes men vulnerable to the potential risks of COVID-19 (Ruxton and Burrell, 2020). Similarly, most of the men living in Turkey go through the same socialization phase. This theme is illustrated by the very common adage that “*the man in pain toughs it out*” (Akçay, 2016, p. 4) in Turkey. These narrow-minded assumptions that make men vulnerable to many diseases and illnesses turn out to be traditional norms of masculinity, as studies have shown (Courtenay, 2000; Harrison and Ficarotto, 1992).

At this point, it can be seen that in the process of "masculinity socialization", the father figure is playing a vital role because it is seen that the participants mostly see their father's health behaviors as "social proof" as Mahalik, Burns, and Syzdek (2007, p. 2202) puts it. In this respect, we can say that men who grow up with a traditional father may tend to care less about their health. M3's quotes below offer important information:

“My father didn't care that much about health. I don't remember my father getting sick, going to a physician or hospital, or saying that he had a cold or flu until he retired. I don't even remember my grandfather ever saying he was sick. We have learned this from our father, grandfather, and family traditions since our childhood. For example, my father was sick before he had a heart attack, but he never told anyone, he never went to the physician. Similarly, I don't get a cold or flu, and even if I do, I don't talk about little things like that.” (M3, aged 55, worker, high school graduate, married)

Courtenay (2000, s. 1389) states that men who adopt traditional masculinity roles see not going to a physician for medical help as a method of maintaining masculinity. Some of the participants stated that they did not get tested even though they felt symptoms of COVID-19. Some men who adopt traditional masculinity norms, as in the M3 example, despise some "simple" symptoms such as flu, cold, headache, and high fever which are the key symptoms of COVID-19 (WHO, 2020b) due to the negative effect of masculinity socialization. I often observed that the participants, who often do not even consider these symptoms as a disease, use this behavior as a strategy to affirm their masculine feelings. As Courtenay (2000) points out, some participants consider worrying about health as a “feminine” behavior. Because of this gendered belief and perception, some participants who adopt more traditional masculinity roles, try to affirm their sense of masculinity by underestimating "simple" COVID-19 symptoms. Underestimating symptoms plays a vital role in masculine identity, as masculine identity is reinforced by moving as far as possible from the roles associated with women (Cornwall and Lindisfarne, 1994, p. 11). However, this strategy of men prevents the virus from being detected.

For example, M1 states that although he saw many symptoms, he did not care about them and did not want to go to the hospital because he did not think that it could be COVID-19 as he trusts his immune system:

“No, I had no worries and had a cough, headache, back pain, and high fever but didn't want to be tested. Because my immune system is strong, I can overcome most diseases very easily. So I had no fear. When I said that I was starting to be unable to smell, my mother forced me to take the test. Then I found out that I was positive,

but I could not believe it because it did not affect me.” (M1, aged 21, warehouse assistant, high school graduate, single, lives with his mother)

In addition, the traditional masculinity norms sometimes also prevent the treatment. Ruxton and Burrell (2020, p. 17) pointed out that due to traditional roles, some men consider themselves “strong enough” and therefore, are not worried about COVID-19. This attitude is even more evident as the rate of sexism in men increases (Reny, 2020, s. 6). I understand that M1 is also reluctant to use medicine in the process of treatment for the same reason: “*To be honest, I never wanted to use medicine because I had no symptoms. But because my mother was acting like a very paranoid, I took the drugs.*” Even M2, whom I can describe as less patriarchal among the participants of the study, said that he refused to use medicine during the treatment process. In the participant's narratives, I understand what obstacles the strong cooperation between hegemonic masculinity and risk-taking (Mellström, 2020) in the treatment of men who have COVID during the pandemic. Courtenay (2000) states that hegemonic ideals of masculinity encourage men to take risks in health issues. Similarly, the participant stated that he drank alcohol, smoked lots of cigarettes, and even used drugs while he was infected and that he refused medication or vaccination. The participant stated that he was “as tough as leather”, using a kind of “masculine” metaphor. In this respect, I understand that norms of masculinity also potentially trigger anti-vaccination.

“I didn't take many precautions, I even used alcohol and cigarettes and even smoked marijuana twice. The paramedics came to the house three times and gave me medicine, but I did not use it. As I said, I am a person who does not take kindly to drugs and vaccines. Anyone can get the vaccine and get through the process, but it won't infect me anyway. I mean, I'm as tough as a leather, nothing happens to me [Laughs].” (M2, aged 29, teacher who worked in the caring environment during the process of the pandemic before, university graduate, lives with his partner)

In addition, being able to perform masculine performances sometimes can be a priority for men, even in more serious cases, and this can prevent the treatment process. This can be seen in the experiences of W3, who works as a nurse in the COVID-19 intensive care unit:

“Even men in intensive care can be so careless. Also, it's harder to convince men to do what they need to do in the beginning. For example, one day a male patient had to lie in the face-down position, and we hardly persuaded him to nap like that. We checked him constantly, then he got better and we took him out of the intensive care unit and put him in the normal service. But on the very next day, according to what other nurses said, the patient did not go to bed, stood up, said that nothing will happen to him, and did not follow the instructions. Then his condition got very bad and we took the patient back to the intensive care unit.” (W3, aged 28, nurse, university graduate, married)

The above quote points to two different aspects of the relationship between masculinity identity and the COVID-19 pandemic. The first shows that masculinity norms sometimes put a burden on the health sector. Second, like other pandemics in our history, the masculinity norms sometimes cause the virus to spread more in some cases (White, 2020). It is reported that men are much more reluctant to take precautions such as mask-wearing, keeping social distance, and paying attention to personal hygiene (Nolsoe, 2020; Cassino and Besen-Cassino, 2020) as compared to women. It is observed that patriarchal men do not want to wear masks



because they perceive mask-wearing in public as a kind of "weakness" (Mahalik et al., 2021). As Palmer and Peterson (2020, p. 1047) identified the fact that many men think they are resilient is considered to be the biggest obstacle to mask-wearing. At the same time, men sometimes say that they do not believe in the COVID-19 pandemic or that the COVID-19 pandemic has been exaggerated by the media to hide their vulnerability (Umamaheswar and Tan, 2020). These findings of studies were not encountered very often in this study, and only three of the men stated that they did not want to wear masks. But, at this point, the reactions of M10, who works as an anesthesia technician, surprised me the most: *"This is a situation related to the nature of the person. While our female nurses are so scared and wearing five layers of masks, I often walk around in the operating room without a mask."*

Similarly, W1 said that her husband did not comply with the measures. Based on what the participant told, I can understand that lower-class men who grew up in a quite patriarchal social atmosphere are more likely to disobey the precautions and perceive these measures as a kind of threat to their gender identity:

"Men are also afraid of COVID-19, but they are afraid to show their fear. Since the first day the virus emerged, I have been wearing two masks while going shopping. He [M3] says there is no need. When I talk about the virus or how dangerous it is, he doesn't agree. Nothing happens to me, I am solid, the virus cannot do anything to me, cannot touch me, he always says these words from the very beginning. But as soon as the vaccination appointments started for our group, he immediately went and got a vaccination appointment." (W1, aged 55, primary school graduate, retired, married)

Similarly, M2, says that in lower-class settlements, men comply less than women with the measures:

"While we were working, we experienced many situations, especially in poor neighborhoods, where we found men outside when they were supposed to be at home. After the second day of the quarantine, some men ran away to the street, to the coffee house, and fines were imposed on them. Men are much more callous, but women follow the rules more. Many men say they do not believe in the pandemic and refuse to use a mask. And they are behaving like animals. They always want to go out, and don't want to stay at home. They think nothing will happen to them." (M2, aged 29, teacher who worked in the caring environment during the process of the pandemic before, university graduate, lives with his partner)

Some men's reluctance to wear masks can be evaluated with a dramaturgical approach. Goffman (1959) conveys daily life using stage metaphor. Accordingly, members of the society (actors) present themselves to the society (audience) through performances. Meanwhile, the actors often arrange the role *set* where the performance takes place and improve their display by using certain *decors* for impression management. However, not every decor makes impression management effective, some icons or decors also need to be hidden. Goffman (1959, p. 35) states that gender is a vital element in impression management. In this respect, if a person wants to present himself as a man to the audience, he should perform a performance that reflects the values of masculinity in society. As such, wearing a mask indicates a decor that undermines the idealized image of heroic masculinity in society

(Goldberg, 1976). For this reason, men do not include masks in their showcases to present themselves as "a man conforming to the norms."

However, of course, as I always say, this is not a generalizable finding, because the above quotations of M2, in particular, make an important point clear. Although Gough (2006, p. 2486) states that masculinity norms negatively affect men's health and men tend to develop more unhealthy behaviors, he states that this varies according to some main factors such as age, class, and/or education level. The researcher says that social class position is in some cases even more determinant than gender in terms of health outcomes. For this reason, as Mahalik, Di Bianca, and Harris (2021, p. 15) say, the pandemic is not experienced in the same way by every man. Although I did not have enough data to generalize, I observed that men who were brought up in a more egalitarian family had a higher education level and had a middle-class background and had less sexist responses to COVID as compared to others. For example, it is understood that M8, who is a graduate student, has a less traditional understanding of masculinity when compared to the other participants. When I asked him to compare his health behaviors, the participant said that his father goes to the hospital more than his mother and cares about his health. *"Yes, my father... For example, when my father has a health problem, he worries more than my mother, he never neglects to go to the physician for a check-up and to eat regularly."* In addition, the narratives of M4, who have a similar socioeconomic status, also contain the same story. The quotes below provide clues that men who grow up in a more egalitarian family environment can manage COVID-19 more healthily:

"I was getting tested regularly because I was working. Because even if there were no symptoms, I wanted to find out if I was positive and take precautions accordingly. One day at work, my feet hurt, and there was pain in my calves. When I woke up the next day, the pain had spread all over my body. Towards evening, I had a fever and went straight to the test and found out that I was positive." (M4, aged 25, education consultant, master's degree, lives with his partner)

Apart from that, M9's experiences have the potential to present more interesting findings. For men to be less affected by COVID-19 and to develop positive health behaviors, it is not enough just to grow up in an egalitarian family or have a more democratic understanding of masculinity. Although M9 does not interpret taking health precautions and sharing his concerns due to COVID-19 as behavior that conflicts with his gender identity in his world of meaning, he says that he sometimes becomes "a subject of ridicule" and is even labeled as "girlish" by other men:

"I'm a bit of an incredulous person and when something happens, I immediately panic. They [friends] know my disposition. I was worried about the virus and was never going out and living in isolation. I was terrified that it might cause damage. Then I shared this concern with a friend [man]. He said "you act like a girl, don't exaggerate the situation." (M9, aged 28, research assistant-PhD student, single)

M11 shared a similar story with me. The participant, who works as a psychologist at a police station, says that he takes precautions such as wearing masks, social distancing, and hygiene and that he is "a subject of ridicule" especially among male police officers: *"Almost 70% of my co-workers do not wear a mask. Many do not pay attention to hand hygiene even after using the toilet. They make fun of me for the use of masks, handshakes, and social distance and say don't exaggerate these things, you won't die anyway."* Indeed, these experiences give clues that some men may develop negative



health behaviors in order not to be excluded from homosocial environments. A study conducted at the police stations in Brazil indicates similar findings and results. In macho organizations, in other words, in homosocial environments, men who comply with the measures are more severely feminized (Alcadipani, 2020). Homosocial environments are relationships and/or spaces where men perform masculine performances, interact “manly” with each other, and systematically exclude women or other men who fail to fulfill their normative masculinity roles (Bird, 1996). For example, swearing while watching a game in football stadiums (Bozok, 2011) is seen as a legitimate practice and those who do not do this are excluded. Likewise, in homosocial gatherings such as barbecue parties, eating meat is interpreted as a kind of masculinity norm, and men who refuse to eat meat are stigmatized as marginal (Çarpar, 2020). In a way, in this *masculinity community* formed by men (Sancar, 2013), traditional masculinity rules are very valid and performances deemed feminine is strictly prohibited. Men who perform these performances are often accused of being “girlish” and are excluded from this community or not seen as vital members. This situation is understood by the words of M4: *“My hand was injured while I was studying at university. We had a group of friends, we went to the hospital together for x-rays. They said to me, are you going to the hospital for such a simple thing? Even though I was in pain, they made fun of me. I didn't talk to them for a while and after that day I always went to the hospital alone or didn't tell them when I went.”* Therefore, seeking medical help may be a practice that men tend to hide or postpone in order not to be excluded from the masculinity communities. In other words, masculinity communities or homosocial environments or relations may correspond to another element associated with patriarchy that makes men more vulnerable to COVID-19.

The Psychosocial Impacts of COVID-19 Pandemic: The Fear of Masculinity Loss Among Men

As shown in the first theme above, masculinity norms play a negative role in the diagnosis, treatment, and transmission of COVID-19. Because some men who adopt traditional masculinity norms are quite reluctant to take precautions, get tested, and/or get treatment. However, I understand that those men have very different fears and are closely related to their gender identities, although they say that they do not have any disease concerns during the interviews. At this point, the main theme was unemployment-related concerns. Many participants said that they were afraid of being unemployed rather than being sick during the pandemic. This situation can be understood from the following words of M5:

“I was more afraid of being unemployed than of being sick. I am in the private sector. Our industry has become downsized, and some of our friends have become unemployed, I was very afraid of things like falling into the same situation and being unemployed.” (M5, aged 31, sales assistant, university graduate, married)

Reports show that the pandemic has deeply affected many sectors, especially the service sector and has increased unemployment, and has changed working styles or environments around the world (TWB, 2020; BBC, 2020; DW, 2021). It is even noted that the pandemic has affected women-dominated sectors more negatively (Kalaylıoğlu, 2020; Orefice, Quintana Domeque, 2020; Alon et al., 2020; Aygüneş and Ok, 2020). It is possible to say that M5's concerns are very humanistic reactions under neoliberal conditions, regardless of gender. However, quotes from respondents about unemployment concerns, including M5, show that fear of unemployment is not gender-neutral. The majority of the participants do not perceive

unemployment only as an economic loss, but also interpret it as a phenomenon that shakes their masculine identities. Unemployment is experienced as a kind of tightness for men, especially by patriarchal and sexist men (Türkoğlu, 2013). We see that during the COVID-19 pandemic, men are discharged as well, although not as much as women (Ruxton and Burell, 2020; Alon et al., 2020), and this is experienced by men as a kind of psychological tension (Ruppanner et al., 2021; Khan et al., 2020). These concerns can be seen in the quotations of M12. The participant interprets being unemployed as a psychologically destructive rather than an economically destructive situation, and defines male unemployment as a “weak link”:

“My biggest concern was being unemployed... If I become unemployed, I will find a job after a while, but it will take three or four months to recover. It will be much more difficult for me to recover spiritually than financially. After all, you become the weakest link after being unemployed, and being the weakest link has psychological difficulties. People won't even engage in conversation with an unemployed man. In our culture, they don't even see a man who is unemployed as a man. However, if women are unemployed, they go to their families and ask for help, but the man cannot. At least I can't. The last time I got money from my father was at the age of 16, it was very painful to receive it at that age. A 40-year-old woman can take as much money from her family as she wants. That's why men were always afraid of unemployment in the pandemic, and I was afraid of being unemployed, I was not afraid of getting sick.” (M12, aged 30, worker, high school graduate, married)

The above quotations indicate that patriarchal and sexist men feel feminized in patriarchal relationships when they are out of work. In this context, the economic conditions caused by the COVID-19 pandemic forced men to feel feminine. These concerns can be seen very clearly in the quotations of M1. 21-year-old M1 living with his mother states that he lost his father in a traffic accident three years ago and that his mother received social assistance from the government. The participant, who said that he had to take the responsibility of bringing bread to the house because he was the “man of the house”, states that he left university to work in a regular paid job. These negative conditions and the masculinity roles that he has to carry can be stated as the factors that increase the fear of being unemployed and the loss of masculinity in the pandemic. As Sancar (2013) stated in her study, almost all men in Turkey define masculinity as the ability to fulfill responsibilities. Moreover, Sancar (2013) states that this sense of responsibility comes to the fore much more in men with low socioeconomic levels:

“I was just afraid of being unemployed. Once I am the only working person in the family, after being unemployed, the unemployment pension can only be enough up to a point. It's not a sufficient amount anyway. But thank God I did not experience these bad situations. I'm working now, but I would be very embarrassed if I couldn't work because I feel very bad when I spend my mother's money.” (M1, aged 21, warehouse assistant, high school graduate, single, lives with his mother)

As in the case of M12 and M1, men's fear of unemployment rather than the virus arises due to traditional masculinity norms, as I tried to show in the first theme. When I look at the life stories of the participants, it is found that many men socialize to different degrees based on the dominant masculinity stages which are seen as an obligation for men in Turkey. These include the stages of masculinity such as being circumcised, attending military service, finding



a job, and getting married to a woman (Barutçu, 2013). Moreover, being unemployed and spending "women's money" are perceived as the biggest threat to masculinity, regardless of age and class, and men in this situation are often excluded from the community (Türkoğlu, 2013, p. 34). At this point, M3's pandemic experiences offer important findings for two reasons. First, M3, who has two children and works as a worker in a factory, has the longest duration of unemployment among participants. Secondly, he says that since the participant's wife works in the public sector, she was not affected by unemployment and therefore she was the breadwinner of the house. In a way, the situation that M3 experiences correspond to the fear of spending "women's money" (Türkoğlu, 2013, p. 34) that I just mentioned. It is understood that masculinity is a gender identity that is built based on breadwinner and sole provider roles according to the participant's world of meaning and is lost if these are not met. This way, I also understand that masculinity always carries the risk of being lost as Kandiyoti (1987, p. 327) stated. Besides, M3's quotation shows that unemployed men experience psychological tensions by being stigmatized, and beyond that, men hesitate to tell this problem to others:

“I had to take a six-month unpaid leave once before. Frankly, I didn't feel much pressure from my family, or maybe they didn't reflect it on me. But people around were saying ‘his wife is working and he is goofing around.’ Men have more difficulty in these matters. Honestly, I didn't share it with anyone. I am not a very extroverted person, I live things mostly within myself. At that time [when I was unemployed] I didn't want to speak with anyone anyway. I try to deal with these kinds of problems by myself so that I don't bother others.” (M3, aged 55, worker, high school graduate, married)

The fact that the participant remains silent while dealing with the problems he experiences is actually due to the same situation I mentioned at the beginning of the findings. Some men have difficulties in explaining their fragility due to masculinity expectations such as looking tough and strong (Goldberg, 1976). A similar situation can be seen in the observations of M11, who works as a psychologist at a police station. He has observed that men are also reluctant to apply for social assistance, even if they are unemployed due to the pandemic: “*Almost all of the people applying for social assistance or going to municipal aid campaigns are women. Men think that this is an embarrassment and a failure.*” This situation, as quoted by M11, coincides with the findings of the studies examining the social assistance-seeking behavior of poor men. Studies indicate that patriarchal and sexist men who face poverty for various reasons experience social assistance as a kind of loss of masculinity and are reluctant to receive assistance (Fodor, 2006; Çarpar and Göktuna Yaylacı, 2021).

I understand that the reactions of men to the erosion of their gender identity by the COVID-19 pandemic are unfortunately not limited to being silent and ashamed to seek help. For example, it is understood that M6's brother was unemployed due to the pandemic and was excluded from patriarchal relations just like in M3's experience. However, according to participant narratives he tried to eliminate these fractures in his sense of masculinity by developing toxic masculinity (Clemens, 2017) features such as violence:

“Due to the pandemic, the work at the factory where my brother worked began to slow down and he became unemployed because of this. His wife was pregnant and was due to give birth three months later. Of course, he feels under pressure.

Especially his wife's family puts pressure on him because he doesn't work. "Since you married my daughter, you have to take care of my daughter", her father says, "if you do not have the money, why did you get married and now you don't even have a job." He probably has problems that I don't know about because he hides them from me. He cannot pay the rent and has problems with the landlord. In these tough times, there is also violence at home because he is overwhelmed. My mother told me all this stuff. My brother did not tell me but I'm certain that this happened." (M6, aged 30, teacher, university graduate, single)

Reports and studies state that male violence has increased during the pandemic process and that with the pandemic, women are at greater risk of violence (Gupta and Stahl, 2020; Westmarland and Bellini, 2020). Similarly, M11, who worked as a psychologist at the police station, says that the cases of domestic violence have increased with the following words: "*I was working at the police station from the beginning of the pandemic until the end of 2020. I know that domestic violence applications are increasing. It had been lower before, but recently it increased a little more in the process of total shutdown.*" Because the home does not create a safe environment for every woman, and women become much more exposed to domestic violence in the isolation as M11 states (Westmarland and Bellini, 2020). According to the quotes of the participants, this problem, which deepens with the pandemic, seems to be caused by the meaning of masculinity with codes such as being the breadwinner of the house, working and developing a superficial relationship with the private sphere, and their sharp interruption during the pandemic process. According to M11's observations, in some cases, especially in poor neighborhoods men's reluctance to participate in housework also increases domestic violence:

"During the process, I witness men saying: When will the process end, I can't stay at home, I'm fighting with my wife. Because why should a woman have to put up with a man who watches television until the evening, always asks for tea, does not help with cleaning, and is against everything? This is the lower-income group I'm talking about, the lower part of society. A father who doesn't help his child with his/her homework and yells at his wife over tea. Think of a father who does nothing at home so the violence occurs." (M11, aged 32, the psychologist who worked in the caring environment in the process of the pandemic before, university graduate, married)

M11's quotes remind us that not only gender is the determinant in the pandemic experience, but also a very important factor such as social class. Some men's fear of unemployment rather than illness, their refusal to seek help, and their display of toxic characteristics at home provide clues that the pandemic was experienced as a masculinity crisis on the stage of history. Some macro developments such as modernization, feminist movements, and globalization cause the crises of masculinity by eroding and shaking the basic roles that construct the masculinity identity of many men (Sancar, 2013). In a way, the crisis of masculinity is experienced in times and places where men cannot adequately perform their traditional roles, and in crises, many patriarchal and sexist men resort to a kind of remasculinization strategy such as violence (Sancar, 2013). However, although it is difficult to predict the future, there may not always be bad scenarios. I also understand that the COVID-19 pandemic can make men more egalitarian. Some participants have participated in housework and experienced this as a positive development. In other words, the pandemic may also act as a *catalyst* that reinforces and provides gender equality in some cases (Ruppanner et al., 2021). As an example, M5, who is a father and his wife is a housewife, explains that he participated more in housework during



the pandemic process and that he was satisfied with this situation: “*After the lockdowns, I started to take care of my family more and became more home-loving. I used to be outside all the time, but now I say that wherever my wife and child are, is my home.*” Similarly, W2 also gives me some clues that masculinities can change positively during the lockdown process:

“My husband is not working at the moment, but he is paid because he works in the public sector. My husband would never have helped me before, but now he's interested. For example, he gets up and cleans the seats, uses the vacuum cleaner, etc. He gets up early and helps the children with their lessons and other household chores. He helps children with their lessons, and if they go to school, he prepares them for school. When children come back from school, as soon as they walk through the door, he takes off their clothes, throws them in the washing machine, and baths them. He has no trouble with it. I think the pandemic has been very advantageous to us [laughs]” (W2, aged 30, caregiver, high school graduate, married)

However, just as I tried to reveal in the first theme, homosocial relationships sometimes have the potential to prevent men from participating in housework even if they are willing. W4 states that her husband has started to spend more time at home during the pandemic and helped her more than ever before. However, I also understand from W4's quotes that men who participate in housework or help their spouses are at risk of being excluded from homosocial environments:

“Normally, he never hung laundry or vacuumed the house. It was almost 5-6 months old. He started to support me more in this regard, he started doing more household chores, even though he was working harder than me. But his friends were making fun of him. He usually feels embarrassed for this reason.” (W4, aged 28, healthcare worker, high school graduate, married)

Just like masculinity, masculinity crisis can be experienced differently according to different intersectional factors and masculinities can change in case of crisis (Sancar 2013). In the light of this view, the pandemic process may not be perceived as a positive development by every man, just as it cannot be experienced by every man as a crisis of masculinity. Since this study is qualitative research, it is not easy to say under what conditions men perceive the pandemic as a crisis and/or as an opportunity for change. However, according to the data I obtained from these few participants I interviewed, it seems possible to say that men with higher education levels are more likely to change.

Conclusion

Disasters and crises are events that reveal social context and history (Enarson and Pease, 2016, p. 3). As in other epidemic experiences, it is understood that patriarchy causes serious damage to both men's health and public health during the COVID-19 pandemic. According to the findings of the study, men who grew up in a cultural atmosphere where traditional masculinity norms are strictly adopted often perceive worrying about the virus as a feminine practice; therefore, they underestimate the most common symptoms of COVID-19. Besides, these men believe that their immune systems and biological structures are much stronger than women, but this strong belief makes it difficult to diagnose the virus. Moreover, men sometimes do not care about measures due to this belief. Traditional masculinity norms sometimes make it difficult to treat COVID-19 as it offers men to take risks as a masculine

construction and performance. For this reason, men's cooperation with hegemonic masculinity ideals and their adherence to traditional masculinity norms threaten both men's physical health and public health.

As Hooks (2004) stated, it becomes clearer when we examine the findings that patriarchy is a kind of social disease that damages men's bodies and souls. Because in the meaning world of patriarchal and sexist men, being unemployed means being excluded from the masculine community and even not/cant being a man. It seems that the pandemic has strongly reinforced these concerns in men. As it stands, for patriarchal and sexist men, even being sick is a much better option than being unemployed. This situation gives some clues that the pandemic is experienced as a masculinity crisis in the social memory, albeit at an imaginary or discursive level. There are also cases to the contrary. The findings show that men with a higher education level and who were brought up in a more democratic family changed their understanding of masculinity positively or at least tried to change it during the social isolation process. As Connell (1987, p. xiii) stated, even the beneficiaries of an oppressive system like patriarchal and sexist men, "can come to see its oppressiveness, especially the way it poisons areas of life they share." In this respect, the pandemic may also be a chance to become more aware of the gender inequalities we witness in many areas, especially in the home. For these two scenarios, further studies are needed on a macro scale.

My findings in the study reveal that, in general, the pandemic is a gendered experience in terms of both its health-related consequences and its social consequences. However, the pandemic experience of men does not differ only according to gender, as the findings give clues that factor such as the level of education and sexism, especially the class position, is quite determinant. The most important lesson that can be drawn from this is to see how the establishment of an egalitarian gender culture is beneficial not only for women or disadvantaged groups of society but also for public health. In this respect, it is necessary to consider the positive litmus paper effect created by the pandemic in the health, education, social services, and family policies to be determined in the future.

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