

9 'I haven't died yet'

Navigating masculinity, aging and andropause in Turkey

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Men encounter varying crises regarding their masculinities throughout their life courses, such as the crossroads at when they cannot find a decent job and cannot maintain the 'breadwinner' position at home (McDowell 2003), or the watershed when they start college and endeavour to get in on fraternities and circles of friends (Kimmel 2009). Men would *normally* be expected to adapt their masculine identities to these changing conditions and when they fail to do so they are tagged as 'in crisis'. Men also face a crisis as they get older: andropause ('male climacteric' or 'the male menopause' or 'low testosterone') frames the current discourse of this moment of crisis that men at a certain age may experience.

In the broadest sense, masculinity is imagined and experienced through a set of tests, challenges, struggles and competitions that involve not only women, but also, more significantly, other men. Representations of masculinities across cultures depict this sense of exertion and strength. Hegemonic masculinity (Connell 1995) is symbolically constructed via these portrayals of frenetic power and boisterous success.¹ When the male subject fails to enact such hustle and bustle of virility, he is gradually deemed marginalized, dissident, excluded or subaltern; somehow lacking manhood, a wounded masculinity. Andropause poses this threat of losing masculinity; the sense of championship mislaid, through men's own bodies – somewhere the struggle is at its highest difficulty. Men encounter and strive to deal with the threat of losing their sense of masculine selves not from outside, but from inside, from the very source of their own manhood.²

This chapter examines how andropause is framed and analysed through the discourses of aging and masculinity in Turkey, where public debate about masculinity is yet to be matured and stabilized. First, we outline the discussions around andropause in the intersection of medicine, medical sociology and gender studies, and then we move on to locate specific uses of the term in popular discourses in Turkey.

Andropause: is it really 'male menopause'?

Early examples of the literature on medicalization and gender dynamics focus on women, and mostly consist of feminist critiques, with the argument that women's bodies (and particularly reproductive functions) are the principal site for medicalization and medical intervention. Examples include medicalization of childbirth and pregnancy (Rothman 1989), menstruation (Martin 1987), infertility (Inhorn 1994) and menopause (Guillemin 2000; Houck 2006; Lock 1993; Watkins 2007a). Social scientific narratives of medicalization of male bodies are more limited, and more recent, including the role of Viagra and its variants (Loe 2004; Wienke 2006; Marshall 2006), male aging and andropause (Marshall 2007, 2009; Conrad 2007; Szymczak and Conrad 2006), prostate cancer (Broom 2004; Oliffe 2005), disability (Gerschick and Miller 1994), and, more generally, relations between masculinity and health (Courtenay 2000; Sabo and Gordon 1995).

Andropause has a fluctuating, if not contested, medical history (see Watkins, this volume). Interest in male aging and therapies for rejuvenation was a popular subject in Western medicine in the late nineteenth century. However, male menopause disappeared from the medical radar as an aging issue till the end of twentieth century while the female climacteric was increasingly medicalized, until it reappeared in 1990s (Oudshoorn 1997; Szymczak and Conrad 2006; Watkins 2007b).

Within the social science literature on andropause, Conrad (2007) focuses on the role of pharmaceutical corporations in coming up with the medical category of andropause, while Marshall (2007) argues that medicalization of the aging male body is a result of cultural reconstruction rather than new scientific evidence. We agree with both of these statements, and would like to further this argument by showing how the cultural reconstruction of andropause can also include resistance to medicalization, by presenting the Turkish example.

In Turkey, the process of the medicalization of menopause triggered a similar vein of medicalizing discourse on the aging male body. Even though narratives of andropause suggest a biomedical approach to a (hormonal) change that men go through after middle age, it may not be correct to label this process as 'medicalization' of male aging per se.³ Especially compared to the medicalization of menopause, this move toward popularization of andropause does not involve the necessity to be under medical supervision due to possible dangerous effects of 'the change', as was the case with women. While the leading emotion behind medicalization of menopause is fear (particularly of osteoporosis), the underlying emotions that accompany andropause are anxiety (over maintaining heterosexual virility, 'heteromascularity') and shame (if the masculine subject fails to stay as virile as he was). There is also a considerable amount of tolerance for the predictable changes in behaviour that may come with the hormonal change, such as optimistically feeling more energetic and/or going after younger women.

Research on Turkish masculinities

Feminist thought and women's groups in Turkey were first to question men as gendered beings and the particular masculinities that men enacted as early as the late 1980s. A focus in the academy on men and masculinities within a gender studies framework came much later. The first significant compilation of research and meditation on men and masculinities in the Turkish language was published as a special issue of the leading social science journal *Toplum and Bilim* in 2004 (Sokmen 2004). Since then, researchers have written many books, journal articles, MA theses and PhD dissertations on masculinities in Turkey or about Turkish men in diaspora (see e.g. Aktas 2009; Atencio and Koca 2011; Basaran 2007; Bereket and Adam 2006; Bilgin 2004; Delice 2010; Ehrkamp 2008; Erol 2003; Ewing 2008; Kizilkan 2009; Özbay 2010a, 2010b; Sancar 2009; Sinclair-Webb 2006).⁴

This body of research and commentaries concentrated on a range of specific domains of Turkish masculinities. One of these areas that govern men's lives as gendered subjects is the relation between military institutions, regimes of state-sponsored modernity and the different instruments of the Turkish nation-state. The desire for and the disciplining processes of modernization and Westernization shaped and reshaped how men in Turkey saw themselves in a self-reflexive manner. Men were invited to play a constitutive role in the construction of the enlightened, decent citizen, 'the new Turkish man', by official state discourses and the multiple regulatory mechanisms including law and the army. The new Turkish man was responsible not only for transforming himself into a modern, Western, republican, secular, rational, educated, wilful subject but also for moulding people around him, such as his family, kin, friends and neighbours. When he could not perform as expected as the new man (or, when he resisted doing so), he was excluded from social and political relations and represented as the insular, dissident, backward – if not criminalized – subject, a socio-political pathology.

Another field of concentration in studies of men and masculinities in Turkey is the various sexual actions in which men engage. Documenting the discursive and spatial aspects of the counter-normative and dissident sexual subcultures (or queer sexualities) in Turkey was on the rise while, on the other hand, the detailed analysis of heterosexuality and its patterns of institutionalization were mostly absent. Although modern Turkish man was depicted as heterosexual, married with children, or moving along that path of reproduction in the official state discourses, the increasing power of global cosmopolitanism, tourism and tolerance for social diversity enabled sexual minorities to gain visibility and representation in the liberal discourses as one of the subaltern and disadvantaged group in society. However the complex interrelations among men, who embody diverse masculinities, are still relatively under-represented in public and academic discussions in relation to family issues and changing relations between women and men.

Men in Turkey are studied as a monolithic category without paying full attention to the inherent, intra-group distinctions that men can have. How different men are positioned in the social map of symbolic hierarchies based on their age, ethnicity, body, sexuality, class or location is mostly understudied. Instead, a well-rooted understanding that puts men and women – as two coherent, stable, mutually exclusive groups – in opposition and strives to elucidate gendered dynamics between the two sexes persists. Beyond this conventional view of the patriarchal sex-division, which is based on an unquestioned dichotomy between women and men, the ways in which certain domains of life, such as the economy, sports, popular culture and religion, affect and reconstruct men and masculinities in Turkey are also unexplored.

Hegemonic masculinity (Connell 1995) in Turkey is largely narrated through a holistic male sex identity that encompasses all males and not via specific masculine gendered practices, with the significant exception of effeminacy. In other words, all male bodies are automatically deemed to embody hegemonic Turkish masculinity without particular reference to how these men individually project their manhood in terms of bodily movements, gestures, social relations and subjectivity. In this context, hegemonic masculinity becomes an elusive concept, which sometimes overlaps with the classical patriarchal view (male domination over women), and fails to underline the differences and relations *between* men from a prism of power dynamics. Honour (*namus*) is highlighted as the cornerstone of Turkish masculinity and it is defined most commonly as the men's dominion over women's bodies. Given this insufficient focus on intricate power relations between men, we can conclude that hegemonic masculinity in Turkey is largely construed by means of representation of political figures, popular opinion leaders, celebrities and their lifestyles. The male body, its abilities and disabilities, certain illnesses (including AIDS) and the dynamics of aging (including andropause and erectile dysfunctions) are not among the concepts and issues that govern public and academic discussions on hegemonic masculinity in Turkey.

Masculinities and andropause

The *Oxford English Dictionary* defines andropause as 'a collection of symptoms, including fatigue and a decrease in libido, experienced by some older men and attributed to a gradual decline in testosterone levels', while it presents menopause as 'the period in a woman's life (typically between the ages of 45 and 50) when menstruation ceases'.⁵ Even the simplest dictionary definitions of the two sexed terms for (more or less) the same life period do not match. Menopause is deemed as a threshold through which clear temporal distinctions apply: whether a biologically female body is in menopause or not. However, andropause is a more complicated case to investigate, identify and classify. It is indeed an *indeterminate* 'collection of

symptoms' originated by the decrease of testosterone levels (if they decrease at all) that can be encountered by *some* men at different ages. In other words, andropause is a specific discourse that draws on ambiguous cultural and bodily narratives as they are reformulated and reproduced under the heavy influence of global pharmaceutical industry and the new privatized health regime.

The intersection between gender and health has long been analysed via women's bodies (Rosenfeld and Faircloth 2006). The relations between masculinity, health and the (male) body have primarily been explored through conceptions of risk, vulnerability and 'the costs of manhood' (Bourke 1996; Connell 1995, 2001; Messner 1997). Basically, there are diseases only men can have, such as prostate cancer, and diseases that men have a higher possibility of getting, for example, cardiovascular diseases. Masculine lifestyles in their hegemonic versions undermine job security and healthy diets and superimpose fast cars, heavy drinking, interpersonal violence, dangerous sports as well as embodied courageousness during war and military conflicts. Andropause, on the other hand, seems biogenic and thus independent from lifestyle choices that are regulated by hegemonic masculinity. It is seen as almost an arrival point that all men will eventually experience if they live long enough. Narratives of andropause are also contingent on men's fear of , and tendency to underestimate the pain and shame from, the physical symptoms they might experience. Men who enact, or endeavour to enact, hegemonic masculinity tend not to feel and talk about the processes that their bodies go through.

Maybe this reticence of men is the reason why the sociologist Don Sabo (2005: 336–40) in his review article did not include men in andropause in his list of 'male groups with special health needs'. He listed 'adolescent males, boys with ADHD, gay and bisexual men, infertile men, male athletes, male caregivers, male victims of sexual assault, men of color, and prisoners', without any reference either to 'aging men, old men' or 'men in andropause'. Despite the relative lack of academic interest in men in andropause within the field of masculinity studies, andropause is gaining visibility and recognition, especially through its link with erectile dysfunctions, the unstoppable rise of Viagra and other 'male enhancement drugs', the commodification of masculinity vis-à-vis surveillance, medical control and intervention. The male body in general has been progressively medicalized and andropause provides a significant niche in this trend with its concern with the two least contestable elements of masculinity: virility and potency.

In spite of the fact that men in andropause can be depicted with certain 'problems', such as drowsiness, lethargy, frailty, diffidence, atrophy and dilapidation at work, the most important single factor that characterizes andropause is sexuality. Lower libido and difficulty in having and sustaining erections mark the catastrophe of the almost-castrated man in andropause. In this sense, andropause matters because, more than anything else, it kills the potent man – the sexual male subject.

Discourses of andropause in Turkey

We have analysed a total of 247 articles and columns from five daily newspapers that are distributed nationally (namely *Akşam*, *Milliyet*, *Hürriyet*, *Sabah*, and *Zaman*) between the years 2000 and 2010. *Hürriyet* and *Sabah* are among the well-established and popular mainstream newspapers with high circulation figures. They cater to an imagined Turkish middle-class audience with a tendency to a central-right political viewpoint. Most of the articles in our sample came out of these two newspapers (95 articles from *Hürriyet* and 93 from *Sabah*). *Milliyet* is well known for its well-educated, urban, professional body of readers with central-left and secularist sensitivities. *Akşam* is a relatively young newspaper with lower circulation figures. *Zaman* is the most-read conservative, moderately Islamist newspaper, included for the sake of diversity in our sample.

Based on our analysis, there are roughly three main categories in the popular discourse on andropause in Turkey in the first decade of the twenty-first century. These categories are:

- andropause as a health problem;
- andropause as an explanation for marital infidelity or mid-life crisis;
- andropause as an insult.

The first of these categories relates to the medicalization of andropause by defining it as a medical problem, while the other two extrapolate on that 'medical' definition and combine it with the existing expectations and anxieties about masculinity. For all these categories, 2006 appears to be a turning point. Although andropause was mentioned in news stories (particularly health-related ones) before this date as well, there was an explosion in newspaper articles after this date, partly due to scandalous events that involved celebrities.⁶ This led to discussions on what exactly andropause is, and whether or not it is different from more common conceptions of ordinary 'mid-life crisis'. Around the same time, a famous newspaper columnist, Selahattin Duman, introduced the derogatory term *azgın teke sendromu* (horny goat syndrome), in reference to male goats who start chasing young goats in the herd in their old age (Duman 2006). Although he stated that he does not believe in andropause, the term *azgın teke* came to be associated frequently with andropause, which contributed to the word andropause being used as an insult on its own. The popularity of andropause and *azgın teke* discussions in the media even led to a sarcastic pop song called 'Andropoz' (Andropause) in 2008, written and sung by Attila Atasoy, a middle-aged pop singer.

Framing andropause as a health problem

This category consists of news stories in the health/wellness sections of the newspapers, or interviews with the experts, mostly urologists or

endocrinologists. The general narrative in these texts is that andropause is a health problem due to decreased levels of testosterone especially after the age of 40, although it does not necessarily happen to every man. Despite the fact that there are sub-categories within this group, like comparisons with menopause and mid-life crisis, the common point in all these stories is the medical language and reasoning evident in explanations.

The most typical example of this category is articles that try to answer the question ‘What is andropause?’ In these articles, andropause is defined as decrease in testosterone levels that can lead to symptoms like decreased libido, depression, weight gain, energy loss, decrease in muscle mass and sleep problems. In some stories, andropause is listed, yet not necessarily explained in detail, as one of the risks (or health problems) that come with aging.

There is usually stress on the symptoms of andropause as preventable, if a man takes care of himself properly and takes necessary precautions. The following is a quote from the mainstream newspaper *Hürriyet*, where Professor Akkus, a doctor interviewed regarding andropause, is answering the question ‘What is this thing called andropause, or mid-life crisis?’

Decrease in testosterone. Not just testosterone, but the change in the biologically active testosterone levels and the balance between testosterone and estrogen. With hypogonadism due to advanced age, testosterone decreases and the balance tips at the advantage of estrogen. This affects some men. It’s not right to say ‘Men have andropause’. Mid-life crisis is also a reflection of hormonal changes. Other psychological factors are probably effective as well. They have the anxiety of ‘I’m running out of time. Am I missing the boat?’ I should also emphasize that it’s not correct to say ‘His hormones have decreased, that’s why he’s in mid-life crisis.’ Mid-life crisis occurs when the hormonal changes are added to the negative effects of economic and social state, decrease in work performance and some physical changes. Not all men necessarily go through andropause.

(Ersan 2005)

So, andropause is certainly related to the change in hormone levels that comes with aging, however it does not negatively affect all men. It is important to note that the medical discourse presented here separates andropause (which is related to hormones) from mid-life crisis (which is a combination of hormone levels and outside factors). Medical doctors in particular endeavour to explain the possible differences between what is deemed as andropause and the symptoms of mid-life crisis.

The most frequently mentioned symptom of andropause is decreased libido, which is related to the mid-life crisis stories in the second category. Decreased libido is equated with the loss of masculine identity and most of the stories in this fashion stress the importance of sexual performance for a man’s gender identity. Several stories cite the decrease in sexual desire and erotic performance as the reason for depression and irritability in

andropause, and mention that this can lead to sexual adventures to prove one's manliness. Some articles, like the one below, cite the 'new woman' as a source of anxiety for an aging man, and offer medical assistance.

When men want to be with a new woman, they get discouraged, especially if the woman is younger. Men coming from Anatolia feel the need to go through an andrological check-up and run to Prof. Dr. Halim Hattat to learn about their performance in bed generally when they are going to marry again and the new spouse is significantly younger. 'He is married, with several wives, and he is seventy years old. He wants to be with a new woman now. And we want to help him, because there is an interest, desire for sexuality here. If there is desire, we can help him, and increase his sexual performance regardless of his age.'

(Kartal 1997)

This is an excerpt from an interview with Halim Hattat, who opened the Andrology Hospital (Hattat Özel Üro-Androloji Hastanesi) in Istanbul, and the aim of this interview is mostly to introduce the services provided by this new institution. It is also interesting that this interview was an earlier example of newspaper articles on andropause, taking place in 1997, before andropause became popular. Here we see a big emphasis on sexual desire in aging men, and a meticulously non-judgemental approach that prioritizes the demands of the applicants. However, there is also a disregard for the people he is interacting with, particularly the younger wives who are in an illegal (and unequal) polygynous relationship with the 70-year-old man in question.

An important sub-category of these stories is the comparison between menopause and andropause. Andropause is called 'male menopause' or 'male climacterium' in some of these stories, and in some others it is emphasized that andropause is different from female menopause. Another part of this comparison is the amount of attention that menopause receives in popular culture, and how andropause (and aging in men) is a relatively neglected topic. Osman Muftuoglu, a well-known doctor who has a standing column in the daily newspaper *Hürriyet*, touches upon this issue when commenting on the news stories written on andropause:

Last week we lived through a serious 'andropause storm' that made quite a mess. Since the issue is related to sexuality and on top of that, is of concern to men, we shouldn't be surprised of the noise it made. Another reason of the storm is that Turkish society withheld the attention it freely gave to menopausal women from men. There are menopause societies that study the problems in menopause that women go through and seek for solutions. Let alone forming societies, men were completely silent about this issue. The mid-life crisis stories that came up one after another in the last two-three months gave [them] this opportunity.

(Muftuoglu 2006a)

Muftuoğlu considers the mid-life crisis stories as an opportunity to talk about andropause as a health issue, while highlighting his concern about the lack of attention paid to it. In addition, there is again the emphasis on how andropause should be framed differently from the mid-life crisis, even though the two can be seen in a patient at the same time.

Another crucial difference between menopause and andropause lies in the treatment approaches. Medical doctors are more cautious in advising hormone use in andropause compared to menopause. That may be partially attributed to the legacy of hormone treatments related to menopause (though in some examples both hormone treatments are advocated) and partially to the belief that andropause is not a universal experience like menopause. For instance, Professor Akkus, who is quoted above, answers the question ‘Do you recommend hormone supplementation to men suffering from lack of testosterone, like menopausal women do?’ as such:

Not all of them. One has to think twice when giving hormones to men. Testosterone especially affects the prostate directly. It can trigger enlargement of the prostate gland or prostate cancer. Long-term treatments have side effects. It can negatively affect the liver and the nervous system.

(*Hürriyet* 9 Aug. 2005)

In this logic, elucidated by an expert, vulnerability is attributed to men’s bodies. Even though long-term hormone treatments can have negative effects on women’s bodies as well, in the masculinist tone of talking about andropause, men are subject to higher standards of caution and anxiety. It is the men’s bodies that should be protected.

‘Azgın teke’ syndrome: andropause as an excuse for marital infidelity

In the second category of news stories, andropause is portrayed as a social problem because it is seen as a reason for marital infidelity and crisis that may end with divorce. In this sense, andropause threatens and undermines the sacred social institution, the nuclear Turkish family, especially for the conservative-Islamist newspapers. The prototypical crisis portrayed is that the middle-aged man will start having a decrease in his libido and sexual performance, leading to a loss of self-confidence, and will cheat on his wife in an attempt to regain his masculine self-assurance and bravado. However, in most narratives the relation between loss of self-confidence and unfaithfulness is not fully questioned. It is considered as totally understandable that a man who has doubts about his sexuality would cheat on his wife and search for a younger, more attractive sex partner who can both challenge and prove his virility.

Several news stories in this category involve interviews with popular figures who had left their wives for younger women and with their wives.

Examples include Halis Toprak, a major businessman; Neco, a pop singer; and Yasar Nuri Öztürk, a popular religious and political figure. One of the questions frequently asked of the wives is 'Do you think your husband did this because of andropause?' Attributing infidelity to a hormonal, medically accepted cause seems to be a tolerable and legitimate explanation. The question 'Are you in andropause?' is also asked of middle-aged men during interviews, sometimes regardless of whether they have issues with their wives or not. In this sense, we can say that the reporters or interviewers contribute to the narrative of andropause as a reason for mid-life crisis and infidelity by the frame they provide in these stories.

Some experts, when interviewed on the subject, make the connection between andropause and the search for a younger sex partner explicit:

Prof. Sevuk, who emphasizes that men enter andropause after a certain age, stated that andropause is a psychological disorder despite the commonsensical belief that this disease does not affect sexuality. Attributing the condemnation of men in advanced ages who still feel young and are with younger women to the perspective of society, Dr Sevuk said 'Yet this relationship is completely normal. The societal judgments of "He is with a woman at his daughter's age, he is suffering from aging syndrome" has nothing to do with the sexuality of the man. There is also a psychological dimension for old men to be with young women. Young partner is the best aphrodisiac. When a man is with a much younger woman, his life view changes and his motivation and success increases.

(Kunar 2002)

It is intriguing that here andropause is accepted as a psychological disorder rather than hormonal change or disturbance, while there is great tolerance (almost total legitimization and normalization) for aging men searching for younger sex partners. This psychologizing explanation is also used to explain marital infidelity and divorce cases in middle-aged couples. According to Dr Hattat, one of the most important self-claimed andrology experts of Turkey, 'andropause is a period when men cheat most'. Another public figure Dr Muftuoglu agrees with him in the same article and notes, 'Men in andropause stray more' (Muftuoglu 2006b).

Islamist-conservative newspapers and their columnists demonstrate greater anxiety over marital unfaithfulness and the possibility of divorce related to andropause and men's crisis more than the mainstream newspapers we surveyed. In *Zaman*, for example, one of the few articles on andropause listed its dangers, one of which was 'men divorcing their spouses and marrying younger women'. This was considered as 'perhaps the most dangerous' of the outcomes of a mid-life crisis/andropause, and was attributed to 'lack of strong bonds with the family' and 'lack of spiritual values' (Köseli 2010). It is very striking that this piece was the only one with a detectable critique of popular culture and the objectification of women related to andropause. The

place of Islam – as one of the factors in marital infidelity due to andropause is rooted ‘lack of spiritual values’ – is also emphasized only by *Zaman* while mainstream-secular papers do not refer to religion in their narratives of andropause.

Insulting aging men: andropause as affront

In the final category of stories, andropause is used as an insult referring to mid-life crisis and aging. Aside from the *azgın teke* term explained above, which refers to the inappropriate sexual desires of aging men in mid-life crisis, columnists use it to demean rivals or popular figures, and politicians use it to criticize a rival party structure. An example of the former would be one columnist blaming another for being ‘an andropausal man who turns love and women into kitsch with his theories’ of understanding women (Turgut 2010). The implied meaning here is that an increased interest in women and relationships, and perhaps an unnecessary ambition to analyse these issues, is indicative of andropause.

The political element is slightly different from this meaning focused on love, sex and relationships with women. In 2009, at the height of *azgın teke* discussions in the magazine news, Sukru Ayalan, who was the deputy chairman of the ruling party (Justice and Development Party, JDP) at the time, accused the opposition party (Republican People’s Party, RPP) of ‘being ruled by administrators under menopause-andropause syndrome’ (*Milliyet* 6 Oct. 2009). The context of his criticism was RPP’s stubborn strategy of creating crisis and tension instead of coming up with solutions. Although this is a frequently pronounced criticism by ruling parties in general of the opposition party, backing up this trope with ‘menopause-andropause syndrome’ is a new strategy. Instead of a sexualized meaning, here the insult is more directed at the aging component of andropause, with the image of an old and stubborn person who does not want to change their ways and so harms those around him or her.

Conclusion

The politics of masculinities and the roles men might undertake in gendered intimacies in and outside the family became issues of social contestation not only in popular discourses but also in academic research and theoretical thinking in Turkey over the last decade (Özbay 2010a; Özbay *et al.* 2011; Sancar 2009). The media content we presented above points to a type of resistance to the tide of medicalization of the aging male body in popular narratives, through constructing andropause/male menopause as an excuse for impetuous (sexual) boyish mischief in the Turkish case. The hormonal portrayal of andropause in the medical discourse provides the basis for a more psychological explanation for mid-life crisis, which is characterized by the anxiety to prove virility and sexuality.

Despite the fact that narratives of andropause are often built upon the conceptualization of 'male menopause', aging male and female bodies are deemed and represented in quite different ways. The gendered construction of the aging female body invokes menopause, which involves an increase in responsibility on the woman's part to take care of herself, her body and her health, and make the right decisions while doing this (Erol 2009). Unlike the increased responsibilities for the menopausal woman, discourses around aging male bodies lead to a decrease in responsibility for men, creating a playful space in which men can have access to greater freedom, especially in terms of gender and sexual relations, as can be seen in the stories of marital infidelity justified, normalized and even encouraged with the instantiation of andropause. The health-related obligation to seek medical help and surveillance is still present in the andropause narratives of health columns and interviews with doctors. However, most advice depends on the existence of complaints defined around virility, mostly related to decreased energy or libido, rather than being about prevention as it is in the case of menopause. The difference between the menopause and andropause narratives is particularly striking given the 'universal', 'natural' and 'inevitable' character of menopause versus the 'individual', 'preventable' and 'trivialized' constructions of andropause.

In this context, hormones become *the* explanation for a psychological condition, in which middle-aged male subjects enact social misconduct and become negligent in their social and intimate relations. The counter-narrative for the tolerance shown to the 'boyish mischief' aspect of andropause comes in the form of shaming older men when they insist on acting like their younger counterparts. Similar to Wentzell's analysis of erectile dysfunction in relation to masculinity in older Mexican men (in this volume), there is an idea of 'age-appropriate masculinity' in the Turkish discourse of andropause, as demonstrated by the term *azgın teke*. However, although *azgın teke* is often reiterated as a derogatory term, and there is a narrative of shame around the stories on andropause and infidelity or seeking the company of younger women or sexual liaisons, these are referred through a language of tolerance and humour, if not permissiveness. These men are reprimanded at most; they are never expected to pay a real price for what they have done. Since sexual performance and virility are such important aspects of hegemonic Turkish masculinities (as elsewhere), anxieties around them become socially acceptable for aging men as well as their younger counterparts. Discourses of andropause haunt men from all generations and through the sarcastic and derisive tone applied, they thus serve to reinforce the existing gender inequality to the benefit of men in contemporary Turkey.

Notes

- 1 Connell's conceptualization of hegemonic masculinity have been criticized by many gender scholars in the last quarter century, see e.g. Seidler 2005. Connell

- and Messerschmidt (2005) attempt to revise the concept in a response to these critics.
- 2 We tend to argue that the process in which men face with andropause in Turkey is characterized by the emotional politics of shame, as described by Ahmed: ‘Shame can be described as an intense and painful sensation that is bound up with how the self feels about itself, a self-feeling that is felt by and on the body. ... When shamed, one’s body seems to burn up with the negation that is perceived (self-negation); and shame impresses upon the skin, as an intense feeling of the subject “being against itself”’ (Ahmed 2004: 103)
 - 3 There is an ongoing conflict between medical doctors in Turkey on defining andropause as a medical (and universal) condition or not. For example, Dr Aytug Kolankaya, a hugely popular obstetrics and gynaecology specialist who has a daily TV show called *Doktorum* (My Doctor), asserts: ‘[T]here is no medical condition called andropause. It is a psychological process that only some men at different ages pass through. It is not hormonal as it happens to women in menopause. Men start to ask existential questions of themselves, kind of a mid-life crisis at a certain age which depends on the person, and this mood affects his bodily mechanisms. It is not a medical condition that is seen in all male bodies. There are men over the age 70 and they have not entered andropause. It is possible.’ (Personal communication)
 - 4 Feminist writers across social sciences had documented men’s gendered actions in relation to women before the year 2000 without incorporating theories and concepts of masculinity studies. See e.g. Kandiyoti 1994; Özbay 1990; Sirman 1990; Tekeli 1993.
 - 5 We preferred to refer to the dictionary definitions of these two terms regarding male and female climacteric here rather than the (more nuanced and sometimes conflicting) medical definitions, since we are more interested in comparing the colloquial understandings of the terms for our analysis than in delving into the medical explanations.
 - 6 The most famous example of these incidents involving celebrities happened around Neco, a famous male singer who was in his late 50s at the time, and known as a ‘family guy’. He decided to divorce his wife of thirty years and married a much younger, 20-something woman. Neco and his previous wife had daughters older than the new wife. Nükhet Duru, a female pop-star and close friend of the now-divorced couple, sang an old, humorous song called *Kart Horoz* (The Old Cock) dedicated to Neco in front of TV cameras in order to criticize Neco’s decision to leave his wife and children. She gave a voice to the hostile discourse against aged men who were irrationally and unresponsively searching for a fresh start, to a new life – how andropause is generally conceived in the Turkish popular discourses.

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