



**2024 Interdisciplinary Conference on Men and Masculinities**  
**Hosted by**  
**Plymouth State University, New Hampshire, USA**  
**June 14-16, 2024**

**"Reimagining Men, Health and Power: Troubling Disciplinary  
Norms and Traditions"**

This call for proposals seeks to open conversations about men's health and its relationship to power. As always, we also invite submissions that fit the broader remit of AMSA from all disciplines and traditions across the globe.

As a part of this call, we seek to find new ways of reimagining how to address men's health and associated inequities, while also paying careful attention to the role of power in these discussions. The American Men's Studies Association's annual conference offers an opportunity for participants to present new ways of thinking and understanding men, health and power through conference papers, presentations and posters. At the same time, we are also inviting participants to suggest and lead on creative and innovative ways where men, health and power can be reimagined. By the term men, we are inclusive of all experiences of men and masculinity, including trans men, non-binary and gender-diverse people, and trans masculine people.

Men exist in a complex, strange and yet very familiar space. We know that there are established health risks and concerns that need our attention. Suicide, shorter lifespan, chronic illnesses, and injuries that result in fatality.<sup>1,2</sup> Men are more likely to engage in high-risk-taking behaviours and activities, develop substance abuse disorders, and more likely to be victims of homicide.<sup>3,4</sup> They are also less likely to seek out either physical or mental health support. We also find that men ignore physical health concerns, and feel pressure to engage in activities to demonstrate appropriate manhood.<sup>5</sup> Body image concerns and disorders, such as the development of muscular dysmorphia, can result in increased and potentially unsafe use of anabolic steroids, and other practices to promote muscle gain and weight loss.<sup>6,7</sup> Men are also significantly less likely to report experiences of physical, emotional, or sexual abuse.<sup>8</sup>

In response to these concerns, we have seen important movements towards recognising the unique needs of men when it comes to health. Gay, bisexual and queer men, as well as

women and gender-diverse people, have long understood the urgency of supporting their communities through their relentless research and advocacy regarding HIV/AIDs and mental health.<sup>9,10</sup> Global campaigns such as Movember and Men's Sheds have worked to raise awareness around prostate and testicular cancers, and mental health. In First Nations communities such as in Canada, sharing circles have enabled a deeper understanding of the grief and trauma inflicted by colonialism, and how Indigenous men find healing through ceremony, fatherhood and connection with the land.<sup>11</sup> In short, work in the field of men, health and well-being have not only developed important and much-needed interventions, but there are also those working to reimagine what interventions might look like. We would like this conference to recognise this work too.

However, men also have continued to access to varying levels of power and privilege when it comes to health and wellbeing depending on several complex intersections. It is well established that clinical research in understanding specific physical and neurological conditions and disease are generally conducted with men, resulting in narrowly defined diagnostic criteria that may not be true for women and gender-diverse people, resulting in misdiagnoses, increased mortality rates, lack of support, or invalidation of health concerns and experiences.<sup>12</sup> Men's experiences of pain in medical settings for example, are routinely believed and treated, while women and gender diverse people ignored and devalued.<sup>(13)</sup> Laws and practices that seek to restrict reproductive health rights such as the Roe vs Wade overturn significantly harms people who experience birth and menstruation.<sup>(14)</sup> Research has shown that heterosexual men continue to absolve their responsibility when it comes to contraceptive and barrier method use for sexually transmissible infections and pregnancy prevention.<sup>15</sup> Heterosexual men are also more likely to leave an ill partner during a time of need, and less likely to take on the role of carer for an ill loved one.<sup>16</sup>

The multi-directional flows of power around men and health are also politically compounded. Men's health and wellbeing promotion and advocacy spaces for men often become forums for men's rights activism, homophobia, anti-feminism and violent misogyny, transphobia and cultural appropriation.<sup>17,18</sup> Recent critiques on concepts concerning 'healthy' and 'toxic' masculinity also note a concerning individualising focus that ignores the role of power, absolve men of accountability and responsibility, and renders invisible the broader concern about the oppression of women and gender diverse people.<sup>19</sup> Intersectionalities such as race and ethnicity, disability, gender identity, socio-economic class, and sexual orientation among many others further this complexity when it comes to men and health. Men from marginalised groups are often invisible in broader men's health movements and politics.<sup>20</sup>

In light of these complexities and contradictions, we might ask the following questions:

- How might we begin to think about a health movement that is inclusive of gender diversity when it comes to men and masculinity?
- How can we continue to support the health and wellbeing of men?
- Where and how does power emerge in practices around men's health, including in interventions and support, advocacy and promotion, policy and legislation, and men's own health practices?

- How have men's health been studied historically, culturally, and theoretically?
- How do men tell their own stories and narratives about health, illness, and wellness?
- What might a reimagining of men's health look like that takes power into account?

Topics might include (and not limited to):

- Men's roles in reproductive rights concerns and sexual health practices
- Mental health, trauma, and men
- Men's relationships with themselves and others
- Impact of men and patriarchy on the health outcomes of women, trans, and gender diverse people
- Decolonialising men and health
- Political ideologies and their impact on men's health mitigation choices
- Emerging, non-traditional spaces and places for health and wellbeing
- Policies and public health epidemiologies in men's health
- Digital platforms, technologies and health interventions
- Men's physical health and wellbeing
- Specific clinical conditions (for example, erectile dysfunction, premature ejaculation, benign prostatic hyperplasia, prostate cancer, andrological conditions)
- Leadership, pressure and impacts on men's lives
- Men's health in times of war
- High-risk behaviour in men (such as smoking, addiction, sexually transmitted infections)
- Queering men's health
- Men's health in the community

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### **Proposal Options: Traditional Format**

*Individual Paper, Poster, and Artwork proposals must include:*

- Title
- Abstract of 250-300 words
- 3-5 keywords
- Presenter information
  - Name
  - Contact information
  - Brief biography (50 words max)

*Full Thematic Panel proposals must include:*

- One chair and three additional presenters organized around a common theme
- Panel Title
- Panel Abstract of 250-300 words
- Individual Paper Abstracts of 150-words each
- Presenter information for the panel Chair and presenters
  - Names
  - Contact information
  - Brief biographies (50 words max)

### **Proposal Options: \*NEW\* Crash-Course Topics**

We are also devoting a session called “Crash-Course Topics” to support researchers. In this session, researchers can come along and present a 5-minute topic or idea they are looking to develop to gain feedback and suggestions.

- Title
- Topic
- Name
- Contact information
- Brief biography (50 words max)

### **Proposal Options: Workshops/Film Screenings**

AMSA welcomes productive 90-minute workshops that complement the conference theme or the broader themes of AMSA. We will give priority to workshops that focus on health and wellbeing and professional development. We also welcome film screenings.

#### *Health and Wellbeing*

- Land-based learning
- Mindfulness and other mental and emotional wellbeing
- Physical health and wellbeing

#### *Professional Development*

- Professional development and mentoring for students and early-career scholars
- Teachers, and practitioners within and outside of academia
- Working with communities, and community-industry partnerships
- Professional networking and collaboration
- Working with media and public scholarship

#### *Film Screenings*

- On a topic related to the theme of the conference, and no more than 90 minutes
- Films must be available for review by the conference committee prior to screening

Workshops/Film Screenings need to provide the following:

- Abstract/Summary of 250-300 words
- 2-3 learning outcomes/take-aways
- Brief outline of workshop structure, including how you plan to actively engage participants
- If film, structure is not needed, but a copy of the film must be available for review by committee prior to screening
- Facilitator information (workshops can include up to three co-facilitators)
  - Name(s)
  - Contact information
  - Brief biography(ies) (50 words max)

Visit the [conference website](#) for additional information and updates including logistical information, keynotes, and award submissions.

**Proposals must be submitted by January 25th, 2024**

**[CLICK HERE TO SUBMIT A PROPOSAL](#)**

### **Land Recognition and Call to Action**

Plymouth State University is located on **N'dakinna**, which is the traditional ancestral homeland of the Abenaki, Pennacook and Wabanaki Peoples past and present. AMSA acknowledges and honors with gratitude the land and waterways and the **alnobak** (people) who have stewarded **N'dakinna** throughout the generations. AMSA also recognizes that some of these peoples currently lack federal recognition and that this land continues to be unceded. For more information about Indigenous peoples in New Hampshire, visit <https://indigenousoh.com/>.

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### **Conference Venue**

The conference will be held at Plymouth State University in idyllic Plymouth, New Hampshire, USA. Plymouth State University is approximately 45 miles from Manchester Airport (around an hour's drive) or about 2 hours' drive from Boston's Logan International Airport.

While we are still finalising logistics, we note that we are working towards the following support:

- Onsite accommodation at the university
- Arrangement of scheduled shuttle buses to and from Boston Airport
- Outdoor adventure activities and social activities
- Mindfulness/relaxation activities

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### **Two-Day Retreat**

Prior to the start of the conference, AMSA is considering offering a two-day academic and clinical skill development retreat. This retreat may include Teaching, Writing and Research, and Clinical Practice streams to support the professional development of select participants. Participants will work closely with AMSA board members and other established academics and professionals. More information including application submission and cost will be provided later, including applications for bursaries. The retreat will run June 12<sup>th</sup> and June 13<sup>th</sup>. Cost of the retreat may include accommodation, breakfast and lunch, and registration fees.

You can express your interest in the two-day retreat using the online proposal submission form. Note that you do not need to submit a proposal nor be a presenter at the conference to attend the two-day retreat.

## References

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