



# The First Death of My Father

## Reflecting on Masculinity, Illness, and Work

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**Abstract** In this autoethnographic essay I reflect on the relationship between hegemonic masculinity and paid work. I draw on my own experience, witnessing my father retire at age 32 because of a mental illness that confined him to our home. I explore his personal despondency at failing to comply with traditional gender roles, as well as our collective family suffering.

Keywords: *masculinity, illness, autoethnography, performance ethnography*

### My Father<sup>1</sup>

In a dark room  
Mired in depression  
My father sleeps with a .38 revolver under his pillow

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My father has a dusty briefcase under his bed.  
He keeps in it treasures from his past as a young man.  
He has lucky charms  
(those that helped him to be “the best car salesman of the city”).  
He also has souvenirs he got from a bunch of his ex-girlfriends.  
I find a blue feather, and I ask what it is.  
He says it is a feather that comes from an arrow he threw once with his bow.  
It was a perfect shot, he explains.  
He tells me, once again, what a great sportsman he used to be and describes the trophies he won in his 20s.  
A yellowish piece of newspaper lies in the bottom of the briefcase.  
His name is printed there but I don’t remember why.  
The letters are blurry.

I grab an old black-and-white photo in which he's smiling and showing his biceps.  
 He was 20 then, and he smiled frequently.  
 Every now and then we open the dusty briefcase,  
 and he and I watch the treasures  
 of a dead man.

## Introduction

In this autoethnographic essay, I reflect on the relationship between hegemonic masculinity and paid work. I draw on my own experience, witnessing my father retire at age 32 because of a mental illness that confined him to our home. I explore his personal despondency at failing to comply with traditional gender roles as well as our collective family suffering. This story took place in the city of Córdoba, Argentina, in the 1980s.

I use autoethnography as a way to “connect critical biographical experiences (epiphanies) with culture, history and social culture” (Denzin, 2003, p. 34). With the story of my father, my family, and myself as an 8-year-old child, I seek to “bring readers to the scene” (Ellis, 2004, p. 142) to allow them to “evocatively experience an experience” (Ellis as cited in Adams, 2006, p. 716). In writing autoethnography “I insert myself into the past and create the conditions for rewriting and hence re-experiencing it” (Denzin, 2006, p. 334). As Ellis (2007), I also seek to construct meaning in my life, heal and grow from my pain. Following Jane O'Malley Halley (2012) and Patricia Clough (2010), I use repetition to express trauma. Like Halley, “in my memoir writing, repetition happens at the sentence level, the same words said two or three times in two or three sentences again and again” (p. 5).

I wish to address the issue of masculinity, paid work, and illness, speaking in the first person, and I want (*I need*) to write about my father, but, as Adams (2006), I do not wish to portray him negatively. It was a challenge for me to decide what to say and what not to say about him. Ellis (2004) says that “writing about the self always involves writing about others” (p. 261), thus writing about my suffering as an ill man's daughter, I cannot avoid referring to my parents. I agree with Blew when she says “I own my past and my present” and, of course, “I can only speak for myself” (as cited in Denzin, 2003, p. 53). In this essay, as Blew, I write about my own story “that involves writing about others, those who shared and shaped my past” (as cited in Denzin, 2003, p. 53). I write about them respectfully and lovingly.

It is difficult for me to describe my father. His portrayal of himself makes it hard to say with any certainty who he really is. I have therefore decided to present him as he would: a talented sportsman, a potentially bright racecar driver, the most successful car seller in the city, a person with a superlative IQ, a tireless worker, and a “Don Juan.” Such a father-hero (Collins, 2012; Patti, 2012), who was young, restless and full of potential, ceased to exist when he was diagnosed with a chronic mental illness.

In a dark room  
Mired in depression  
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## **Mental Illness Breaks Through (and Shatters Our World)**

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My father was 32 when the psychiatrist said he suffered from agoraphobia, an anxiety disorder that causes terror of being in open or public spaces. While at work, sudden panic attacks made my father feel petrified and even on the verge of death. On such occasions, my mother was called to his office to take him home. His agoraphobia preceded two other diagnoses that destroyed the normalcy in our family: manic-depressive syndrome and hypochondria. Mental illness forced my father to retreat into our house. My mother, who at 26 was a housewife with no higher education or work experience, had to figure out how to support our family. It was 1982, and I was 8. I do not have siblings.

Because my father was unable to work, our middle-class family was soon out of financial reserves. My parents sold everything that was valuable to support the family. Even their wedding rings were sacrificed. One day the money and valuables ran out, the mental illness worsened, and my mother had to start working so we could make ends meet. She learned how to sell books door to door. Over time my mother managed to make a living from the books she sold, but not without significant difficulty. A couple of years later, my father got a meager disability retirement.

Before his illness was diagnosed, my father had never done any housework, nor did he participate in home maintenance. Developing these activities would have probably moderated my father’s depression, as these chores are traditionally associated with masculinity (Moisio, Arnould, & Gentry, 2013). But he would not do such things. My mother did all of the chores, including cutting the grass, washing the car, and painting. He had always said that his only role in our family was to work and earn money to support us. I was supposed to be a good student, and my mother had to

take care of the house. Thus, when my father came home from work, he just sat on a chair and expected dinner to be served.

Being ill and confined to the domestic sphere did not change my father's personality. He was sick and unable to perform masculinity (Hensley, 2011), but he was determined not to perform any "feminine" role either. My mother sold books, did laundry, cooked, and cleaned while my father, mired in depression, leaned back in a dark room, smoking and talking to no one. Otherwise, he would watch television and look out the window—all day long, every day.

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It is 2 p.m. in a torrid late-spring day. I'm 9 and I have just arrived from school. (I am still wearing my uniform.) My father is sitting at the table, staring at the walls, and smoking. The front door opens. My mom is getting home from work. She looks tired and frustrated. Maybe she could not sell any books today. My mother says "hi," puts her purse down, and begins preparing lunch for the three of us. My father doesn't say "hello" but asks: "Did you buy bread?" The question is simple, but, for some reason, it sounds intimidating. She says she forgot. My dad starts yelling. My mom remains silent, as always. I rush to my bedroom feeling sick. My huge Great Dane joins me, its tail between its legs.

(My father's voice follows me. He yells, one more time: "You don't have any experience in life! I've worked since I was 16, so when you've worked more time than I have, you may have the right to speak!" My dog trembles, curled up in bed next to me.)

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Having lost his position as the provider and protector of the home, my father clung to the only traditional masculine quality (Olliffe et al., 2013) that has always characterized him—an explosive verbal aggressiveness that made my mother and I walk on eggshells, trying not to arouse his anger. Nothing satisfied him, and he constantly criticized us with verbal abuse. According to Olliffe et al. (2013), it is typical for depressed men to escape from their distress "by acting out with . . . aggressive behaviors" (p. 1627). I now understand that the only way my father could minimize his shortcomings was to highlight ours.

I understand Christopher Poulos (2012) when he says he cannot recall a time when he did not feel afraid of his father. Like him, I believe words have the power to harm. My father's aggressiveness has led me (and most people related to him) to

avoid his company. Like Adams (2012) said of his father, “I cannot connect with him, nor do I have much desire to” (p. 196).

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There is a certain quality in my father’s voice . . .

“When I tell you to do something you must RUN to do it, do you hear me?!”

“What did you say?” (His voice is penetrating; his face is contorted.) “*What* did you say?” (I don’t dare say it again.) “Never EVER say that again!” (I shiver.)

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In accordance with hegemonic representations of gender, men have been considered to be the main providers and protectors of the house (Brod & Kaufman, 1994; Connell 2005; Kimmel, 1987; Pelias, 2007). They are also characterized by self-reliance and competitiveness (Oliffe et al., 2013). Kilmartin says that men tend to define themselves “according to their jobs and evaluating their worth across the boundaries of public and private, paid and unpaid work” (as cited in Oliffe et al., 2013, p. 1627).

Traditional feminine qualities include emotionality, dependency, and passivity (Fraser, 1997; Montesinos, 2002; Navarro & Stimpson, 1999). In accordance to such qualities, “subordinate forms of masculinity embody practices associated with failed hegemony, for instance, lack of authority, weakness, domesticity, and statuses associated with femininities such as illness and dependency” (Oliffe et al., 2013, p. 1627).

When my father could no longer work and earn money, he lost what had legitimized his manhood as the head of our family. During the 1980s in Argentina, no one spoke about “new masculinities.” “Real men” were those who protected and provided for their families. A man certainly did not stay home to be supported by his wife.

My father’s condition ruptured our perceived sense of normalcy (Pearce, 2008). We were not a regular family anymore—not to our relatives, neighbors, and friends, and certainly not to ourselves. My father’s illness was a palpable “rupture in the structure of daily life” (Denzin, 2013, p. 131). People stopped coming around our house, and “the absence of company and the absence of purpose” mirrored my father’s “deficiencies, and absence” (Pearce, 2008, p. 142).

Mired in depression  
(Darkness)

Gradually we started perceiving ourselves as a pitied family. I understand my father's distress at losing himself. He was weakened by illness, did not have his own money, and needed my mother to do almost everything (even to go outside for a few minutes).

The fit, athletic man who used to practice target shooting with his bow began to gain weight after his diagnosis, and he never returned to sports. Losing his strength and athleticism contributed to the loss of his hegemonic masculinity (Adams, 2006; Hensley, 2011; Lindemann, 2010; Sparkes, 2012).

I imagine that my father's many losses felt like dying inside. There was neither hope nor purpose in his future; he fully depended on my mother and was not needed by anyone. As Sparkes (2102) noted, "before, he made things happen. Now they happen to him" (p. 175). My father became more and more "isolated, ruminating, lonely" as deep depression set in (p. 175).

Mired in depression  
My father sleeps with a .38 revolver under his pillow  
A dusty briefcase under the bed  
In a dark room

## Suicide and Embarrassment

### Suicide

One night when I was 8, I woke up to the sound of my parents talking. The house was completely dark, and it was freezing cold. There was an old heater in the hallway, but gas was expensive so my mother had to turn it off at night. In the room next door, my father told my mother he had decided to commit suicide. My mother did not cry or beg, but she responded coldly: "Do whatever you want." She was tired. I was hearing that conversation for the first time, but maybe she had heard it a hundred times. I was speechless. The blood was hammering in my temples, and I could clearly feel every beat of my heart pounding. A huge weight fell on my lungs; maybe it was the beginning of a new asthma attack. I spent the rest of the night staring into the darkness. I was angry at my father for being ill. I was angry at my mother for not begging him to not to kill himself. My father slept with a .38 caliber revolver under his pillow. I was sure he would use it to end his life.

In a dark room  
a .38 revolver under his pillow

I agree with Isaac (2007), who writes that “the word *suicide* takes on a life of its own. People are both repulsed and intrigued by the word and the silence it brings” (p. 1209). It must very difficult to explain this kind of death to a child, but neither my mother nor my father thought I was too young to understand suicide (Lee, 2006). In our family, the topic of “suicide” became, over time, a sort of regular conversation. It not only came up at night but also during the day, at lunch, or dinner. I remember my father saying that “once you put the barrel of a gun against your head, pulling the trigger is not that easy.” I developed premature gastritis—no wonder why.

Many nights passed, and my dad did not kill himself. He continued to live a life of despondency, sleeping during the day and staying awake at night. I accompanied his insomnia in the next room. Sometimes the night was quiet, and nothing happened. At other times he talked, and my mother listened. Occasionally he cried, and occasionally my mother cried. I cried every night that they cried. During those sad nights nobody approached my bed, ever. Even at 39, I still suffer from insomnia. My father is now 64, and he continues to sleep with a gun under his pillow.

Darkness

## Embarrassment

“Why doesn’t your dad work?” asked my 7-year-old neighbor. “He’s ill,” I answered. “Ill? How can he be ill *all the time*?” she probed. I shrugged; I did not know. No one had explained it to me. At age 8 I knew only that my dad was sick and wanted to commit suicide, but no one had told me anything else. Anxiety gnawed at my core from morning until night.

One day my mother told me: “If anyone asks, you have to say that your dad had a *surmenage* (nervous breakdown). Do you understand?” I did not. “He had a . . . *what*?” I wondered, but just answered: “Yes, mom.” *Surmenage* was not an easy word to remember or pronounce.

That was my mother’s best attempt to give me some “covering” (Goffman as cited in Moore, 2013). It seemed the only thing we could do “to keep the stigma from looming large” (Moore, 2013, p. 204).

I was embarrassed that my father did not work, stayed home all day, and got up at noon while other children’s fathers came home for lunch, dressed in suits. I wanted so much to have a normal father! I was embarrassed because we were the only family that never went on vacation and because people felt sorry for us (Lindemann, 2010;

Pearce, 2008). I was embarrassed because my mother was the only woman in the neighborhood who worked to support a family.

My father sleeps with a .38 revolver under his pillow  
I am 39, and I still suffer from insomnia

## Final Words: About Gender Discomfort

Social scientists have observed deep-seated unhappiness among people who are unable to perform hegemonic gender roles (Collins, 2012; Lindemann, 2010; Pearce, 2008; Sparkes, 2012). I have termed that feeling of inadequacy *gender discomfort* (Martínez, 2012),<sup>2</sup> which occurs when one's behavior contrasts with the gender norms that were ingrained during childhood. Furthermore, it is magnified when a spouse encroaches on one's gender space (Martínez, 2012).

In my father's case, gender discomfort can be observed in two ways: (a) *internally* as a conflict that occurs between his embodied traditional gender roles and his disability to perform masculinity, and (b) *externally* as the voices of others (family, friends, and neighbors) point out through ridicule, insult, or recrimination the non-fulfillment of naturalized gender norms.

The social expectation to fulfill traditional gender models produces unhappiness in those who are unable to fulfill those roles as well as in the people around them. As I write this essay autoethnographically, I have realized that gender discomfort also affects the families of the sufferers. Someone's failure in achieving masculinity (or femininity) has an impact on the spouse and children, too. It affects the way the family sees itself and is perceived by others. The need for a "normal" family becomes urgent when the gender-order is broken.

Along with Connell, I believe men still "align with a masculinity defined by qualities that include the display of strength, stoicism, instrumentality, and the capacity to produce material wealth" (as cited in Oliffe et al., 2013, p. 1634). My father's episode took place in Argentina in the 1980s, but it could happen in any other corner of the Western world at any time. The challenge to social scientists is to continue denouncing a model that makes individuals suffer if they, or their loved ones, deviate from such models.

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While I'm writing this paper childhood feelings and sensations arise again and again, the pain, the pressure on my chest, insomnia, asthma . . .

¿Por qué te enfermaste?—I cry in my dreams, being 39 years old.—¿Por qué?

Yo solamente quería ser *normal*!<sup>3</sup> I wake up breathless. Darkness is all around.

I will never say it out loud. Silence. We don't want to make him mad. Silence. Darkness.

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I wish to thank Dr. Norman K. Denzin for enlightening my path, for hope, and for the opportunity of seeing and understanding and healing. Thank you Norman for reading, suggesting, reading again . . . and doing it kindly and generously every time. I will owe you forever. Thank you mom and dad for giving me everything you could, the way you could do it. Thank you Aldo, for holding my hand through darkness.

## Notes

1. Note to the reader: English is not my mother tongue. A native speaker usually checks the use of English in my papers so they do not sound “unidiomatic.” In this piece, there are some

parts in which it is very important for me to use my own English-speaking voice, imperfect as it is. Thank you for reading.

2. I developed the concept of gender discomfort in 2009 when I was writing my doctoral thesis about representations of gender in contemporary Argentinean families. I observed this kind of suffering in men and women who struggled with the conflict between the representations of gender they had learned during childhood and their current objective conditions of existence. Writing this piece autoethnographically, I now understand that the concept of gender discomfort has applied to my father, my mother, and me. Never before had I had thought it so.
3. English translation: Why did you get sick? Why? I just wanted to be normal!

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