

PUBLIC DOMAIN BRIEFING PAPER

Masculinities and the psychology of men's mental health: a review.

By

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Summary of literature review paper

The oppression of women by mental health discourses (Ussher, 1991) led to a systematic exploration and deconstruction of mental health literature and practice regarding women (eg Williams et al, 1993; Burstow, 1992; NHS Executive Trent, 1999; Stafford, 1999; NHS Executive, 2000; DoH, 2003). There has not been an equivalent movement in relation to men's mental health (Wolf-Light, 2002; Lee & Owens, 2002).

For the purposes of this review gender was defined as a 'structure of social practice' (Connell, 1995a; Courtenay, 2000), that is dynamic, cyclical (Cossins, 2000) and socially constructed (Gerson & Peiss, 1985; Courtenay, 2000; Schwalbe & Wolkomir, 2002) through relationships (Connell, 1995b) and wider social relations (Segal, 1993; Frosh et al, 2003).

Gender sensitive literature on men's mental health was reviewed, specifically drawing out the role of masculinities. A key theme was the striving for a particular style of masculinity that has been named 'hegemonic masculinity', the style of masculinity that is most honoured and powerful at any particular time (Connell, 1995b).

Hegemonic masculinity encourages the suppression of emotions, violence, risk-taking, excessive alcohol consumption and being 'the provider'. It renders powerlessness unacceptable and can lead to difficulties in relationships (including family roles and fatherhood).

Not all men strive for this style of masculinity, but there are penalties for challenging it. Consequently, men (and women), through their 'routine and creative decisions, reproduce the gender order' (New, 2001) often with damaging consequences for men's (and others') mental health.

How do men describe their experiences of self-harm?

An exploratory study.

Summary

This paper used a qualitative methodology (based on Charmaz, 1990) to elicit 6 men's accounts of their self-harm. Findings reflected some overlap with women-centred literature; a fundamental difference was the influence of dominant discourses about masculinities which excluded many of the participants' experiences. This played an important role in encouraging feelings which led to self-harm. Results are discussed in relation to methodological issues, implications for practice and future research.

Background

Previous research has associated self-harm with women (Suyemoto & Macdonald, 1995; Sidley & Renton, 1996; NHS Centre for Reviews and Dissemination, 1998; Threshold Women's Mental Health Initiative, 1999; Psychiatric Times, 2001; Hawton et al, 2001). However, it is thought that the measured 'rate' of self-harm in men is rising (Tantam & Whittaker, 1992, Sidley & Renton, 1996, NHS centre for reviews and dissemination, 1998, Huband, 2001).

Two previous studies (Taylor, 2003a&b) and Schröer et al (2001) have taken a gender sensitive approach to researching men who self-harm. Taylor (2003a&b) explored the accounts of men; however, there were methodological weaknesses which called into question his findings.

Participants

Six men from a rural English county took part; their ages ranged from 19 – 58. Five were identified as heterosexual, one identified as gay. All identified as White British.

Data collection and Analysis

Two open ended interviews with each participant were audio-recorded.

Transcriptions were analysed according to an adaptation of grounded theory (Charmaz, 1990).

Findings

Five core categories were generated from the data: **‘being a bloke’** **‘intense feelings and thoughts building up’** **‘having enough’** **‘ending my life’** and **‘dealing with it’**. The path to self-harm was located against the backdrop of a hegemonic discourse about masculinity which the participants called **‘being a bloke’**. The path began with **intense feelings and thoughts building up** about a variety of past and ongoing events. ‘Being a bloke’ denied the participants these experiences through the evocation of myths (eg men should be strong or men don’t get raped) and prohibited participants to talk about it. Eventually participants felt that they had **‘had enough’** and took one of two routes; **‘ending my life’** or **‘dealing with it’** (which included self-harming). Elements of these two routes contradicted dominant discourses about ‘being a bloke’ and contributed to further distress and self-harm.

Findings generally supported what little previous research had been reported, but the detailed analysis of this research allowed some distinctions to be made.

Implications for practice and future research

Increased information and awareness about men and self-harm is needed. Therapeutic work could challenge stereotyped or idealised masculinity and explore alternatives. Further research is needed with men who self-harm, particularly including participants from a range of ethnic groups and social classes. The difference between self-harm and suicide has yet to be adequately understood; further research is needed here. Research around the effects of informal supportive relationships on the individuals who self-harm/attempt suicide and their supporters is also needed.

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