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**“Why Aren’t you Crying More?”: Young New Zealand Men Talk Mental Health in a Shifting
Climate of Masculinities**

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ABSTRACT

“Why Aren’t You Crying More?” invites an examination of the mental health attitudes and practices of young men in the context of New Zealand masculinities. There appears to be increasing recognition that traditional, hegemonic masculinities are implicated in men’s mental health practices and outcomes. This has facilitated a proliferation of public discourse about men’s mental health issues. Moreover, there appears to be increasing attenuation and nonconformity of traditional masculinities in certain contexts, particularly amongst young men. There has been limited exploration of the implications of attenuated and nonconforming masculinities for men’s mental health. Furthermore, there is little research that has examined the possibility of shifts in gendered mental health attitudes or practices, particularly in New Zealand. This research begins to address these gaps by exploring the experiences of young New Zealand men. This research asks, “how are young New Zealand men experiencing masculinity, and what are the implications for their mental health attitudes and practices?”

In depth semi-structured interviews were conducted with thirteen young, everyday New Zealand men. The analysis employed social constructionism informed Reflexive Thematic Analysis.

Findings depict a social context in which young New Zealand men’s mental health practices are still influenced by masculine norms of strength and toughness. Simultaneously, participants suggest these norms are softening, with reducing stigma and social punishment of nonconformity. Participants experience promotion of traditionally non masculine mental health practices, and observe normalisation of emotional expression, help-seeking practices, and vulnerability in men. They caveat that these movements are neither universal nor ubiquitous, as promotional efforts fail to simultaneously address the dynamic conditions that perpetuate men’s conformity to norms of strength and invulnerability. Within this context of conflicting gendered mental health messaging, this thesis finds that young men do not simply accept or reject prescribed norms. Instead, young men engage in dynamic processes of adaptation, resistance, and selective disclosure, depending on context, trust, and perceived risk.

This thesis contributes to the existing research corpus by applying emerging contemporary masculinities work to the field of mental health. It calls for future interventions that are nuanced and empathetic, and offers considered insights for how to support New Zealand men’s wellbeing.

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CHAPTER ONE – INTRODUCTION

This research sits within the context of considerable discussion about how mental health and masculinity is made sense of. Much of the literature suggests men enact their mental health in unhelpful ways, evidenced for example by higher incidents of suicide and lower rates of help-seeking (Bilsker et al., 2018). Within men’s mental health research, there appears to be increasing recognition that masculinity and gender is implicated in how we understand men’s mental health issues. More specifically, the pressures and ideals associated with “traditional” forms of masculinity—characterised by strength, stoicism, and independence (Connor et al, 2021, p. 1)—have been linked to poor mental health attitudes, practices, and outcomes (Gough & Novikova, 2020; Wong et al., 2016). In particular, men appear less likely to seek support and more likely to cope in maladaptive ways as a direct consequence of traditional masculinities (Addis, Mansfield & Syzdek, 2010). Conversely, these findings exist in the context of increasing global mental health awareness (Foulkes & Andrews, 2023), as well as increasing exploration of nonconformity and plurality in masculine expression. These include emerging “contemporary” masculinities (Connor et al., 2021, p. 1), which are characterised by increased inclusivity, emotional intimacy, male physicality, and resistance to normativity (Anderson & McCormack, 2018; Borkowska, 2020; Ralph & Robertson, 2020).

Given these developments, there is surprisingly very little literature examining the implications of increasing masculine non-conformity and attenuation for shifts in men’s mental health. Indeed, there appear to be increasing efforts improving men’s mental health by encouraging less traditional mental health practices (Sharp et al., 2022; Wilson et al., 2022). These are important developments in the men’s mental health space which are yet to be actively researched.

There is also an absence of literature examining these ideas within the context of Aotearoa / New Zealand, a significant oversight given how beneficial this knowledge might be for New Zealand men. Data from New Zealand’s General Social Survey (Ministry of Health, 2024) found that New Zealanders’ overall mental wellbeing has declined since 2018 across all age groups. Most recent wellbeing statistics suggest the number of New Zealanders experiencing poor mental wellbeing is 26%. Statistics focusing on 15–24-year-olds suggest a higher likelihood of experience emotional and

psychological difficulties; 22.9% of young people experience high levels of psychological distress, against 13% of New Zealand adults. Statistics also found that loneliness had increased in young adults. public reports suggest the mental health of New Zealand youths is a national concern (Wilson & Nicolson, 2020; Kvalsvig, 2018). Statistics focusing on the mental health of men also suggest concerns. The number of men experiencing poor mental wellbeing in New Zealand is 21% (Ministry of Health, 2024). New Zealand men have significantly higher rates of hazardous drinking, show greater cannabis and tobacco use, and take their lives almost three times as often as women. These statistics paint a concerning picture and reinforce the importance of exploring the factors relating to men's mental health in New Zealand.

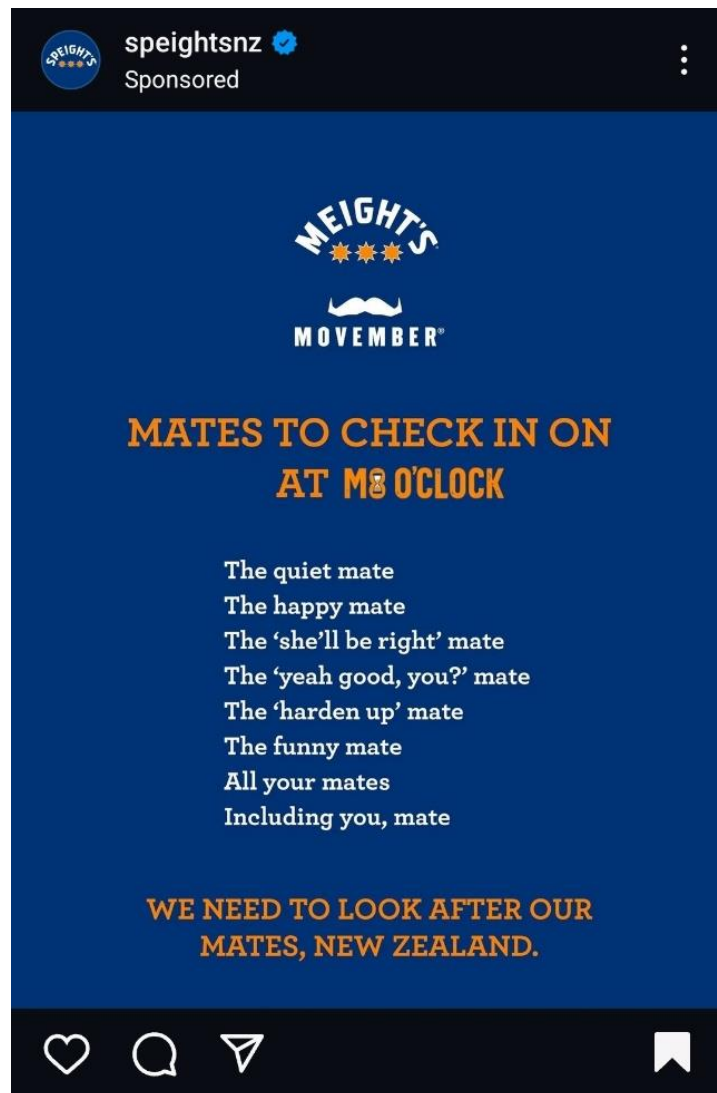
Gender is one such factor implicated in New Zealand men's mental health practices. Research suggests that New Zealand men seek help for mental health concerns less often, both from professional services (Noone & Stephens, 2008) and from friends and family (McKenzie et al., 2018). McKenzie and colleagues (2016) suggested New Zealand men in mental distress often put energy into maintaining a masculine façade of self-sufficiency and strength, and consequentially deny their need for emotional connection and support from others. Indeed, New Zealand masculinities are often characterised by strength and resilience (Sim & Thomson, 2000; Willot & Lyons, 2012), characteristics which, as outlined above, are often linked to maladaptive mental health coping. Therefore, research examining the intersection of masculinities and mental health outcomes in New Zealand is of vital importance.

This research initially developed out of my personal observations regarding how men's mental health is talked about in New Zealand. I have increasingly observed messaging which encourages men to engage in mental health practices—such as emotional expression and help seeking—that are typically considered unmasculine. There are several examples of initiatives that challenge normative men's mental health attitudes in New Zealand; Matt Chisholm's documentary series, *Man Enough*, encourages men to challenge stoicism and express their emotions (Chisholm, 2020). Opinion articles in major New Zealand news outlets discuss the negative impact of traditional masculine norms (Cryer, 2018; McCool, 2017). Organised men's mental health initiatives, such as John Kirwan's celebrity foundation (Day, 2019) and the *Movember* charity (Movember, n.d.) encourages men to speak up and seek help for mental health difficulties. In my personal world, these trends are particularly salient in

social media, such as the Mate O’Clock campaign from Movember and Speights (see Figure 1 below) which encourages men to provide emotional support for their male peers.

FIGURE 1

Movember and Speights Mate O’Clock Campaign – Screenshot from my personal Instagram feed



In addition, I have observed celebrities who increasingly embody and advocate for mental health positive practice, such as John Kirwan (Kirwan and Thomson, 2011). Furthermore, the men portrayed in fictional media appear to be increasingly emotional vulnerable, such as Taika Waititi’s queer and vulnerable pirate in *Our Flag Means Death* (Jenkins, 2023). Within my personal and professional life, there may be some correlation between these trends and the attitudes of everyday men.

Many of my peers embrace more contemporary masculine practices, such as more emotional vulnerability in how they discuss emotions and distress. The populations I observe on social media are similarly vulnerable and nonconforming of traditional norms of stoicism and strength. In my professional practice as a psychologist, I work with teenage men who explicitly admonish conventional masculine norms. These observations all served to highlight that perhaps, within my social context, there is a shift occurring in how men and masculinity is being constructed in New Zealand. I believe this has the potential for positive change in men's mental health attitudes, practices and outcomes.

By researching something which is of personal significance to me and my beliefs, it is important to make clear my positioning within this research. An examination into the mental health attitudes and practices of New Zealand men positions me, a male in my late twenties, as an insider. Furthermore, my training in clinical psychology positions me as professionally entrenched in advocacy for better mental health outcomes for men, and all people. This research examines topics that are of deep personal application and significance, which has coloured the approaches and interpretations made throughout this process. Reflexivity considerations are outlined in more detail in Chapter Six.

This research aims to examine the mental health attitudes and practices of young New Zealand men, with a particular focus on how they make sense of and implicate masculinity. This research uses a critical lens of gender, which views masculinity as socially constructed, plural, and thus not static or essential (Addis, 2010). This thesis hopes to contribute to our understanding of mental health in young New Zealand men by exploring how this is shaped by a nuanced sociocultural context of softening masculinities and increasing mental health advocacy. The following chapters will further define the key constructs examined within this research and review the applicable literature.

Thesis Overview

I present this thesis in the format of thesis with publications, which comprise chapters Eight and Nine. I elected to present my thesis in this way as these findings stand to meaningfully contribute to wider academic discussion. I support open, rigorous, and transparent research. To advance our collective understanding knowledge must be openly shared, so that others might critique and expand

upon it. Note that, at the time of thesis submission, these manuscripts are still being edited for publication and have yet to be submitted to journals for review.

Presenting this thesis with publications presents additional considerations for structure. While there is inevitable repetition to enable self-contained manuscripts, I have made accommodations to reduce repetition as much as possible. The reader may expect to observe small stylistic differences between the thesis presentation and the manuscript presentation, to accommodate the conventions of publishing. Finally, thesis with publication presented constraints around how analysis findings were categorised and presented, which I consider in the analysis chapter.

This chapter has outlined my personal interest and rationale regarding the aims of this research project. Here I provide an overview of how this thesis has been structured, and what the reader can expect from each chapter. This chapter has not explored definitions and academic gaps; instead, this will be outlined in the following chapters.

Chapters Two through Five comprise a review of applicable literature. These chapters examine the current research regarding the key concepts of this study. It opens with a definition of mental health, and a review of how men are often positioned with regards to mental health. This is followed by a definition and exploration of masculinities, how these are implicated in mental health, and a synthesis of contemporary developments in this space. These chapters also present a review of literature relevant to the global mental health movement, and how gender is navigated in young men. The purpose of these chapters is to orient the reader to what is known in this field, the position of this thesis, what new critical positions have emerged, and what this research stands to contribute to our understanding of men's mental health in New Zealand.

Chapter Six orients the reader to theoretical and methodological considerations. This chapter outlines the theoretical and methodological assumptions made and details the analytical methodology of Reflexive Thematic Analysis (RTA). It also outlines decisions and reflections related to sampling, ethics, and data collection procedures.

Chapter Seven comprises an analysis preamble, which presents vignettes of the thirteen men who participated in this research. Chapters Eight and Nine comprise two self-contained publishable articles, which outline and discuss the main findings of this research. These articles each explore distinct

clusters of findings. Article One examines the extent and impact of masculinities for New Zealand men's mental health, and explores the individual practices and negotiations of participants. Article Two explores the possibility of social shifts in New Zealand men's mental health attitudes and practices, as well as the limitations of these shifts.

Chapter Ten concludes this thesis with a discussion. The purpose of this chapter is to synthesize the findings presented in the manuscripts, and to discuss the considerations and implications of these results. It considers how these findings might contribute to our understanding of men and their mental health and presents opportunities and recommendations for future work.

CHAPTER TWO – MENTAL HEALTH AND MEN

Mental health is not simple to define. This chapter aims to clarify the terminology used in this thesis, and to detail the framework through which this research conceptualises mental health. This chapter also provides an overview of how the current literature makes sense of mental health in men.

Mental health, mental wellbeing, mental illness, and mental distress are terms often used interchangeably, which has resulted in confusion (Manwell et al., 2015). The term *mental health* can hold a variety of meanings, being simultaneously a clinically measurement of one's functioning, a descriptor for living well, and a field of healthcare. Mental health is usually conceptualised as an umbrella term for everything that falls within the psychological health of an individual. This may include diagnoses and pathology, but also other aspects implicated in our functioning, such as cognitive and social skills, capacity for realizing potential, expression and recognition of emotion, ability to cope with adverse experiences, ability to work and contribute productively to one's community, and empathy for others (Galderisi et al., 2015; WHO, 2015).

Mental illness typically relates to the pathological aspects of mental health, such as mental disorders and diagnostic labels. Contemporary views agree that illness and pathology is only a small part of 'mental health,' which is considered more than just an absence of disorder by the World Health Organisation (2015).

Mental distress refers to the subjective experiences that colour poor mental health, often in response to the adversity of life. Kvalsvig (2018) reported some of the ways New Zealanders understand mental distress include "not coping," "feeling stressed," "experiencing a mental health problem," "not being able to think straight," and "feeling like you're about to snap" (p. 15).

Finally, *mental wellbeing*, or simply *wellbeing*, is a term with a variety of meanings, uses, and interpretations (Dodge et al., 2012). The World Health Organisation defines wellbeing as encompassing "quality of life and the ability of people and societies to contribute to the world with a sense of meaning and purpose" (2021). Wellbeing seems defined generally as a positive dimension of mental health (Barrow, 2019). There are many factors that are posited to contribute to and comprise wellbeing. For example, WHO's mental wellbeing index distinctly measures wellbeing by identifying how cheerful,

calm, active, rested, and interesting people find their daily lives. Furthermore, in New Zealand wellbeing has been defined by the Health Promotion Agency as the subjective and personal sense that one's life is satisfactory, balanced, connected, and worthwhile (Kvalsvig, 2018). These are the most prominent definitions commonly evoked in the mental health literature.

Mental Health is Defined by Context

Mental health seems to be more complicated and nuanced than can be captured by the above definitions. As human beings we have suffered and struggled for as long as we have existed, though perhaps only recently have we begun to commonly construct suffering through discourses of health and medicine (Brinkmann, 2014). How we define someone as mentally 'well' is entirely dependent on context, and thus impossible to singularly define. Mental health and wellbeing are phenomenon defined by the sociohistorical and cultural context they are situated within (Kleinman, 1988), and there is not a universally accepted state of *healthy*. This research conceptualizes mental health as actively manufactured and enacted through the behaviour and speech of people (Burr, 2015).

Thus, the language used to articulate suffering and wellbeing forms the building blocks of how people understand mental health within a given context. Even the terms *mental health* and *wellbeing* can hold considerable variety in what they mean. To evidence this, Cattan and Tilford (2006) examined different contexts in which mental health and wellbeing were conceptualised. Chinese cultures often implicate positive emotional states in their models of wellbeing and employ concepts like "ch'i" to describe emotional energy. Religious language also constructs mental health and wellbeing, for example Buddhism posits suffering is inevitable for those with earthly desires, and thus perfect mental health ('Nirvana') is a state reached through ceasing desire. Furthermore, Māori models of wellbeing, such as the notable Te Whare Tapa Wha (Durie, 1994), include the domains of mental (hinengaro), physical (tinana), familial (whānau) and spiritual (wairua) as all equally important to ones sense of wellbeing. Contemporary construction of mental health primarily employs the language of pathology and medicine (Barrow, 2019), as evidenced by the word "health." In summary, the values and practices of a given cultural context contributes to the process of defining suffering and wellbeing. Thus, there is not a

persistent or objectively true definition of mental health across cultures and time. As mental health is a fundamental concept employed within this study, it is pertinent to understand the assumptions made in how it is conceptualised. This research conceptualises mental health as a socially constructed phenomenon, a lens which enables a plurality and encapsulates both the research context and the personal meaning making around mental health of New Zealand men.

The position of social constructionism determines that there are no practices which are objectively mentally healthy. What constitutes healthy practices are also contingent upon what is valued within sociohistorical context (Burr, 2015; Kleinman, 1988). Thus, without rejecting the assumption that mental health is socially constructed, it is pertinent to define the factors that are typically constructed as healthy within the context of this research, so that we might meaningfully examine them.

Defining Healthy in the Research Context

There is a plethora of research exploring what factors contribute towards positive mental health in the context of the contemporary world. Of course, many factors which contribute to wellbeing are environmentally and socially situated (Malla & Gold, 2024). For example, mental health is heavily contingent on economic equity, adequate and stable housing, occupational opportunities and stability, and social equality. Otherwise, individual factors include engagement with activities that promote general health, including exercise, good diet, productivity, and meaningful social relationships (Sadock & Sadock, 2015; Malla and Gold, 2024).

Mental health is often understood through the identification of risk factors and protective factors. Gender at times is positioned as a risk or protective factor, which is examined in the context of this research in the following section. It is useful to consider briefly the risk and protective factors for mental health more broadly, before examining men's mental health more specifically. Personality traits have at times been linked to mental health outcomes—for example, neuroticism is often associated with risk, while conscientiousness and agreeableness are considered protective factors (Yoneda et al., 2023). Risk factors more broadly are often individual factors that suggest a lack of resilience, or traits such as emotional suppression.

Applied mental health research suggest there are specific practices which can maintain psychological difficulties (Sadock & Sadock, 2015). For example, psychologists who practice from a cognitive behavioural lens hypothesise that avoidance maintains a psychological problem by preventing disconfirmation of the individuals capacity to functionally cope (Kennerly, Kirk & Westbrook, 2017). Psychodynamic oriented models of psychopathy might conceptualise intrapsychic defences, such as repression or projection, as perpetuating of mental health problems (Shedler, 2010).

Mental health help seeking is often positioned as a positive practice. Help seeking is defined as contacting other people for information, support, understanding, or treatment based on psychological problems or difficulties (Parent et al., 2018). Though people can experience help seeking as complicated and conflicting, it is generally considered beneficial for one's quality of life (Kantar & Yalçın, 2023). Parent's (2018) definition suggests help seeking can involve seeking both personal and professional support; help seeking for psychological problems can involve reaching out to peers or loved ones, or help seeking might include seeking support from medical or psychological professionals.

Emotional expression is also generally considered a positive mental health practice (Kane et al., 2019; Norcross, 2019). Those who present with increased symptoms of mood and anxiety difficulties often engage in reduced emotional disclosure, and avoid emotional experience (Kahn & Garrison, 2009). Research suggests that expressing and experiencing ones negative emotions can have a positive effect on wellbeing, as it promotes self-awareness and insight, reduces distress about unpleasant emotions, and can positively impact personal relationships (Kennedy-Moore & Watson, 2001).

In summary, what constitutes mentally healthy practice is sociohistorically situated. Thus, it is necessary to explicitly define what this research considers healthy and positive. Here, *mental health* encapsulates both positively directed constructs related to wellbeing and negatively directed constructs related to pathology and suffering (Malla & Gold, 2024). Using a broad definition enables discussion of mental health as a construct of pathology and medicine, as it is often defined within New Zealand, but also leaves room to recognise mental health as experienced and defined subjectively. Behaviours that are conceptualised within this research as mentally healthy move individuals away from pathology and suffering, as well as towards a satisfactory, balanced, connected, and worthwhile life. Examples of this include professional and personal help seeking, and emotional expression.

Men's Mental Health

This section examines how the mental health literature typically positions men. There is a substantial body of knowledge which suggests men often experience mental health differently from women (Lomas, 2013). These apparent differences emerge first when examining pathology. In childhood and adolescence, young boys generally present more frequently with risk and conduct concerns such as oppositional defiant disorder and substance use disorder, whilst girls show higher rates of depression and eating disorders (Cavanagh et al., 2017). In adulthood, men present with lower rates of depression and anxiety but show higher rates of substance use disorders and antisocial behaviours. Globally, men are over twice as likely to take their lives, while women are more likely to show greater levels of disorder comorbidity (Moreira et al., 2015; Sadock & Sadock, 2015; WHO, 2002). In New Zealand, men are diagnosed with anxiety and depressive disorders almost half as often as women and are half as likely to indicate they experience high mental distress. Some research suggests this is a consequence of men exhibiting depression differently, with angry outbursts and risk-taking behaviours more commonly seen than melancholic or ruminative presentations (Smith & Hemler, 2014; Swami, 2012). Thus, men experience varied susceptibility to detection by diagnostic tools and techniques (Smith, et al., 2018). Furthermore, men typically experience earlier onset for schizophrenic disorders, but less debilitating forms of borderline personality disorder (Sadock & Sadock, 2015; WHO, 2002). These pathological outcomes paint a problematic picture of mental health outcomes for men.

In addition to gendered differences in the prevalence and expression of pathology, the literature suggests gendered differences in mental health practices. Research suggests men tend to cope with distress in unhelpful ways, responding with behaviours like social withdrawal, risk taking, anger fuelled conflict, increased work hours, and substance abuse (Blisker et al., 2018; Cavanagh et al., 2017; Chuick et al., 2009; O'Neil, 2011). Many of these behaviours are characterised by excessive avoidance. Not only do these practices often restrict emotional expression and increase the risk of stress and mental health pathology (Hofmann & Hay, 2018; Wong et al., 2017), they may also enable further problems. For example, social withdrawal increases isolation, which exacerbates mental health difficulties. Furthermore, risk taking and substance use increase the risk of attempting suicide (Moreira et al., 2015).

Men's help seeking practices also receive notable attention in health literature. Men make less use of mental healthcare (Bilsker, et al., 2018; Kessler et al., 1981; Seidler et al., 2016) and are generally more reluctant to seek help for mental health concerns (Sierra Hernandez, 2014; Seidler et al., 2018a). Men are also less likely to seek support from their friends and family.

The literature does not position all men's mental health practices as problematic. For example, men appear to employ 'problem solving coping' strategies more often than 'emotion focused coping' strategies (Smith, et al., 2018). Thus, men may be more likely to be strategic, logical, and detached when facing adversity. In some situations, this can improve outcomes related to stress and distress (Hammer & Good, 2010).

In sum, there are apparent differences within the literature in how men express and experience mental health. This is clear both in pathological outcomes, as well as how men express pathology. Furthermore, men also appear to engage in unhelpful practices regarding their mental health, including avoidance, substance use, limited help seeking, and limited emotional expression. The research suggests that men's mental health is a concern, with some research positioning it as a "crisis" (Bilsker et al., 2018).

This thesis stands to contribute to our understanding of men's mental health issues. Though there are many determinants of men's mental health practices and outcomes, this research is particularly interested how masculinity might be employed to make sense of men's mental health concerns. Masculinity and men's mental health is the subject of the following chapter.

CHAPTER THREE – CONCEPTUALISING MASCULINITY AND MENTAL HEALTH

Scientific discourse regarding masculinity and gender is vast and fraught with debate. Examination of men’s mental health comprises only a tiny corner of the vast discourse of masculinities. Gender has been defined in many ways from various ontological and epistemological perspectives, each useful depending on the focus of the research context (Borkowska, 2020). This chapter will examine how masculinity has been conceptualised, and how this has been employed to make sense of men’s mental health attitudes and practices. This will explore the dominant narrative of normative and role theories, outline contemporary social constructionist views on gender, and orient the reader to arguments that masculinities can be capable of positivity and inclusivity.

Conceptualising Masculinity

Masculinity studies are fraught with complexity and tension, and there is extensive academic discussion regarding how it is best conceptualised. In the first instance, this research positions sex and gender as separate concepts. WHO defines sex as the “biological and physiological characteristics that define men and women,” and gender as “characteristics of women, men, girls and boys that are socially constructed. This includes norms, behaviours and roles associated with being a woman, man, girl or boy, as well as relationships with each other. As a social construct, gender varies from society to society and can change over time” (WHO, 2024, para. 1). This research does not define the quality of being a man as essential or biological, such as male type physical, chromosomal, or endocrinological traits. Instead, we align with WHO’s definition of gender as a “socially constructed” expression, role, or identity.

Within the men’s mental health literature, there is a tendency for research to objectively categorize masculinity through operationalisation and theoretical positioning. A problematic element of biological and role theories emerges in how they reduce gender to the simple dichotomy of male and female. Restricting gendered mental health related behaviours to a simplified binary fails to account for within group variability, viewing people as homogenous (Pleck, 2018; Seidler et al., 2016). Though our

physiological makeup is tied to masculinity, it does not define it (Bhargava et al., 2021). Blaming masculine expression on essential roles, norms, or biological features neglects to consider the reflexivity and subjectivity of men (Waling, 2019). In addition to problems of over dichotomizing, some researchers critique masculinities research for the implication of passivity in the socialization of gender, where research positions masculinity as an all-powerful, disembodied entity that governs behaviour and reasoning (Waling, 2019). This fails to account for the impact of our agentic social practice in manufacturing the masculine role. This section provides context for these critiques by examining relevant theoretical developments in masculinities study.

Critical study of men and masculinities has been evolving since the 1970s. Early developments sit contextually within the proliferation of feminist examination of gender relations and inequality (Gurfinkel, 2012). The emergence of sex role theory is perhaps the most significant development of that time. While role theories began to challenge the assumption that gender is inherent or essential, it also positioned a gendered binary as necessary for social functioning (Berggren, 2014; Brannon & David, 1976). Feminist research critiqued role theories for failing to conceptualize the structural relations of gender, and for positioning masculine roles as universal (Pease, 2002). Instead, feminist research hypothesizes that normative roles are a sociocultural contrivance (Connell, 1987), and that people construct and enact masculinities for the intended outcome of maintaining patriarchal power. Normative theory posits that social *norms* are the socially expected qualities and behaviours. Individuals are socialised to these norms within their cultural contexts, and people enforce and reinforce adherence to these expectations through social practice (Addis et al., 2016). “Traditional” masculine norms in Western societies typically include strength, self-reliance, emotional restrictiveness, dominance, homophobia, and courage (Connor et al., 2021, p. 1; Kantar & Yalçın, 2023).

Connell (2005) popularised the term *hegemonic masculinity*, which holds that within a given sociocultural context the idealized form of masculinity becomes a dominant normative construct. Individuals position themselves, and their own masculinity, against hegemony. Through this lens, gender norms are conceptualised as qualities and expectations enforced by people to maintain a masculine power structure, not as disembodied or innate inevitabilities. This conceptualisation serves a

useful role for research that examines gender power relations, or research that examines how dominant masculinities can reproduce inequalities that benefit patriarchal domination (Borkowska, 2020).

This conceptualisation rests upon social constructionism, an epistemological lens which holds that we construct and negotiate meaning through language and social practice (Gergen, 2023). Social constructionist theorists reject the realist assumption that gender has a single essential expression (Courtenay, 2000). Instead, they acknowledge the role of human agency in constructing and negotiating gender. Social constructionists naturally view masculinity as constituted through micro and macro social practice (Tuffin, 2008), with language being the primary theatre of construction. Furthermore, people define gender within their context, constructing masculinity and femininity in unique ways across time and space. Social constructionism tends to pluralise *masculinities*; the conceptualisation of masculinities as plural acknowledges the simultaneous existence of a breadth of enacted masculinities across sociocultural contexts (Addis et al., 2016). It holds that there is no single or objective form of gender which can be known independently from how people speak about it.

The shift towards social constructionist understandings of gender identity is further enriched when considering the role of relational narrative in shaping subjectivity. Gergen (2023) argues that individual selves are not static entities but are continuously negotiated through relational processes and storied accounts. Gergen posits that the self is constituted through ongoing dialogue with others, culture, and broader discursive practices. In this perspective, the self itself is relational. Our personal identities are a dynamic constellation of stories and lessons we inherit and negotiate with. For masculinity, the relational self holds that manhood is not constructed simply within isolated individuals, but through collective scripts about masculinity. These scripts circulate in families, media, schools, and peer groups, providing the templates from which masculinities are enacted or resisted. This includes stories of strength, stoicism, and self-reliance, which have historically defined masculinities. The elements of our identities that are aligned with concepts of gender are also co-constructed through relational, interconnected scripts (Gergen, 2009).

In summary, masculinity has been defined and conceptualised in numerous ways. This research favours the view that masculinities are socially constructed, drawing upon the works of Connell's hegemonic masculinities and Gergen's relational and interconnected selves. Within this research

masculinities are defined as contextually situated and plural and cannot be reduced to something static or innate. This research considers young men's experiences with gendered identity to be shaped by ongoing dynamic negotiation with collective gendered scripts.

Traditional Masculinity and Men's Mental Health

Normative research comprises most exploration of masculinities in the men's mental health literature. Many researchers suggest that adherence to traditional masculine norms is associated with poorer mental health outcomes, attitudes, and behaviours (Wong et al., 2016). According to Western conventions of mental health, normative values encourage and reinforce practices that are mentally unhealthy and discourage practices that are conducive to positive mental health. For example, adhering to norms of stoicism and self-reliance can produce stigmatised beliefs about support seeking, which encourage men to manage distress independently (Eckert et al., 2010; Tang et al., 2014). By minimising support seeking, men reduce the probability of breaching these norms, often to avoid the consequences of social policing or stigma (Sierra Hernandez et al., 2014; Smith et al., 2018). Similarly, traditional masculine norms of strength can encourage men to limit emotional expression, with gendered rhetoric positioning externalised emotion—such as crying—as an expression of weakness (Seidler et al., 2016). Even *experiencing* mental health difficulties can be incompatible with norms of strength; thus, men often experience shame and internalised stigma when experiencing mental distress (Johnson, 2012; Ramirez & Badger, 2014). This “double jeopardy” can disconnect men from seeking care and support (Good & Wood, 1995, p. 70; Sharp et al., 2022), which exacerbates suffering (Player et al., 2015). Much of the current men's mental health research highlights this apparent relationship between masculine norms and the mental health practices men engage with.

Other theoretical perspectives have also been employed to make sense of men's mental health disparities. Biological perspectives conceptualise masculinity as intrinsic to one's physical sex and is related to the effects of physiology. Biological essentialism positions natural selection as explanations for masculine behaviours; examples include high threat responses, social dominance hierarchies, gender complementary survival functions, and reproductive strategies (Buss, 1995). Biological theories suggest

that men respond to distress as a threat, with aggression and without reflection or appraisal of danger (Shields, 1975). In addition, men may navigate adversity without seeking support from others, which serves to maintain a performative position of dominance characterised by strength and stoicism. These ingrained strategies result in isolation and avoidance of emotional expression (Wasserug & Hamilton, 2018). Alternatively, role theorists have suggested that masculine behaviours are motivated by embodying an inherent maleness within society (Levant et al., 2011). From this lens, men naturally adopt the masculine roles of their sociocultural context through socialisation (Addis & Mahalik, 2003). Gender role theorists have argued that the *gender role strain* of conforming to a given masculine role causes distress, particularly where one's circumstances put them in conflict with the conventions of their cultural context (Pleck, 1995). Furthermore, men who internalize the ideological role that they need to be strong, emotionally restricted, and competitive may experience a negative impact on their wellbeing (Addis & Mahalik, 2003; David & Brannon, 1976).

Discussions about normative masculine ideals in men's mental health recurrently examine stoicism. Contemporary analyses have suggested that, colloquially, stoicism is often defined as a defensive emotional stance that prizes control and endurance above emotional expression (Harerimana et al., 2025). While classical stoicism originated as a philosophical system concerned with reason, virtue, and emotional regulation (Zalta, 2021), the contemporary usage of "stoic" in cultural discourse has shifted toward connotations of rigid self-reliance and the suppression of vulnerability. This modern appropriation is characterised by restricted emotional disclosure and help-seeking among men, contributing to higher rates of distress and poorer health outcomes (Mokhwelepa, 2025). When stoic traits are enacted through strict avoidance of emotional disclosure, they can reinforce isolation and hinder communication. Psychological literature increasingly recognises that while emotional control may confer stability, the inability to recognise or express vulnerability can limit access to social and professional support systems (Seidler et al., 2016). The construct of stoicism is complex, and the term is reviewed in greater depth in the following sections.

Irrespective of how it is theoretically conceptualised, the research suggests that characteristics associated with traditional masculinities, such as strength, stoicism, and independence, often correlate with poorer mental health attitudes, practices, and outcomes. It seems that men who identify closely

with traditional masculine attitudes are less likely to seek support, and more likely to cope in maladaptive ways. Thus, men's mental health attitudes and practices appear directly and negatively impacted by traditional masculinities.

Traditional Depiction of Men in Aotearoa / New Zealand

Discussions of New Zealand masculinity and men inevitably evoke a historical stereotype. The traditionally masculine New Zealand man is characterised by practicality, independence, strength, and emotional reticence (Brickell, 2012). This man is close to the land, practices humility and modesty, and cuts down men who get too big for their boots. The traditional New Zealand man is typically adorned with gumboots, plays rugby, and drinks Speights (Sim & Thomson, 2000). He also possesses an unconditional opposition to homosexuality, and is typically objectifying of women (Brady, 2012; Campbell, 2000). His worth as a man is based upon his consumption of alcohol (Willot & Lyons, 2012) and talent for rugby (Park, 2015), and his social interactions are categorised by fighting, drinking, gambling, and swearing. These qualities are typified in the 'Southern Man' Speights advertising campaign from the 1990's. This stereotype is a typical representation of the types of qualities we might consider traditional in New Zealand masculinity.

Of course, the "Southern Man" man is a social construct (Bannister, 2005), and there is no single generic New Zealand masculine identity. The southern man masculine archetype is a product of New Zealand's sociocultural development and context. Bannister (2005) theorized that the norms of New Zealand masculinity evolved of escaping British class structure to the workers' paradise of New Zealand. This fostered egalitarianism and working-class solidarity, informing the construction of national ideals of independence and humility. This was likely maintained by the development of New Zealand's cultural identity as an isolated paradise, which fostered suspicion of imported theories and schools of thought. Of course, many of these qualities match closely to the norms present in international masculinities literature, such as strength, stoicism and self-reliance (Kantar & Yalçın, 2023). Alternative positions in New Zealand masculinities are examined in following sections as they become relevant.

Colonisation and Indigenous Masculinities

Any research exploring Aotearoa / New Zealand culture cannot be divorced from its history of colonisation. Māori settlers were the first to arrive in New Zealand, estimated somewhere in the late thirteenth century (Wilson, 2022). European colonisation began in the nineteenth century (Walker, 1990). The immediate historical effects of colonisation include widescale theft of Māori land, significant outnumbering of indigenous population by Pākehā settlers, and colonising practices that are genocidal in nature (Orange, 2004). Colonisation in New Zealand is conceptualised as ongoing; today its effects include downstream inequities in health, political, and educational institutions (Kingi et al., 2018), inter-generational trauma, and both micro and macro level prejudices against Māori people (Bennett & Liu, 2018).

The practices and policies of Pākehā colonisers spawned discourses that constrain Māori identities and self-determination today, as well as perpetuate harmful narratives about Māori men and masculinities. Hamley and Grice (2021) highlighted that colonising narratives often construct Māori men as normatively physical beings, without capacity for intelligent thought. Colonising stereotypes position Māori men as either humbled, quiet, and submissive to Pākehā ways of being, or savage, violent and unintelligent. Hamley and Grice hold that these racist narratives are pervasive and hold ongoing discursive power, which has implications for the identities and wellbeing of Māori men, and the continued oppression and marginalisation of Māori ways of being.

New Zealand's multicultural landscape also exemplifies the position of social constructionism, as Māori worldviews reveal that both gender and wellbeing are produced through contextually situated social and cultural relations. Kaupapa Māori scholarship positions knowledge as relational, contextual, and co-constructed, and challenges Western notions of objectivity and individualism (Eketone, 2008). Indigenous models of wellbeing can diverge significantly from Western frameworks, emphasising, for example, connectedness, community, and spiritual dimensions (Durie, 1984; Pitama et al., 2007). This illustrates how mental health is inseparable from one's social and ancestral context. Similarly, Māori masculinities in tikanga emerge from networks of whanaungatanga, whakapapa, and cultural participation, rather than from fixed traits (King, 2017; Rua et al., 2017). Māori men's identities are

continually negotiated within collective and historical settings. Māori ways of knowing demonstrate the ways that masculinities and mental health are contextually and socially situated, which highlights the social constructionist position that these dynamic constructs cannot be understood outside of their cultural, and epistemological contexts.

Attempting to understand New Zealand masculinities and their impact on the mental health of New Zealand men is impossible without recognising the significance of colonisation on how masculinities are constructed for many men. New Zealand's bicultural setting represents a salient example of how people construct gender within cultural context, which is heavily determined by complex social factors. The thesis is created acknowledging this dynamic history and current social context, and the responsibility of research to challenge homogenizing constructs that harmfully constrain the wellbeing of Māori men.

“Contemporary Masculinities” – Positivity and Attenuation

This research favours the view that masculinities are socially constructed, drawing upon the works of Connell's hegemonic masculinities (2005) and Gergen's relational and interconnected selves (2009). Here, masculinities are defined as contextually situated and plural and cannot be reduced to something static or innate. This position can enrich conceptualisation of the practices of men, and the gendered constraints they experience. This allows us to acknowledge plurality when examining men's practices and attitudes. Recognition of dynamic and nuanced masculinities allows us to examine the exceptions to the dominant narratives in the literature (Gergen, 2023), particularly those which position masculinity as persistently problematic for men's mental health. This section examines these alternatives, including positions in the literature that embrace hopeful and positive masculine possibilities. The significance of these developments, and their implications for men's mental health, are outlined below.

First, it is important to note that feminist research, such as Connell's hegemonic theory, are often employed to examine gender power relations. Thus, Connell's theories are often used to examine men's access to patriarchal dividend depending on the extent of their support and tolerance of hegemony

(Borkowska, 2020). Consequently, critical research regarding gender and power can often imply masculinities are homogeneous and predictable in how they perpetuate dominance and harm (Duncanson 2015; Ralph & Roberts, 2020). Research in the last two decades have debated the ways research positions men and masculinities as unequivocally problematic (Lomas, 2013). As such, this research is interested in the emerging literature that proposes masculinities and men do not ubiquitously value domination, exclusion, and harm.

In the last 15 years there has been a proliferation of work exploring traditional masculinities through frameworks of nuanced optimism. One significant development is the *positive psychology / positive masculinity* framework, which Kiselica and Englar-Carson (2010) developed to reframe traditional masculine traits as capable of being positive and beneficial. This presents obvious implications for wellbeing, with some literature suggesting that traditional masculine traits can be employed to positively support men's mental health. For example, Hammer and Good (2010) posited that traits of risk taking, dominance, primacy of work, and pursuit of status all associated with higher levels of personal courage, autonomy, endurance, and resilience. Sharp and colleagues (2022) argued that taking action to support themselves, if framed as for the benefit of others, taps into health-related masculine values of selflessness and supportiveness. Coen and colleagues (2013) and Emslie and colleagues (2006) both explored the stories of men who negotiate their masculine ideals of strength to position themselves as effective and successful for expressing emotion and caring for others—thus maintaining normative masculinity. Tang and colleagues (2014) highlighted how college aged men position mental health help seeking as a strength-based action, enabling alignment with norms of strength while still enacting positive behaviour. De Visser and colleagues (2009) demonstrated how men attach the masculine ideals of strength and independence to alcohol abstinence. Noone and Stephens (2008) explored how participants' reframe masculine values of self-reliance and competence by positioning themselves as "legitimate" users of healthcare services (p. 719). Similarly, Johnson and colleagues (2012) interviewed participants who viewed treatment seeking for depression as an action oriented, responsible, and independent behaviour. Instead of positioning help seeking as unmasculine, these men viewed help seeking as initiative taking and responsible, preserving their masculine sense of

independence and responsibility. The examples presented in these studies exhibit ways men can negotiate and employ traditional masculine norms to enable positive mental health practice.

Contemporary scholarship on stoicism and masculinity distinguishes between the problematic emotional suppression associated with traditional masculine ideals, and the potential for classical stoicism to support positive masculine development. Such literature reframes stoic practice from blanket emotional suppression to a mindful and functional approach to self-regulation (Karl et al., 2022). Classical stoic philosophy prioritizes the cultivation of self-awareness, resilience, and emotional acceptance (Robertson, 2010). Historically, stoic thinkers such as Epictetus and Seneca taught that emotions should not be repressed, but instead reframed through judgment and mindfulness, replacing impulsive reaction with reasoned understanding (Zalta, 2021). This classical perspective emphasised self-awareness, ethical self-governance, and inner calm rather than detachment or denial. Recent research on stoic training supports this interpretation, finding that the practice can increase self-efficacy and reduce rumination, which are associated with improved emotional wellbeing (MacLellan & Derakshan, 2021). Traits associated with stoicism, such as composure, and rational control, can support adaptive coping, particularly under pressure or uncertainty (Karl et al., 2022). Scholars have noted conceptual overlaps between stoic philosophy and contemporary therapeutic frameworks such as mindfulness-based interventions, particularly in their shared emphasis on acceptance, present-moment awareness, and resilience in the face of adversity (Cavanna et al., 2023). This suggests that certain stoic principles may align with, and even arguably inform, aspects of evidence-based mindfulness approaches shown to support emotional well-being and adaptive coping. Stoic thought is part of a philosophical lineage that underpins many modern clinical strategies. Unfortunately, public discourse often reduces stoicism to a caricature of emotional reticence, obscuring its more therapeutic conceptualisation and the capacity this has to improve wellbeing (Cavanna et al., 2023). The balance between emotional restraint and openness therefore remains essential in conceptualising men's mental health. Stoic traits appear to both foster resilience and, when distorted, produce barriers to wellbeing.

In addition to research examining positive domains of traditional masculinities, there is also expanding discussion about attenuating, alternative masculinities. There are a handful of theoretical positions that examine emerging alternatives to hegemonic norms of strength, and how these might be

employed positively. For example, Davies and colleagues (2010) developed *possible masculinity*, which highlights men's aspirations and goals for healthy, responsible, and nurturing practice, despite the conflict this might raise with dominant masculine norms. The *caring masculinities* framework (Elliott, 2016) offers masculine identities that reject domination associated traits, and embraces positive emotion, interdependence, and relationality.

Anderson's work on *inclusive masculinity theory* examines men's gendered behaviour that represent attenuated changes in masculine expression, including reduction of homophobia and increased emotional intimacy (Anderson & McCormack, 2018). These developments share an ideological position which acknowledges alternative expressions of masculinity that are characterised by positivity, attenuation, empathy, inclusivity, and intimacy. This position enables a focus on emerging masculinities that coexist without domination. Furthermore, these works promote a discourse of optimism about men and social change (Borkowska, 2020).

There is certainly evidence to support the adoption of positive masculinities in contemporary society. Connor et al. (2021) published a systematic review regarding the perceptions and interpretations of "Contemporary Masculinities" in young, middle class, heterosexual Western men (p. 1). They identified trends in masculinities research that observe an emergence of new masculinities that challenge traditional or orthodox characterisations of men. Their analysis of 33 studies found four key characteristics that are increasingly being practiced by men—Table 1 overleaf summarises the concepts from Connor's review. Connor suggests that contemporary masculinities are characterised by increased inclusivity, emotional intimacy, feminine physicality, and resistance to dominant masculine norms. Table 1 overleaf depicts the specific practices observed within these characteristics—for example, increased intentional physical contact such as cuddling and kissing, and acceptance of gender diversity and homosexuality. In particular, resistance to traditionally masculine norms, increased vulnerability, and increased emotional openness and supportiveness have implications for men's mental health practices. These implications are outlined in the following section.

TABLE 1

Summary of themes of Contemporary Masculinity. Adapted from “Perceptions and Interpretation of Contemporary Masculinities in Western Culture: A Systematic Review” by Connor et al. (2021), *American Journal of Men’s Health*, 15(6), p. 5, reproduction permitted under Creative Commons Attribution-NonCommercial 4.0 license (<https://creativecommons.org/licenses/by-nc/4.0/>)

Global Themes	Concepts	Recurring Elements
Inclusivity	Acceptances of differing sexualities	Decreased levels of homophobia Absence of homophobia Rejection/contestation homophobia Shifting attitudes towards homosexuality
	Acceptance of differing genders Acceptance of women	Acceptance of gender diversity Respect for women Respect for traditional gender roles Rejection of misogyny
	Acceptance of differing ethnicities	Sensitive of others Rejection of racism
Emotional Intimacy	Emotional bonding	Emotional bonding Emotional closeness Emotional Sharing
	Emotional openness	Increased emotional support between friends Trust Vulnerability Compassion
	Emotional growth	Developing intimate relationships Presence Prioritizing intimate relationships
Physicality	Intentional physical contact	Hugging Cuddling Kissing
	Adoption of physical intimacy	Increasing physical tactile Physical intimacy with same sex friends
Resistance	Open displays of physical connectedness	Dancing with men
	Hybrid masculinities	Metrosexual Bromance
	Rejection of traditional / orthodox masculinity Rejection of traditional male stereotypes	Rejection of orthodox masculinities Rejection of traditional masculinity norms Decrease in hyper-masculine behaviour Avoidance of fights and violence Decreased levels of risk-taking
	Rejection of traditional masculine norms	Caring and connecting Less traditional ways of fathering Seek work/family balance

There are further examples in the literature of emerging contemporary masculine expression in certain contexts. Peretz and colleagues (2020) explored men's gender transformative narratives towards self-efficacy and normalization of challenging traditional gender conventions. Anderson's work on masculinities within sporting communities highlighted trends towards rejecting orthodox expressions of masculinity by embracing marginalised masculinities and showing supportiveness (Anderson & McGuire, 2010; Anderson & McCormack, 2018). Men in the Australian Macedon Ranges demonstrated attenuation and open mindedness about masculine expression, respecting vulnerability and emotionality in other men (Bonell et al., 2022). Gough and Novikova (2020) examined a widespread cultural debate about "changing masculinities" (pg. 28), particularly in response to social movements such as #MeToo. These are a handful of studies which suggest that men internationally are increasingly employing contemporary and non-traditional masculinities.

There is evidence to suggest emerging deviations from the traditional values of strength, independence, and emotional inexpressiveness in New Zealand masculinities. Sim and Thomson (2000) suggested that a crisis of masculinity in the late 20th century shook the stability of New Zealand masculinities and that pioneer inspired masculine ideals no longer occupy a dominant space (Phillips, 1996). Bannister (2005) suggests that masculine ideals have softened. Examples of attenuation include the purchasing of grooming products (McNeill & Douglas, 2011), or the occupation of historically masculine spaces by women (Sims & Thomson, 2000). Lindsay (2019) explored how metro sexuality, a masculine stereotype often characterised by femininity, consumerism, and aesthetics, may be emerging as an alternate urban hegemonic identity in New Zealand. Metro sexually oriented masculinities increased during the 70's and 80's out of increasing urbanisation, consumer culture and quantities of scholars and businessmen.

Contemporary trends in New Zealand media point to movements away from historical hegemony. The mid 2000's Mitre 10 advertising campaign, *DIY, it's in our DNA*, conjures imagery of a stoic, independent men completing outdoor tasks on their own. In 2020, Mitre 10 produced a new advertising campaign, *With You All the Way*, in which a conventionally unmasculine man seeks aide from a Mitre 10 employee, which culminates in the two befriending one another and embracing. In another example, New Zealand beer company Speights ran a campaign in the 90's centred around the

Southern Man, a personification of the historically kiwi man characterised by stoicism, rugged strength, and a rural uniform (Sim and Thomson, 2000). In 2018, Speights ran their *Good on Ya Mate* campaign, in which a man's friends teach him to dance before his wedding. Both advertisements portray men who appear more consistent with contemporary masculine characteristics, including increased physicality, emotional intimacy, and supportiveness (Connor et al., 2021). More traditional values of strength and independence appear to hold a less comfortable space.

It is important to caveat that depicting these masculinities as “contemporary” does not mean this is the first time in history that men have pushed against the constraints of hegemony (Brickell, 2012; Connor et al., 2021; Jolly, 2008; Whitehead & Barrett, 2001). As Connor and colleagues note, “the social construct of masculinity is not fixed, and has always evolved over time in response to changes in society and culture” (p. 2). The argument made within this review is obviously not that these are the first men who have embraced alternative masculine positions. This review only suggests that, within contexts, there appear to be emerging masculine practices that demonstrate the capacity for emotional intimacy, vulnerability, and supportiveness.

Furthermore, it is important to be explicit about what is meant when labelling masculinities, specifically with the terms “traditional” and “contemporary.” There is a tendency for masculinities literature to conceptualize different forms of masculinity in ways that border on essentialism (Addis, 2010). To reiterate, gender is socio culturally situated, dynamically constructed and thus plural (Gergen, 2009). It follows that observing variation in men's practice and normative expression does not represent a change in the essential quality of masculinity but observed differences in practices within a specific context. Contemporary masculinities do not represent a new *type* of man—this oversimplifies the plurality of gendered practice. Instead, the term contemporary masculinities represents the increasingly adopted and socially perpetuated cluster of qualities and expectations that are characterised by nonconforming, attenuated, and positive practices (Lomas, 2013). Masculinities are dynamic and multifaceted, and socially constructed plurality allows traditional and contemporary masculine expression to coexist both socially and within an individual (Gergen, 2023).

Implications of Contemporary Masculinities for Men's Mental Health

Several recent papers suggested a need for research examining the utility of adopting contemporary masculinities for men's wellbeing. Conner et al. (2021) remarked that enacting contemporary masculinities might serve to benefit men's wellbeing—as enabling an increased freedom to be open and vulnerable could enable more flexible mental health practices. A systematic review of men's help seeking for depression (Seidler et al., 2016) suggested that reframing and reshaping masculine ideals towards a more malleable and fluid expression could reduce stigma and increase proactive treatment seeking in men. Wilson (2022) argued that the promotion of positive and comfortable masculine expression might address the overlapping issues of masculine invulnerability and unhelpful mental health coping styles. Gough and Novika's (2020) systematic review hypothesized that men who do not identify strongly with traditional masculinity seem to be more likely to seek help for mental health issues. This research posits that, given the position that traditional forms of masculinity discourage unhelpful mental health practices, embracing alternative masculine positions might facilitate healthier coping practices and better outcomes for men.

There are a handful of studies which support this hypothesis. Oliffe (2005) demonstrated men's capacity to reject expectations of self-reliance and challenge stoic inexpressiveness. Herron and colleagues (2020) questioned dominant models of masculinity, arguing men want to talk about their mental health and align their perceptions of masculinity with healthier practices. McKenzie and colleagues (2018) suggested that men strive for greater social connectedness and closer bonds to support themselves. Oliffe and colleagues (2019) examined health related masculine values in young Canadian men, which challenged the long standing claims that young men are hedonistic, hypercompetitive, and estranged from self health. These studies all suggest that negotiating, or even outright resisting, traditional masculine ideals might enable positive attitudes and practices in men experiencing mental distress (Coen et al., 2013). Therefore, attenuated and nonconforming masculinities appear to enable mental health practices characterised by emotional expression, greater help seeking, and reduced stigma, which we speculate will support the mental health of men.

There is only a handful of research examining this within the context of New Zealand. McKenzie (2016) suggested that while many New Zealand men deny their need for emotional connection and support from others, some are beginning to make efforts to establish positive and supportive social connections, despite judgement or feelings of failure for masculine nonconformity. Noone and Stephens (2008) explored help seeking attitudes in older kiwi men in rural settings. Whilst older men appeared to justify neglecting GP attendance through adherence to norms of self-reliance and independence, many men negotiated with masculine norms by positioning themselves as successful and competent 'legitimate' health care users. Read (2020) suggested that young men distance themselves from hegemonic qualities of stoicism and independence by positioning these traits as characteristic of older men. However, young men still exhibited qualities of competitiveness, emotional inexpression, and engaged in excessive drinking and physicality. Read posited that the common ground of adherence to hegemony was a way for young men to connect with each other. These three studies, though from a limited pool, all depict men who tentatively enact attenuated and nonconforming masculinities. All three suggest there is utility for contemporary masculine practice in men's connection and help seeking.

In summary, there is academic precedent for the hypothesis that embracing softer and attenuated masculine values can have utility for men and their mental health practice. Adoption of alternative masculine positions and a denaturalisation of traditional hegemonic positions might stand to reduce mental health stigma and isolation, decrease social barriers to help seeking and emotional expression, and improve the mental health outcomes of men. There appears to be little research actively exploring this possibility.

CHAPTER FOUR – MASCULINITIES IN THE MENTAL HEALTH MOVEMENT AND IN YOUNG ADULTHOOD

Shifting Mental Health Attitudes

In the last two decades, Western culture has undergone shifts in public perception of mental health. Mental health related narratives, practices, and outcomes have been receiving increasing attention (Foulkes & Andrews, 2023). In response to growing awareness about mental health outcomes and disorders (Malla & Gold, 2024), there have been numerous efforts to modify public mental health attitudes and practices. These include social marketing campaigns, often employed to increase knowledge about mental health, reduce stigmatisation of mental health difficulties, and encourage help seeking practices. There are several anti-stigma and awareness initiatives being employed in the Western world (Gronholm et al., 2017). Examples include nationwide programs such as the UK's 'Time to Change' (Sampogna et al., 2017), and demographically targeted approaches, such as school-based awareness campaigns (Bolinski et al., 2020). In addition to health initiatives, public figures and celebrities have increasingly advocated for normalising mental health difficulties and encouraging self-care and support seeking from family or friends (Franssen, 2020). In general, these have been employed to reduce mental health stigma (Schomerus et al., 2016), promote positive stories about mental health problems (Benbow, 2007), and modify various health behaviours (Sampogna et al., 2017). There is evidence to support positive outcomes of these initiatives—Sampogna et al. concluded social media based destigmatisation campaigns increase public mental health knowledge and more supportive attitudes towards disorders. Likewise, Henderson et al. (2017) suggested that awareness of anti stigma campaigns predicted increased comfort in disclosing mental health problems, and increased openness to seeking support.

The literature endorses positive trends related to mental health awareness and attitudes in Western society. This includes improving mental health literacy regarding biological conceptualisations of mental disorders (Schomerus et al., 2012), small improvements in the normalisation of moderate severity mental health problems, such as depression (Schomerus et al., 2022), and a general perception

that conversations about mental health have become easier (Grinker, 2021). However, there is also considerable evidence to suggest that mental health difficulties are increasing (Richter et al., 2019). This is hypothesised to be a consequence of significant global developments, such as COVID 19's effects on mental health determinants (Santomauro et al., 2021), widening income inequality (Patel et al., 2008), and perhaps social media (Orben, 2020). Furthermore, increasing mental health difficulties might be a consequence of increased awareness, both due to improved detection systems (Kelly et al., 2007) but also potentially increased overidentification with mental health symptomology (Foulkes & Andrews, 2023). In sum, there are clear shifts regarding the contemporary world's understanding and detection of mental health, which has fostered changes in public knowledge and practice.

Men's Mental Health Movement

These changes have implications for men's mental health, with emerging research exploring the effectiveness of social initiatives specifically for men and their mental health practices. There are emerging initiatives that destigmatise mental illness in men and normalising men's help seeking (Griffith et al., 2019), and men's mental health promotion efforts in community and online settings (Olliffe et al., 2020). Sharp and colleagues (2022) suggested there is a need to evaluate the efficacy of these approaches—outcomes from their focus group study suggested mental health promotion could aim to connect men, so they might to share, and problem solve together. Their review also suggested embedding mental health positive lifestyle practices within conventionally acceptable masculine norms. Furthermore, Wilson (2022) argued that implementing initiatives that challenge traditional masculine conformity might benefit men and their mental health. This overlaps with the research outlined in the previous chapter, which hypothesised contemporary masculinities might enable nonconforming positive mental health practice.

As outlined in the introduction chapter, there are several examples of initiatives that challenge normative men's mental health attitudes in New Zealand. Matt Chisholm's documentary series, *Man Enough*, encourages men to challenge stoicism and express their emotions (Chisholm, 2020). Opinion articles in major New Zealand news outlets discuss the negative impact of traditional masculine norms

(Cryer, 2018; McCool, 2017). Organised men’s mental health initiatives, such as John Kirwan’s celebrity foundation (Day, 2019) and the *Movember* charity (Movember, 2024) encourages men to speak up and seek help for mental health difficulties. Movember run a number of collaborations relating to men’s wellbeing; figures 2 and 3 below are examples of advertisements in New Zealand that encourage emotional supportiveness and connection between men.

FIGURES 2 & 3

Movember “Designated Listener” & “Mind Sets” Campaign Materials – Figure 2 sourced from my personal social media feed. Figure 3 sourced from a sticker observed at my gym.

WHO'S YOUR DESIGNATED LISTENER?

In every group of mates there's one with the job of keeping everyone safe: the designated driver. A mate who volunteers to stay on the waters so you can all stay on the roads.

But another massive threat to kiwi men today is poor mental health. We don't hear about it as much or see it on the telly, but every year hundreds of blokes take their own lives.

And we're not talking about it.

So don't just grow a mo for Movember, be a designated listener. Turn to your mate, ask if they're okay, and let them open up.

SPEIGHT'S

Cheers!
cheers.org.nz

Oxytocin Press Ups

Ventromedial prefrontal cortex Caudate nucleus

Think of a mate and send them a message.

Mate, you still owe me lunch.

MOVEMBER MIND SETS
LifeFitness

GET THE SCIENCE & MORE EXERCISES

In summary, there is evidence of emerging initiatives aiming to shift public perception regarding mental health generally. Within this movement, there are emerging initiatives seeking to challenge the mental health practices of men, though there is a paucity of research examining the range and efficacy of these approaches.

Young Men

Men in their twenties appear to be the dominant sampling cohort of choice in research examining contemporary masculinities (Connor et al., 2020; Anderson & McCormack, 2018; Anderson & McCormack, 2016). This section examines how generational contexts, and the developmental stage of emerging adulthood, are implicated in how young men conceptualise gender and wellbeing. This is particularly relevant as young men, between 18 and 25, are the sampling cohort for this research.

The literature suggests that young people experience poorer outcomes with relation to mental health. In particular, adolescent men seem to experience higher rates of mental health disorders and lower rates of help seeking when compared to other populations (Clark et al., 2020; Merikangas et al., 2011; Slade et al., 2009). New Zealand national statistics suggest 18 to 24-year-olds are more likely to experience emotional and psychological difficulties (Kvalsvig, 2018; Wilson & Nicolson, 2020). Generational differences in mental health might be explained by deleterious economic change and increasing academic pressures (Högberg, 2021). Within young men specifically wellbeing might be compromised by online media use (Gunnell et al., 2016)—though the exact mechanism of this is unclear and there are numerous confounding explanations for this effect (Orben, 2019). Moreover, younger individuals by nature have less life experience, thus are perhaps less likely to have endured exposure to stressful life events. Fields and colleagues (2022) hypothesised that older individuals generally have increased resilience due to a greater wealth of experience. Personal factors appear to reduce help seeking behaviours in adolescents, including increased experience of stigma, negative beliefs about help-seeking, and reduced mental health literacy (Aguirre Velasco et al., 2020; Clark et al., 2020). Clark and colleagues also suggested that increased mental health literacy does not improve help seeking for young

men who align strongly with traditional masculine norms, suggesting that young men too experience the previously examined relationship between traditional masculinities and mental health practices.

Generational variation in gendered attitudes is present in the literature. Plummer (2010) describes age as an obvious organising principle for societies. Though there are biological differences which might underpin age related differences, human cultures also experience temporal stratification in the social expectations and beliefs of various generational cohorts. As such, we observe vast changes over time in the patterns of behaviour we are socialised to. Plummer argued that our lives are organised through our specific temporal context, and sexuality and gender are no exception. Anderson and McCormack's (2018) research on inclusive masculinities theory demonstrates this generational cohort effect. Men aged 18 to 23 years appear to experience more inclusive masculine environments, experience less pressure to align themselves with conventional norms of misogyny, and engage with more emotional supportiveness (Anderson, 2014). Anderson and colleagues principally attributed this to declining homophobic attitudes in the last two decades. "Andersonian" (Borkowska, 2020; pg.411) thinking is predicated on the hypothesis that shifts in masculine expression can be attributed to decreasing homophobia—fear of being perceived as homosexual. They hypothesized the role of legal and cultural context in generational differences, with LGBTQ+ rights and queer-positive narratives emerging in public discourse and adoption and marriage laws. Thus, in older men, an absence of exposure to same sex relationships perhaps enabled and perpetuated heterosexist and homophobic social norms. Thus, "older men have had to undo these attitudes, whereas men from the younger cohort were never taught such values, at least not to the same extent," (p. 156).

The period of transition from adolescence to adulthood is referred to as *emerging adulthood* in developmental psychology (Arnett, 2000). The associated age for emerging adulthood appears to be increasing in contemporary society (Arnett et al., 2014), with significant life events like tertiary education, marriage, and starting a family being increasingly delayed. This life stage holds significant psychological and social features, including identity exploration, instability, self-focus, feeling in-between, and possibilities (Arnett, 2019). The instability of novel and complicated life challenges can certainly contribute to increased mental health difficulties, particularly anxiety (Luo et al., 2024). However, while young adults experience experimentation and individuation as challenging, they can

often experience this positively as well (Arnett, 2007). Developmentally, a primary task of emerging adulthood is to form a stable and coherent identity (Bogaerts et al., 2019). Erikson's (1950) work on identity suggests navigating this period involves coherently integrating abilities, beliefs, interests, and influences, as well as evaluating and committing to goals, values, roles, and beliefs.

There is evidence to suggest that this developmental stage is implicated in adoption of contemporary masculinities. Nielson and colleagues (2023) found increased *gender norm resistance* as young men developed into emerging adulthood. These men observed less pressure to conform to gender norms and more ease in indirectly expressing non-conformity. Gender nonconformity in emerging adulthood appears to be mediated by critical consciousness of social inequalities and a desire to enact positive change. Both adolescents (Nielson et al., 2020) and emerging adults have been shown to embrace gender nonconformity in direct opposition to the values and roles of traditional, normative masculinities—young men seem to do so in pursuit of desires and identities which are incompatible with masculine conformity. Nielson et al. concluded that “with growing understanding of critical consciousness, [young men] more broadly defined masculinity and prioritized authenticity over conformity in their gender development,” (p. 375). Furthermore, if young men view gender norms as unjust, any overt normative socialization attempts are more likely to be perceived as inflammatory and oppressive, which instead discourages gender conformity.

Of course, these findings relating to emerging adulthood and development only sit within the context of sexuality and normative change. While there has been increasing focus in the literature on masculinities in young men, there is little research examining this in the context of mental health (Gough & Novikova, 2020). Still, we can extrapolate generational effects of gender nonconformity to speculation regarding the utility of contemporary masculinities for men's mental health. Perhaps, given that young men appear to be more likely to demonstrate attenuation and nonconformity, they may be more likely to embrace positive and nonconforming mental health practices.

In sum, the developmental period of emerging adulthood appears significantly implicated in how both mental health and masculinity is experienced and constructed. Within the context of this research, there is evidence to suggest that this age demographic is more likely to demonstrate attenuation and nonconformity of conventional masculine norms. This is factored by generational

cohort, sociohistorical context, as well as within the developmental processes of emerging adulthood. Furthermore, there are concerns regarding the mental health outcomes of young men. Thus, this age group is an important demographic of study within the men's mental health literature.

CHAPTER FIVE – RESEARCH RATIONALE

The literature examining the relationship between masculinity and men's mental health is extensive, and fraught with complexity and nuance. A sizable division of normative research posits that traditional masculinities are deleterious to men's mental health attitudes, practices, and outcomes (Blisker et al., 2018; Cavanagh et al., 2017; Chuick et al., 2009; O'Neil, 2011; Wong et al., 2017). Examples of these within the mental health literature of course include reduced help-seeking, avoidant coping, or liberal emotional expression (practices), and internalised stigma, or negative beliefs about the acceptability of experiencing distress (attitudes). Though this might be the case, there is more nuance and complexity to this interaction. Critical masculinities research conceptualises gender as plural and challenges the notion that masculinities are static or essential (Addis, 2010; Connell, 2005; Gergen, 2023). Thus, some masculinity experts advocate for masculinities that can be characterised by attenuation and nonconformity of traditional masculine hegemony (Anderson & McCormack, 2018). There is evidence that in certain contexts, particularly young Western men, contemporary masculinities are being increasingly enacted (Connor et al., 2021). Given that dominant masculine norms appear correlated with unhealthy mental health practices and attitudes, the softening of hegemonic conformity has implications for the wellbeing of men (Gough & Novika, 2020; Seidler et al., 2016; Wilson, 2022). In addition, there appears to be increasing normalisation of mental health difficulties and greater awareness around mental health in general (Griffith et al., 2019; Oliffe et al., 2020). There is evidence to suggest these shifts are occurring specifically within the men's mental health space, and some evidence to suggest these developments are occurring within New Zealand (Chisholm, 2020; McKenzie, 2016; Noone & Stephens, 2008; Read, 2020). However, there is limited research examining contemporary masculine mental health discourse in young New Zealand men, and in particular limited research examining how New Zealand men experience trends in mental health messaging.

This research aims to begin examining this gap by broadly exploring the masculinities and mental health attitudes and practices of young New Zealand men. This research question is curious about what masculinities *are* being constructed and negotiated with in young New Zealand men. Perhaps some men adopt and conform to more traditional, hegemonic masculine qualities in their

practice and talk. Perhaps softer, contemporary, and more nonconforming masculinities are being drawn upon. While this research aims to examine what trends there are in the individual perspectives of young men, it also aims to explore participant observations about wider, social, macro changes and narratives about men, masculinity, and mental health. The purpose of examining New Zealand masculinities is to explore the implications of gendered practice and attitudes for men's mental health.

The research question can be summarized as *“how are young New Zealand men experiencing masculinity, and what are the implications for their mental health attitudes and practices?”* This question is intentionally broad, to encapsulate range and nuance within the vast concepts of gender and mental health. In sum, this research aims to examine the mental health practices and attitudes of young men, what masculinities appear most coveted and constructed, what narratives are being socially perpetuated, and what the implications of all this are for men.

CHAPTER SIX – THEORETICAL AND METHODOLOGICAL CONSIDERATIONS

This chapter aims to outline the epistemological and methodological assumptions made during this research. It also details the analytical approach, Reflexive Thematic Analysis (RTA), and provides an overview of the methodological procedures employed.

Methodological Assumptions

During qualitative research, researchers must negotiate tensions related to ontology, epistemology and methodology (Phillips, 2023). The assumptions researchers make about the nature of knowledge informs their assumptions about how knowledge is produced—this is also known as epistemology (Crotty, 1998). As outlined in previous chapters, mental health and masculinity are conceptualised within this research as social constructs, existing in plurality. How we define and know them is entirely dependent on time, place, and culture. The following sections explore the rationale for a social constructionism–informed approach to research. It also makes explicit the implications of this theoretical stance for our analysis.

Social constructionist epistemologies are influential in the social and psychological sciences (Phillips, 2023). Burr (2015) suggests social constructionism as we know it dates back nearly 40 years, however its philosophical roots are certainly older. For example, the works of Kant—and later Marx—demonstrate distinct elements of constructionism and constructivism (Conrad & Barker, 2010; Tasos, 2024). There is “considerable variation and controversy” amongst the approaches understood as social constructionist (Tasos, 2024; p. 195), owing to years of discussion and debate. However, most agree that social constructionism challenges traditional, empirical assumptions around truth, instead favouring knowledge as constructed within the social world (Burr, 2015).

Social constructionism typically rejects the idea that research can objectively measure and operationalise knowledge (Burr, 2015). Instead, knowledge exists in plurality, and within a given socio-historical and cultural context. Many forms of social constructionism purport that people formulate meaning out of their interactions, with language being the primary medium through which this occurs.

Using language, we can bring abstract concepts into subjective knowledge by constructing them (Burr, 2015; Tuffin, 2008). In many versions of constructionism our language systems stand between reality and our subjective experience. Social constructionism in this form suggests that, instead of reality and thought preceding language, language precedes and shapes our perceptions. This linguistic lens is often associated with the thinking of Gergen (2023; 2009; 1985). Discursive approaches enable observation of intangible and psychological concepts; ideas and abstractions are constructed through talking about them. Discourses construct our reality, instead of reflecting it (Rohleder & Lyons, 2015).

Ontologically, social constructionism can often reflect the stance of relativism. This stance holds that there is no objective, singular truths that can be known insofar as we have the language to discuss them (Tuffin, 2008). Instead, everyone inevitably constructs their own subjective reality, depending on the social conventions they participate in (Tasos, 2024). If knowledge is relative, then the objective of research is not to capture or essentialise truth, but to explore and interpret plural truths.

Within different approaches to social constructionism there are debates about the status of reality. In particular, relativists generally conceptualise nothing as real beyond language, and realists suggest the material and contextual world needs to be afforded consideration. Relativistic positions often hold that doing anything objective, true, or scientific is necessarily mediated by participation in social convention (Tasos, 2024). Gergen himself stated “how should we answer questions about what is ‘independent of language’ save through language?” (2001, p. 425). The implications of this for research has garnered criticism, in particular regarding how language centred social constructionism can fail to account for context. Willig (1999) argued that approaches which analyse linguistic resources, and the consequences of these resources, are not enough. She suggested that we also need to contemplate the historical and social conditions that make these resources possible. Likewise, Vygotskian cultural-historical approaches posit that exclusively linguistic and relativistic approaches to social constructionist research can fail to explain the root causes of sociological problems because they fail to recognise the material basis under which ideological systems exist (Tasos, 2024). Criticisms of linguistic approaches instead encourage examination of *why* language might be employed, and what material and contextual factors might be influencing the discourses available. These contextualist approaches to social constructionism research incorporate factors other than solely language. For

example, Foucauldian approaches legitimize power and oppression as significant factors in how social constructs are not only manufactured but employed by authority (Foucault, 2012; Phillips, 2023). Consideration of this debate within this research framework will be discussed below.

These criticisms of purely relativistic approaches to research are often founded on their implications regarding morality and politics. Critical realists argue that absolute relativism enables moral relativism (Willig, 2013). That is, relative truth necessitates that no singular subjective truth is rationally more or less true than any other. If everything is discursively constructed, “then we have no grounds for adjudicating between different views... all views become equally valid” (Tasos, 2024, p. 210). Taken to the extreme, absolute relativism can facilitate validation of the existence of hateful and anti-social beliefs (Ratner et al., 2020). Researchers from this position run the risk of analysing ideologies without criticism, or only criticising “without pointing the weapon of their criticism at the actual material conditions of life” (Herzog, 2018). Ratner (2019) argues that the discipline of psychology needs to contribute to emancipatory narratives by combining sociopsychological critique with advocacy for social changes. Similar to Vygotskian approaches, emancipation requires deviation from neutrality and of being without prejudice. In summary, many criticisms of absolute relativism suggest it fails to strive for practical conclusions that can have a progressive political impact.

This research holds the assumptions of social constructionism that the subjective realities of young men are drawn from the discursive resources available to them. We do not attempt to identify true knowledge within participant accounts, only observe the subjective meaning they construct within their context (Burr, 2015). Additionally, this research also holds that it is necessary to consider context and practicality, so that we might meaningfully contribute to the world of men’s mental health. There is a spectrum of positions within social constructionism, and this research aims to sit in between language centred relativistic approaches and more critical contextual approaches. The applied implications of this position will be discussed further below.

Reflexive Thematic Analysis

The method employed within this research is *Reflexive Thematic Analysis* (RTA; Braun & Clarke, 2021). Thematic analysis, developed principally by Braun and Clarke, has been revised and expanded across the years, with extensive discussion serving to evolve and clarify the approach within psychological research. The most contemporary understanding of their approach makes the *reflexive* element of RTA explicit to emphasise both researcher subjectivity and researcher engagement with theory and interpretation. This development occurred in response to a tendency for researchers to cite thematic analysis research without knowledgeable, reflexive, or coherent application (Braun & Clarke, 2019). RTA is characterised by the identification and sense-making of patterns in data. These are conceptualised as *themes*, which are patterns of shared meaning around a central concept. Furthermore, RTA is not a rigid *methodology* but a cluster of overlapping *methods* and can be flexibly employed to accommodate for different ontological, epistemological, and methodological assumptions.

Considerations were made for discursive approaches, given the epistemological lens of social constructionism, however I ultimately did not employ solely discursive methods. Early proposals for this research employed a Potter and Wetherell (2010) informed discourse analysis approach. Given that social constructionism privileges language in how knowledge is built, there is certainly impetus to incorporate discursive thinking in the analytical approach. However, the focus of this research is not best suited to the methodological lens of discursive analysis. This research instead privileges exploration and analysis of men's experiences and observations as it pertains to their emotional wellbeing and thus does not prioritise an interest in deconstructing discursive resources, social structures, or dominance hierarchies. There is more interest in experience and personal narrative. Discursive thinking is of course useful—findings employing discursive approaches might focus more upon the positioning of participants in relation to the discursive resources men draw upon to justify their mental health and gendered practices. Thus, whilst analysis will likely examine the discursive processes that underpin negotiation, reflexive practice, and behaviours according to context, I consider that this is not the sole focus of my research and thus not the sole methodological approach.

RTA is an appropriate choice when considering a methodology which is inductively oriented, broad in its aims, and employs a critical lens. RTA also enables conceptualisation of discursive theory where applicable, without the limited focus of committing exclusively to critical discursive methods. Clarke and Braun highlight that RTA is far from atheoretical. It is pertinent to be explicit and coherent about the theoretical assumptions underlying employment of RTA. The following sections detail the theoretical assumptions underpinning RTA, personal reflexivity, and the RTA procedures employed in this research.

Theoretical Assumptions

This research prioritises an inductive over deductive approach to producing knowledge. Inductive or data driven approaches (Byrne, 2022) typically produce findings that are solely reflective of the content of the data and free from pre-conceived theory. The focus of analysis is more exploratory than speculative and thus aims to examine what novel knowledge might be produced through a broad investigation of young men's observations and experiences (Taylor, et al., 2015). Deductive approaches, which are not preferred here, apply existing information to produce a theory, with knowledge being produced typically by testing a hypothesis. Braun and Clarke (2021) stated that qualitative research does not often fall neatly into either inductive or deductive approaches, and instead this might best be considered a spectrum. Qualitative procedures typically make it impossible to completely divorce from researcher subjectivity—in Clarke and Braun's words "you cannot enter a *theoretical vacuum*" (p. 331). Production of knowledge through qualitative analytical methods is not a process of uncovering pre-existing themes or findings, but an active creation through interpretive engagement. Thus, it is difficult to claim that findings are wholly data driven because reflexive analysis necessarily employs my personal biases. Whilst the approach to this research falls on the data-driven and inductive end of the spectrum, findings are inseparable from my interpretive lens.

The approach taken within this research is grounded in a social constructionist and relativist epistemology. This research is conducted with the recognition that masculine identities are not fixed properties of individuals, but are dynamically constructed and continually negotiated within

relationships, cultural stories, and broader societal discourses (Gergen, 2023). Within this research, meaning is understood as dynamic and contextual, with the “self” being interconnected and relational, rather than bounded and atomized (Gergen, 2009). This position supports understanding masculine beliefs and behaviours as fluid, negotiated, and enacted differently across social settings. A social constructionist informed framework enriches conceptualisation of the dynamic, nuanced positions regarding mental health attitudes among men.

At the same time, the analytic process balances language centred epistemologies with the responsibilities of contributing meaningfully to men’s mental health within New Zealand. As outlined above, psychological research is enhanced when combining sociopsychological critique with advocacy for social change (Ratner, 2019; Tasos, 2024). Thus, the analytic approach acknowledges the practical value in identifying and describing explicit patterns (for instance, in how participants talk about help-seeking or vulnerability) for informing public health initiatives and interventions. It simultaneously also remains cognisant of the complexity and interconnectedness of masculinities in New Zealand, as informed by theorists such as Gergen (2009). In other words, this analytical stance attempts to capture the nuances of participant experience, while generating practical and actionable knowledge.

In this research, our understanding of ‘attitudes’ acknowledges how young New Zealand men articulate, justify, and sometimes shift their stances within everyday talk about masculinity and mental health. Rather than treating attitudes as psychological objects to be measured, here they are understood as dynamic and context-dependent positions that individuals adopt and negotiate through language and interaction, rather than stable, internal states or cognitions. This view is consistent with Billig’s (1987) argument that attitudes are not merely inner cognitions but are rhetorically constructed and deployed in social contexts. Similarly, social constructionist theorists (e.g., Gergen, 2023; Wetherell & Potter, 1987) highlight how what are often called attitudes are often interactive and performative positions taken up within social life. This research sees attitudes as emerging from cultural narratives, social relationships, and the specific contexts in which individuals participate. Thus, attitudes can be contradictory and responsive to different audiences or situations. While analysis within this research privileges the relational, negotiated quality of attitudes, it also recognises the value of mapping recurring, surface-level patterns in language and story.

Personal Reflexivity

Qualitative research explores interpretation of social reality, whilst allowing for the influence of the researchers' lens (Grossoehme, 2014). There are many factors that contribute to this, including positioning, gender, ethnicity, and class (Lune & Berg, 2017). While some may frown upon researcher subjectivity, many suggest the presence of the researcher can be a valuable contribution to the research (Cooper & White, 2012; Olmos-Vega et al., 2023). This individual reflection is a key feature of how qualitative research generates data. Thus, an important part of qualitative research is to be reflexive in acknowledging one's own history and context, and the ways in which this could influence the research (Flick, 2022).

In reflecting on my own position on these topics, I consider here the three most salient aspects of my relevant history and experience. First, my background in psychological practice undoubtedly informs my own meaning-making about the importance of prioritising mental health, and how masculinity is implicated in this. My personal journey towards becoming a mental health practitioner has coloured my values—I believe strongly in individual autonomy, self-compassion, and sincerity, and hold an idealistic opinion that humanity would be better off if people chose more often to unconditionally support one another. Secondly, my knowledge and beliefs are influenced by exposure to psychological and sociological research. My academic experiences have naturally coloured my perspectives with an applied critical consciousness about the human condition. With regards to masculinity, I personally stand in nonconformity to many dominant and traditional norms. Psychological practice involves an emotional vulnerability that conflicts with norms of strength and stoicism, and my work supporting others—and of course engaging in my own therapy—sits in conflict with norms of self-reliance. Finally, I think it is important to disclose my personal history with the ways masculinity intersects with mental health, and how this influenced my interest in the topic. In my early adolescence I lost my father, the principal figure from whom men learn manhood, to suicide. This event has obviously left a lifelong mark on who I am and strongly influenced my perspectives of both mental health and masculinity. I lost my father due, at least in part, to a culturally embedded belief that dying is preferable to abdicating one's manhood by admitting vulnerability by asking for help. This event has

impressed upon me a belief that if we could surpass the archaic notion that vulnerability makes us less of a person, these tragedies might occur less often. In many ways this thesis is written for my dad.

Researcher position is inseparable from the analytic process. Thus, reflexively incorporating my own position was an ongoing part of analysis, and the entire research process (Braun & Clark, 2013). This is evidenced in the introductory chapter of this thesis, where I disclosed how my personal observations coloured my interest in this research topic. Regarding analysis, thematic findings must be understood as my interpretation of data and is thus deeply subjective. My position of optimism, nonconformity, but also frustration at the mental health implications of conventional masculine norms, has inevitably coloured my understanding of participant words. I endeavoured to make this effect overt and integral to the research. This was achieved through recurring discussions with supervisors, as well as journaling throughout the data collection process. This research journal, comprising hundreds of pages, has continued from early in the analysis process up until the final submission of this manuscript in late 2025. Thus, a conscious balancing of perspectives is hopefully evident in how the findings are presented.

My positionality within this research is that of an insider. This presented advantages, in particular it made sampling more accessible, participants more natural to engage with, and provide a shared language for us to draw upon in the interviews (Darwin Holmes, 2020). However, this also presented challenges. Implicit shared understandings occasionally went unspoken during the interviews, which became complicated to explicitly analyse later. Conducting research as an insider can also make it difficult to differentiate at times which findings are one's own personal identifications. As discussed above, it was important to reflexively reflect on my own subjectivities throughout the analysis process. This was done through supervisory oversight and reflexive journaling. This is discussed further in the quality section below.

Ethical Considerations

It is necessary to consider that ethical concerns emerge in qualitative research from the very outset (Brinkman & Kvale, 2008). This section aims to highlight the key ethical issues that were

identified and managed throughout the research process. Firstly, interview topics related to mental health, coping and stress can be distressing, especially to those who have greater experience with mental health concerns. Thus, interviews included breaks, and the structure of interviews were designed to titrate in and out of more distressing content to minimise discomfort. A list of support services was also provided to the participants to contact if the interview material was experienced as distressing.

The content discussed in interviews can also be potentially distressing to myself, the researcher. To navigate this risk, I engaged in persistent self-care, personal reflexive journaling, and sought regular supervision in which these matters were discussed. During each interview a supervisor made themselves available to provide phone call support for myself as needed.

Another consideration for ethics included privacy and confidentiality of participants. All data has been securely stored, and all identifying information regarding participants was anonymized.

Finally, care was taken to engage in the research in a culturally safe and respectful manner. I sought cultural supervision early in the strategizing process and engaged in ongoing self-reflection. It is also important to maintain an awareness of the impact of research on cultural minorities, and appreciation for Te Ao Māori and the principles of Te Tiriti in research.

This research received approval from the Massey University ethics committee in early 2022 (HEC: Southern B Application 21/46). All approved ethics documents can be located in the appendices.

Quality

A key ethical consideration is that research contributes more than it consumes. In order for this research to contribute meaningfully, it is helpful to discuss the strategies employed to verify the quality of this study. There are tensions and contradictions when attempting to identify what principles should be prioritised when ensuring quality in qualitative research, thus “qualitative researchers should draw on the elements of quality that they deem most appropriate for their specific study with its specific aims” (p. 2; Cena et al., 2024). To enhance research rigour and trustworthiness, I have drawn from research on qualitative trustworthiness to reflect how this research has practically considered research

principles of transparency, credibility, dependability, confirmability, transferability, impact, and reflexivity (Guba, 1990; Stahl & King, 2020; Yadav, 2022).

Transparency was essential to enhancing research quality and rigour (Cena et al., 2024). Open, well documented research enables evaluation from reviewing scholars, and even approximate replication. Credibility was enhanced by thorough alignment of the research question, epistemological stance, and methodological procedures. This was demonstrated by being transparent within this chapter about participant recruitment, iterative coding, and ongoing theme development. Dependability was enhanced by providing detailed accounts of the analytic process, including iterative theme refinement, and ongoing supervision. This is reflected in the documentation of early codes and themes in the appendices. Finally, transferability was addressed by including narrativized descriptions of participant demographics, backgrounds, and personalities. This enables the reader to judge the applicability of findings to other contexts.

Another integral principle for enhancing the quality of this research is impact (Cena et al., 2024). This research focuses on mental health, and as such it is an utmost priority that this research actually contributes to improving people's lives and situations. Thus, the analysis aimed for a meaningful and sincere interrogation of findings, to generate rich and valuable insights. A commitment to analytic depth was maintained, to genuinely honour participant stories and maximize the real world relevance of this research for clinical practice and systemic advocacy. This includes a comprehensive examination of the systemic and clinical implications of this research, which are elaborated upon in the discussion chapter. Finally, impact was prioritised by committing to a thesis with publication format, to maximise the reach of findings. Chapters 8 and 9 are being prepared for publication, so that other scholars may critique and build upon the findings of this research.

Commitment to research quality required ongoing reflexivity to negotiate tensions between researcher influence and participant voice, especially given my insider role. Reflexive transparency aimed to ensure that interpretive richness did not come at the expense of rigour or ethical responsibility. Reflexivity within both this methodology chapter, as well as later in the discussion, aims for transparent disclosure of personal history, positionality, and how reflexive practices shaped analysis and interpretation of findings.

In summary, this research aimed for quality by conducting research methods in a way that is transparent, impactful, and reflexive (Cena et al., 2024). By considering research quality, this thesis hopes to contribute impactfully to the men's mental health field while remaining open to scholarly critique and dialogue.

Data Collection

Participants

Our sampling population principally consist of eighteen- to twenty-five-year-old New Zealand men. In defining what constitutes a New Zealand man, we acknowledge that identification with one's nationality is considered a subjective and personal phenomenon (Miller, 1988). Two explicit inclusion criteria were listed to ensure national identification with New Zealand. First, "potential participants must have spent the majority of their lives in New Zealand," and secondly "potential participants must consider themselves a New Zealander." This allowed for subjectivity in identification as a New Zealander but also homogenized the sample by ensuring that there has been substantial period of socialisation within New Zealand culture and context.

Consideration was also given to defining men. To reiterate, this research conceptualises gender as a social construct and not limited to the biological binary of sex. Thus, the inclusion criteria stipulated that "potential participants must identify as a man." This criterion reflects our interest in those who identify as a man, not in exclusively assigned-at-birth sex. As such, we were able to recruit transgender-identifying men.

A notable sampling consideration was the age demographic of participants. There were several considerations made in selecting for younger men. This research understands masculinities as socially constructed, unique to an individual's socio-historical context. How one conceptualizes masculinity is influenced by their history, as well as their place in time. Someone born fifty years ago might talk about masculinity differently to one born twenty years ago (Plummer, 2010). Focusing on a narrow age range was considered advantageous to explore themes across participant attitudes, practices, and experiences

(Palinkas et al., 2016). Furthermore, men aged eighteen to twenty-five have a high risk of adverse mental health outcomes, particularly suicide. Despite this, they show low rates of engagement with health services and are not explicitly focused upon in New Zealand mental health research (Johnson et al., 2008; Ministry of Justice, 2020). National statistics suggest eighteen- to twenty-five-year-olds are more likely to experience emotional and psychological difficulties, with public reports indicating the mental health of New Zealand youths is a national concern (Kvalsvig, 2018; Wilson & Nicolson, 2020). Thus, this cohort is an important focus of research.

Finally, this age group was selected as they are directly implicated in our research question. As discussed in the previous chapter, younger men in Western cultures have been the subject of research exploring contemporary masculinities (Anderson & McCormack, 2018; Anderson & McCormack, 2016; Connor et al., 2021). Whether we attribute this to generational cohort effects, or the developmental stage of emerging adulthood, the literature suggests young men are more likely to observe nonconforming or contemporary gendered attitudes.

Notably, there was no selection criterion of a diagnosis of mental illness or for specific experiences of mental health. Rather, analysis was interested in exploring the attitudes and practices that contribute to a broadly encompassing definition of mental health. Whilst some participants did have experience with mental distress and had sought medical and psychological support, this was not a requirement.

Thirteen young New Zealand men volunteered their time to participate in this research. These young men present with diversity of ethnicity, background, profession, and severity of experiences with mental distress. Though all met the recruitment criteria for being a New Zealand man, participant ethnic identities included NZ European, Brazilian, Korean, Danish, and South African. The backgrounds and stories of these young men are presented in the following chapter.

Recruitment

Participants were recruited using both physical and social media advertisements. Physical adverts included posters, which were placed at supermarkets and community boards around the

Auckland region. Social media advertisements were published on Facebook community pages and the following University pages: Massey postgraduate page, College Of Humanities and Social Sciences, Massey distance external pages, as well as my personal social media platforms. Social media advertising was suspected to obtain more interest than in-person advertisements. This is because recruitment occurred in the period following the COVID-19 lockdowns in late 2021 but also given the age demographic of young men we anticipated a higher probability of engagement and accessibility in online forums. The adverts included a brief description about the project and include a link to an online recruitment page. This poster can be found in Appendix Three. Word-of-mouth recruitment was also encouraged, with three participants recruited explicitly through snowballing from previous participants. Finally, a second round of recruitment was performed within Massey Universities undergraduate laboratories, through which two further participants were recruited. The sampling strategy included recruitment through methods which were accessible, through building a rapport with participants, and by accounting for participant motivations by making the subject and benefits of the research apparent in the advertisements (Negrin et al., 2022).

Expressions of interest were made by prospective participants through an online recruitment page, developed using Qualtrics. Following expression of interest, participants were contacted to sign an information sheet and consent form, which can be found in Appendix Four and Appendix Five, respectively. Participants were also provided with opportunities to ask questions about the research via email exchange. Following return of these forms, participants were contacted again to coordinate a time to conduct the interview. Participants were provided with a compensatory \$40 supermarket voucher to thank them for their time.

As stated above, a total of thirteen participants were recruited. We initially considered that a sample size of between thirteen and twenty would be appropriate. This number was selected to balance obtainment of diverse and rich data with the time constraints of higher participant numbers. It is likely that fewer men were interested than anticipated due to the nature of the research topic. As much of the literature suggests, discussing mental health is stigmatised and disincentivised for men. We might expect that this was a barrier to engaging with this research. Though we considered thirteen to be a sufficient number of participants, the challenges recruiting more is a limitation of this research.

Interview

Interviews were chosen as the primary data collection method. Early in research development we carefully considered the alternatives, such as focus groups, mixed-methods (with textual or social media analysis), and quantitative surveys. We considered the project's applied focus, available resources, and research aims. Focus groups were ultimately rejected, in part due to Covid-19 restrictions that necessitated online participation, which can reduce group cohesion and comfort. More importantly, it was anticipated that group-based discussions might not foster the depth of vulnerability or personal reflection this project aimed to access, particularly given the sensitive nature of men's mental health. While textual, social media focused approaches offer efficiencies and breadth, they were not suited to the personal exploration necessitated by the research question and also did not align with the practical time and training constraints of an applied doctorate. Given my clinical experience and positionality as an insider to the participant community, semi-structured interviews provided a comfortable and effective means of accessing lived experiences and nuanced expressions of masculinity and wellbeing.

Qualitative interviews are well-recognised for their capacity to generate in-depth, nuanced insights into lived experiences, allowing for the flexible exploration of meaning in participants' own terms (Kvale & Brinkmann, 2009; Braun & Clarke, 2022). The interactive nature of interviews supports the emergence of new themes during conversation, offering scope for participants to articulate their stories and for the researcher to probe beneath surface-level responses. This approach is particularly valuable when the research aim is to understand social processes and the complexities of identity and mental health, as it enables exploration of how young men make sense of and communicate their attitudes in context.

Interview methods are resource-intensive, requiring significant time both for data collection and subsequent analysis, which limited sample size. Interviews can also be influenced by the skills and positionality of the researcher, introducing potential for bias in soliciting or interpreting responses. There is often a power differential in interviews, and the presence of the researcher may impact participant openness, especially around sensitive topics, with a risk of social desirability bias or reluctance to discuss personal issues. To address these limitations, interviews in this study were

carefully designed to encourage rapport, ethical sensitivity, and reflexive practice, drawing on established recommendations for enhancing qualitative rigor (Braun & Clarke, 2022; Kvale & Brinkmann, 2009). The interview guide was iteratively developed, and steps were taken throughout to ensure that both the process and products of the research reflected participant meaning in as authentic and contextually sensitive a manner as possible. This interview schedule can be found in Appendix Six.

The length of interviews varied between one and two-and-a-half hours, depending on the preferences and enthusiasm of the participants. Interviews were largely participant led, allowing considerable flexibility for autonomous exploration of topics. Interviews explored personal definitions of masculinity and mental health, participant sense-making about the relationship between the two, reflections on personal experiences, and observations of attitudes at a social level. Questions and prompts were employed to probe for depth and reflection. Areas of focus included participant observations of men's mental health practice, participant experiences of being "a man in New Zealand," and how these experiences overlap. Examples of specific questions asked include "what does mental health mean to you?" and "how do you think men in NZ feel about mental health generally?" Finally, a brief vignette was shared with participants depicting a peer who had become withdrawn within their friendship circle. This was explored to elicit participant perspectives on how they, and other men, might understand and react to this.

During interviews, an audio recording was taken with consent. These recordings were then digitally transcribed. Interviewees were invited to review the transcripts, where they could adjust, remove, or clarify their information.

Interview Reflexivity

Conducting these interviews was not observational, instead it was a reflexive process of co-constructing meaning with participants. Here I reflect on this process, and the tensions that emerged because of my subjective experiences conducting this research.

My position as an insider was both helpful and complicating. Being an insider seemed to aid rapport, facilitating a sense of shared understanding that allowed participants to express thoughts and

emotions that may not have emerged in a less relational context. However, this meant the meaning developed out of interviews is dynamic and largely co-constructed (Patti & Ellis, 2017). As such, interviewing required ongoing reflection to recognise the influence of my own presence and assumptions on how the interviews unfolded.

Participant responses to being interviewed also reflected this relational process. Many men initially approached the interview with some timidity or anxiety and hesitated around sensitive topics related to masculinity and mental health. For example, many participants opted to speak about ‘men’ in the third person, instead of sharing their personal experiences. However, as interviews progressed, this often gave way to greater earnestness and openness. Through shared discussion, as well as my interviewer positioning of unconditional positive regard and genuine curiosity, moments of connection and honesty emerged. Several participants even extended invitations for connection beyond the interview space, such as meeting up for a coffee or a beer. These overtures highlight the genuine felt sense of bonding during interviews. This revealed how the act of opening up, especially around such vulnerable topics, can produce a sense of solidarity and mutual appreciation. I was struck by how research interviews could be employed to cultivate such trust and shared humanity, and I was honoured to offer participants a space to express vulnerability.

This reflexive experience points to the ethical and methodological responsibility involved in qualitative interviewing, especially on topics as sensitive as men's mental health. It highlights the interpersonal collaboration needed to overcome barriers to disclosure (Patti & Ellis, 2017). It also demonstrates the transformative potential of these brief, one off interactions. In summary, the interview experience fostered insight, meaning, and a sense of positive bonding for both participants and myself.

Analysis Procedures

The methodological procedures for RTA are not always neatly delineated; there is debate on whether RTA is best when employing procedural guidelines versus more flexible principles (Clarke & Braun, 2021). Clarke and Braun highlight that “although we aim to provide detailed guidelines on process, we also emphasise the fluid, the contextual and contingent, and indeed theory, as crucial within

TA.” (p. 329). Their procedural approach outlines six clear stages for processing data into themes: 1) familiarisation with data and writing, 2) coding data, 3) generating early themes from codes and structure, 4) further development and revision of themes, 5) defining and refining of themes, and 6) the written report. Clarke and Braun acknowledge that this cannot be followed rigidly and instead maintain that this is a formulation of methodology to be employed recursively and reflexively. The process of analysing data through RTA is “far from mechanical” (Clarke & Braun 2021, p. 332), and involves an immersive process of iteratively reflecting, writing, and questioning the data.

Analysis of data began as far back as interviews with participants, during which notions of recurring ideas began to form. To keep track of emerging patterns, an informal journal was kept which documented reflections. These early ideas related largely to overlapping reports from participants. For example, most participants referenced an expectation for men to be providers and pillars for others, and how this tends to inhibit men from support seeking. Another surprisingly recurrent trend was the number of participants reflecting on social change in masculinities and men’s mental health. RTA procedures began following full transcription. Step one relates to familiarisation of data. To accomplish this, I conducted several rereads of each transcript, wrote summaries of participants positions, and printed pages of significant quotes. This also provided accessible summaries of data for future reference.

Step two of RTA included a formal coding of these transcripts. This was conducted manually using a digital service (*NVivo*). Procedurally, coding involved reading through each transcript and selecting sections of text to assign to explicit codes of recurring information. This was a process of categorisation and organisation of direct quotes related to one another. Codes were then systematically organised by nesting more specific codes within broader umbrella codes. For example, the *masculine traits* code had several smaller codes nested within it, such as *strength*, *emotional inexpressiveness* and *homophobia*. Examples of these umbrella categories of codes include *Male Expectations*, *Male ways of doing Mental Health*, *Socialisation*, *Change*, *New Zealand Context*, and *Participant Definitions*. The most frequently referenced codes included *silence and bottling*, *limitations of change*, *punishing transgression*, *strength*, and *emotional inexpressiveness*. A comprehensive summary of these codes can be found in Appendix One.

In processing these codes hierarchically, systems of meaning within the text were identified. This comprised step three of thematic analysis—generating early themes from codes and structure. Early on, analysis identified a clear thematic organising principle in which findings fell into two clear topics. The first topic relates to a narrative of how New Zealand men traditionally practice mental health, which included themes of *strength* and *silent coping*, *punishing transgression of masculine norms*, and also *healthy coping* and *accepting transgression of norms*. The second topic was broadly focused on changes in men’s mental health and New Zealand masculinities, which includes subthemes of *increasing authenticity* and *increasing mental health awareness*, but also *limitations of changes*. Though thematic organisation has undergone iterative change, this dichotomous organising principle of *traditional masculinities* and *change* has largely remained throughout analysis. This is reflected in Chapters Seven and Eight, which are two self-contained papers that are organised similarly. The implications and reconciliation of communicating findings through this dichotomy is discussed in the Discussion chapter.

Step four of RTA involved further development and revision of themes. A considerable development of thematic analysis included explicit naming of gendered archetypes being constructed by participants. Clear examples of this include the masculine *prison* or *rulebook*, which reflects participant positioning of masculine norms as a constraining set of expectations. Nested within this, men identified constraints particular to stoicism and strength, which inhibit emotional expression and help-seeking. This informed a theme related to a masculine *machine*, in which men are expected to act like functional and emotionless robots. Within these themes were subthemes related to process, such as how these constructs are socialised and perpetuated in participant contexts. There were also subthemes related to practice, including how these constructs enforced mental health strategies of *avoidance*, *risk-mitigation*, or even *resistance to convention*. In exploring ideas relating to change, many participants appeared to experience pressures of the *rulebook* alongside an emerging alternative, the *authentic man*. The authentic man relates to participant accounts of non-conformity, and observations of reducing intensity of social policing of masculine norms. Participants also drew upon the competing pressures of the machine, and the emerging alternative of being *human*. Within human, participants expressed their experiences of being more emotional, advocative, and feminine in their mental health practice. These

constructs represent two recurring ideas from participants; how participants experience forms of masculinity as constraining for mental health practice, and participant identification of trends related to social acceptance of non-conformity and authenticity. This archetypal thinking coloured thematic organisation. Further ways of organising the themes were experimented with, of which hand-drawn drafts can be found in Appendix Two.

Step five involves the definition and refinement of themes. Several considerations were made during this point in the analysis. Firstly, the breadth of analysis necessitated intentional decision-making about what findings were most relevant to answering the research question. Though there was substantial discussion from participants about their relationship with, and observations of, masculinity, the decision was made to focus largely on findings most pertinent to mental health. Cut findings include themes and codes related to socialisation, clustered around the imagery of *the assembly line*. Masculine expectations that were not directly implicated in mental health—such as physicality and masculine interests—were also given less focus.

A core tension in thematic refinement was the inherently dynamic and sometimes contradictory nature of participants' subjectivities, which meant that data often resisted neat categorisation. Many accounts contained tensions, shifts in stance, and plural positions on masculinity and mental health. As such, there was an ongoing analytic challenge in balancing the need for accessible, overarching themes with depicting nuance. Drafts of the analysis moved back and forth between more homogenising themes, which risked flattening the complexity of individual narratives. Such thinking existed in tension with more dynamic interpretations that highlighted contradiction and diversity. The final thematic structure aims to offer themes that give a coherent answer to the research question, while still capturing the nuance in how participants spoke about masculinity and mental health. This meant electing to reword thematic labels to make their content more explicit, and less representative of masculine archetypes.

Step six of thematic analysis included writing the results. Communicating these findings was quite difficult, mostly owing to the constraints of thesis-by-publication. In the final product, these analytic decisions are reflected differently across the two manuscripts. Manuscript 2 lent itself to a tightly contained focus, examining observations and experiences of whether men's mental health

messaging and awareness are changing in New Zealand. This allowed for a clear narrative, and it was easier to aggregate patterns of shared observation. Manuscript 1, however, focuses on the nuanced experiences of participants in navigating their wellbeing amongst the contextual constraints of New Zealand masculinities. Presenting these findings frequently came up against the tensions of balancing homogenized thematic summaries and the preservation of nuance. This made it difficult to draw firm boundaries around themes without losing the nuance of participant lived experiences. Furthermore, peer review feedback urged a move away from over homogenisation in certain aspects of the analysis and draw more explicitly on dynamic conceptualisations of men's practices, as outlined in the methodological assumptions (Gergen, 2023). Thus, expansions in the analysis in later drafts introduced layers of complexity. Furthermore, to ensure an authentic representation of participant voices, a short chapter of participant vignettes was included. This addition offered a more humanised, grounded counterpoint to the thematic analysis, capturing lived experiences in a way that preserved their narrative integrity and complementing the RTA work.

CHAPTER SEVEN – ANALYSIS PREAMBLE

The purpose of this chapter is to introduce the thirteen young men who participated in this research. This research privileges humanity and subjectivity, and thus this preamble was developed to illustrate their individual stories, as the following analysis presents their narratives through a fragmenting lens of RTA. The following vignettes illustrate that each man holds their own subjective perspectives and experiences regarding the complex world of men and mental health. Their inclusion aims to provide the reader with an immediate sense of the lived realities and backgrounds of participants.

While these vignettes begin to tap into recurring ideas, thematic analysis takes place in future chapters. These vignettes only serve to depict their individuality and contexts, before further analysis examines these findings more explicitly.

Meet the Men – Participant Vignettes

Sam

Sam, a 24-year-old Korean New Zealander working in banking, presents as reserved and introspective. Raised with traditional masculine ideals (such as “men don’t cry,” emotional restraint, scepticism about mental illness) his initial views were shaped by family, generational messaging, and media. Social factors such as work environments and stereotypes around Asian masculinity add additional layers to his understanding of what it means to be a man. Though Sam has not struggled personally with mental health, recent experiences supporting friends and his partner have prompted a shift for him. Sam reports recently acknowledging the complexity and seriousness of mental health challenges, recognizing how ingrained and difficult these issues are to address.

There are tensions in Sam’s narrative. He identified that seeking help is often conceptualized as weak and reflected gratitude in not personally experiencing acute mental distress as he has thus not had need for open support seeking. However, Sam also reported that he is highly encouraging of his

peers and quick to advocate for others struggling. For instance, he urges friends to talk about difficulties and discourages judgment from others, even as he feels discomfort expressing vulnerability himself.

Sam admitted feeling uncomfortable even talking about mental health, joking that a drink or two would make the research interview easier. He attributes slow progress in male help seeking to a lack of vocabulary and awareness, describing a national deficit in mental health education. While Sam senses some positive shifts in awareness and stigma, he still sees a strong culture of doubt and competition, with vulnerability seen as incompatible with being “alpha.” As he enters adulthood, he has become more reflective, seeing both personal change and slow societal evolution.

Nigel

Nigel, an NZ European from Dunedin now studying at the University of Auckland, radiates authenticity and pride in his identity. For Nigel, wellbeing and mental health are closely tied to his ability to be queer and effeminate, a quality celebrated rather than just accepted. Nigel identified that supportive influences in his life, such as queer-affirming teachers, accepting family, and authentically feminine male celebrities, have taught him that being different is something to celebrate. He believes genuine acceptance is active and that indifference can be just as harmful as being rejected.

A persistent theme for Nigel is the psychological cost of inauthenticity. He described that “bottling up” to fit in, particularly for LGBTQI+ men, leads to isolation and distress. Nigel’s experiences highlight the need for safe, supportive environments where vulnerability is welcomed and reciprocated. He sees the openness of those around him as critical for his ability to be himself and stresses how unevenly this support is distributed.

Nigel is also critical of male culture, particularly in his hometown in central Southland. He identified a reluctance to have deeper conversations (the “she’ll be right” attitude) and how roles prescribed by society become invisible handcuffs. He observes more ways to be a man now but acknowledges that these observed changes only occur within his own progressive siloes. Central to Nigel’s views on men’s wellbeing is empathy, celebration of difference, and cultivating strong social supports.

Fernando

Fernando, a NZ-Dutch transgender man and postgraduate in psychology and sociology, brings both a deeply personal and analytical lens to masculinity and mental health. He conceptualizes masculinity as performance, shaped by social and institutional forces. Coming out as transgender, Fernando has experienced both the need to perform masculinity for safety and a pressure to demonstrate his manhood to both cis and trans communities.

Fernando shared that mental health and gender are intertwined. He uses humour and wit to handle heavy topics. He also notes that alcohol maintains hegemonic masculinity by reducing accountability but also serves as refuge from scrutiny.

Fernando identifies the “box” of masculinity as a societal test, which is especially complex for those at intersecting margins of identity. Maturity and changing social context, in his view, help facilitate more open conversations about the constraints of gendered socialisation. His narrative is coloured by insight, resilience, and navigating coexisting expectations with authenticity and humour.

Jeb

Jeb, a NZ European primary school teacher born in the UK but culturally Kiwi, has lived experiences with depression and anxiety, having received therapy and medication. He sees himself as an advocate for men opening up emotionally, although he notes that his male peers are typically reserved and that emotional reticence remains a deeply rooted “stereotype.”

Jeb reported that he chooses to be upfront about his struggles, hoping to normalize vulnerability for others, though he does not always expect reciprocal support. Jeb recognizes that being raised without exposure to vulnerability makes emotional expression feel unnatural. It is among his female peers at university that he found the most openness and acceptance. He is motivated to help “break down walls” for the next generation of men through his teaching, fostering acceptance and rejecting old stereotypes.

Jeb describes masculinity as loaded with negative connotations and contradictions. He reported an outright rejection of interrogating what masculinity is, instead prioritizing committed action in line with his values of authenticity. Jeb also identified an ongoing tension regarding shifting men’s mental health messaging—while talk about men’s wellbeing is more common, meaningful change in day-to-

day life is limited. It was Jeb who spoke the question included in the title of this thesis; “we put up a billboard saying men need to cry. So come on, why aren’t you crying more?” He also observes that humour and avoidance remain dominant coping mechanisms, and he believes social change must be cultivated early through education and positive modelling. Jeb lamented that it is “too late” for his generation, but he is determined and dedicated in facilitating change for the next.

Wayne

Wayne, a NZ European raised in Southland and now a content designer in Auckland, has experienced mental health struggles first hand, including therapy and antidepressants. His understanding of masculinity was shaped by the tough, self-reliant Southland stereotype (strong, providing, stoic) but also by positive role models like his father, who modelled emotional openness and engaged with therapy.

Wayne vividly remembers the pressure to conform, having felt pressured to quit dance in childhood because it was not accepted as “masculine.” He recalls an environment policed by questions and subtle social enforcement. However, he juxtaposes this against his current life in Auckland University, where he is surrounded by supportive friends and female peers that encourage him to be authentic. Wayne in particular expressed joy in feeling able to authentically embrace feminine qualities. This includes fashion choices, but most significantly a return to engaging with dance.

He now feels comfortable with therapy, vulnerability, and a more open style of masculinity. Wayne recognizes that while change has occurred for him, it is often context-dependent and resisted in some environments (“my hometown comes to mind when I think of resistance”). He sees authenticity as both a personal relief and a powerful model for others, and he credits his journey toward openness largely to supportive relationships and a shift in environment.

Fraser

Fraser is a South African-raised tradie living in New Zealand, currently in a supportive relationship and engaging with counselling for his own mental health. He describes a world of masculine dichotomies, where some men are supportive and open while others are dismissive and

confrontational. His work environment exemplifies these contrasts, with both vulnerable and traditional figures serving as models.

Fraser often speaks of “mojo” as the mask of fierceness and invulnerability men wear, especially when others rely on them. He observes peer competition, emotional reticence, and frequent performances of toughness, which are all at odds with vulnerability. Changing friend groups and finding safe confidants have helped Fraser become more open, and he reported wanting to normalize these conversations for other men. Fraser identified a feeling of emancipation and liberation in allowing himself to be vulnerable and open about his mental health, likening this experience to “removing that heavy chain from around my neck.”

Fraser emphasizes the necessity for education on emotions and mental health, wishing he and others had been given the tools earlier in life. Fraser now identifies as an advocate for talking openly, seeking to empower others by demonstrating that sharing struggles can be both healthy and “empowering.” He believes generational change is possible and is optimistic about increased normalization of emotional expression, particularly as seen in changing attitudes in industries like construction.

Ron

Ron, originally from Chile though having lived primarily in New Zealand, and holding a significant injury precluding work, brings a multi-layered perspective on masculinity. He highlights how conversations around men’s mental health are growing but often remain surface-level, lacking true understanding or practical knowledge. He reflects on a culture of unspoken judgment, disconnection, and mistrust, especially for those struggling and unable to “provide.”

Ron draws parallels between male aggression and underlying vulnerability, suggesting that expressions of toughness often mask deeper pain. He speculates that mistrust and judgement underpin men’s tendencies towards self-isolation and invulnerability. Ron laments this, arguing that we need connection to combat the despair of isolation and loneliness. He sees this disconnected as intensified by cultural and generational shifts.

Masculinity for Ron is being a provider and maintaining order, yet also embracing expression, authenticity, and community. He draws on both his Chilean roots and experiences in New Zealand, observing that education and authentic sharing build resilience. While disillusioned with the support services he has encountered in his own mental health journey, Ron actively seeks to normalize vulnerability and foster comfort with emotional expression.

Leo

Leo, a South African Kiwi, defines masculinity through both functional competence and biological drives. He identified there is a strong gendered emphasis on work and provision but acknowledges growing acceptance of diverse appearances and behaviours, such as “metrosexual” masculine expression.

Leo believes the drive for achievement and reliability can be beneficial, awarding men a sense of accomplishment, yet it can also lead to distress if one fails to meet such standards. He spoke often about the systemic barriers to mental health, including both healthcare access and socially entrenched attitudes, and is critical of the judgmental biases that persist, particularly among men.

For Leo, trust and non-judgmental listening are rare and precious, and he values sharing suffering as a way to break out of internal “jail cells.” He recognizes that growing awareness and increased vocabulary around mental health are positive but cautions that apparent acceptance does not always translate into seriousness or meaningful support. He believes that changing the systems and confronting unconscious biases is essential for further progress.

Doug

Doug, raised in Dunedin and now living in Auckland, provided rich reflections on the evolution of masculinity and mental health in his life. He recounted his childhood, where he struggled to fit into the traditional “machine” of Southland masculinity, driven to sports and academic excellence by his dad despite different personal interests. After overcoming a challenging breakdown, Doug embraced self-authenticity, discarding the need to present as masculine by no longer caring what others think. He detailed his story of self-acceptance.

He observes that men supporting one another often do so circuitously, preferring actions and gestures over direct conversation. Vulnerability, while important, is difficult and can feel overwhelming. Doug values balanced friendships where support is offered through meaningful acts, and he has established a supportive network of peers who check in and help each other.

Doug's experience with drug use and his journey toward self-acceptance highlight the difficulties of early socialization into rigid gender roles. He points to deep-seated resistance to emotional openness among men and believes that true change requires cultural acceptance and practical skills, not just encouragement to "open up."

Blaine

Blaine is a NZ European working in retail, having recently moved cities after cancer recovery. He believes masculinity now permits much greater diversity, with authenticity actually rising in social value over conformity. While Blaine identifies with some traditional values (being a provider, protector), he also struggles with pressures to fit in, often feeling isolated if he diverges from masculine expectations.

Blaine discussed that performative aspects of masculinity (adopting a masculine "character" to gain acceptance) can be exhausting and can worsen mental health. Blaine sees a split between men who embrace vulnerability and those who insist on "shut up and get on with it" practices. He highlights positive coping strategies such as fitness, challenging oneself, and creative pursuits, while also acknowledging men's frequent use of humour and avoidance.

Blaine identified the need for ongoing conversations rather than just surface-level "tick box" solutions for men's mental health. For social change to be effective, Blaine believes follow-through is necessary and that normalizing authenticity and empathy must become genuine community values.

Adrien

Adrien, a NZ European psychology student, takes a spiritual and archetypal approach to gender. He emphasizes the balance between masculine and feminine qualities. Adrien is critical of societal expectations that demand perfection, as such ideals that can harm self-worth when unattainable.

Influenced by a spectrum of male role models who displayed varying degrees of emotional openness, Adrien values diversity and suggests pressure to hide vulnerability is influenced by broader Kiwi and gendered culture.

He is conscious of the risks of being labelled “attention seeking” when opening up and views balanced self-awareness and finding earnest supporters as essential to wellbeing. Adrien notes meaningful change in attitudes is occurring, including more acceptance of identity and mental health challenges. However, he cautions about the pitfalls of mental health becoming “trendy” or over-pathologized.

Education, empathy, and acceptance are his recommended avenues for improving men’s wellbeing. Adrien advocates teaching coping skills early (such as in our schooling curriculum), allowing authentic expression without judgment, and creating space for personal discovery and growth.

Gazz

Gazz, a NZ European former defence force member now studying psychology, defines good mental health as having self-awareness and being authentic. He reports experiencing acute stigma and judgment, which he identifies is typical among young Kiwi men. Gazz expands that this is especially present within the military, where conformity and suppressing individuality are institutionalized.

Stigma remains a significant barrier for men, especially regarding help-seeking. Gazz identified the ongoing need to “perform” for others, reluctant to share his therapy attendance with peers due to fear of judgment and exclusion. He notes that although some progress is being observed within small groups, such as experiencing more inclusivity and support, external social pressure persists.

Gazz prefers to be open and encourages others to normalize vulnerability, but he admits feeling his own discomfort and ambivalence around emotional expression. He finds it easier to speak to someone outside his social world, such as a therapist, due to lower risk of stigma. Gazz emphasizes that while the need for change is widely recognized, actual change remains slow, and practical barriers remain significant.

Mike

Mike is a NZ European from Auckland, now living in Korea and working in fitness and mental health coaching. He offers a nuanced, critical perspective on masculinity and mental health, challenging the boundaries and definitions of both. For Mike, masculinity and wellbeing are interactive, culturally constructed, and partly biologically driven. He identified the risks of suppressing masculine values and cautioned about the potential loss of meaning for men if strength, stability, and reliability are entirely devalued.

Mike spoke about the rewards and identity that men draw from traditional roles and warns against oversimplified narratives that frame masculinity as inherently problematic. He is sceptical of the notion that increased awareness alone improves mental health outcomes, and he is wary of the “virtue signalling” and token gestures that sometimes accompany public discourse.

In his fitness coaching, he observes the need for connection and genuine support in men. He recognizes that ‘opening up’ is useful chiefly because of the response and recognition it receives by others. Mike stresses the importance of education, balanced expectations, and systemic support to improve the wellbeing of men. He concludes that positive masculinity and authentic support are crucial, but caution is needed to avoid throwing out valuable aspects of traditional male identity.

Summary and Forward

These stories serve to preface the analysis over the next two chapters. However, these stories also capture the heart of this research. Their experiences demonstrate rich tensions, such as the negotiation between public expectation and private needs, the pressures toward and away from authentic self-expression, and the ways context shapes, constrains, and liberates men in their wellbeing. Furthermore, these stories highlight the rich diversity in men’s experiences. These vignettes and the nuances within resist tidy thematic categories. Instead, subjectivity and diversity are core features of this research.

Organisation of Primary Themes

TABLE 2

Organisation of Primary Themes

<i>SUPERORDINATE THEME</i>	<i>SUBORDINATE THEME</i>
<i>MASCULINITIES AND MENTAL HEALTH</i>	
Participant Constructs of Masculinity	Socialisation, Enforcement, and Policing
	Tensions of Toughness
Negotiating with Masculinity	“That Fear of Being Called Gay”
	“Put on the Mask” – Masking, Performances, and Selective Vulnerability
Authenticity and Non-Conformity: “No Need to Pretend”	Advocacy
<i>CHANGES IN MEN’S MENTAL HEALTH MESSAGING</i>	
Shifts in Men’s Mental Health Messaging	
“It’s More Normalised That Men Have Feelings”	Inconsistencies and Non-Commitment
“Long Way To Go”	“Just Be Open?”
	Overcorrection

STATEMENT OF CONTRIBUTION DOCTORATE WITH PUBLICATIONS/MANUSCRIPTS

We, the candidate and the candidate's Primary Supervisor, certify that all co-authors have consented to their work being included in the thesis and they have accepted the candidate's contribution as indicated below in the *Statement of Originality*.

Name of candidate:	Matthew Peacock
Name/title of Primary Supervisor:	Dr Ian de Terte
In which chapter is the manuscript /published work: Seven	
<p>Please select one of the following three options:</p> <p><input type="radio"/> The manuscript/published work is published or in press</p> <ul style="list-style-type: none"> • Please provide the full reference of the Research Output: <p><input type="radio"/> The manuscript is currently under review for publication – please indicate:</p> <ul style="list-style-type: none"> • The name of the journal: • The percentage of the manuscript/published work that was contributed by the candidate: • Describe the contribution that the candidate has made to the manuscript/published work: <p><input checked="" type="radio"/> It is intended that the manuscript will be published, but it has not yet been submitted to a journal</p>	
Candidate's Signature:	Matthew Peacock <small>Digitally signed by Matthew Peacock Date: 2024.07.28 09:57:01 +1200</small>
Date:	28-Jul-2024
Primary Supervisor's Signature:	Ian de Terte <small>Digitally signed by Ian de Terte Date: 2024.11.25 09:26:43 +1300</small>
Date:	25-Nov-2024

This form should appear at the end of each thesis chapter/section/appendix submitted as a manuscript/ publication or collected as an appendix at the end of the thesis.

CHAPTER EIGHT – ARTICLE ONE

Young Men Discuss New Zealand Masculinities and Men's Mental Health

Abstract

Introduction: This study examines how young New Zealand men conceptualise masculinities in the context of men's mental health. Men's mental health has received a lot of attention in the academic space, with research strongly implicating gender in how men practice their wellbeing. Normative literature suggests masculine expectations of strength and stoicism as incompatible with vulnerability. However, research suggests increasing softening of traditional masculinities in young men. There is also evidence of increasing efforts to change men's mental health practices. To fill the paucity of research in this field in New Zealand, this study examined young men's gendered mental health practice.

Methods: Clarke and Braun's Reflexive Thematic Analysis (RTA) was inductively applied to interviews with thirteen young men in New Zealand. We applied a social constructionist framework to conceptualise gender and mental health in plurality.

Results: Participants discussed how masculine norms and scripts influence men and their mental health. Results examined how participants make sense of men's attitudes and practices, exploring how they personally navigate traditional masculinities in their mental health practices and attitudes, including conforming performances and non-conforming rejection of traditional norms.

Discussion: These results endorse normative conceptualisations of traditional masculinity and mental health practice in young New Zealand men. Results also suggests that increasing non-conformity to traditional masculinities may foster improved mental health practices and attitudes. This study contributes that, within the contexts of participants, there are emerging spectrums of masculinities and mental health practices in men.

Introduction

This research explores young New Zealand men's definitions of masculinity, and how it is implicated in the mental health practices of men. The ways men do mental health is often coloured by a gender-based rhetoric; statements like “boys don't cry”, or “grow some balls” are commonplace examples. There is an increasing amount of research exploring the connection between gender and men's wellbeing (Courtenay, 2000; Gough & Novika, 2020; Kiselica & Englar-Carlson, 2010; Seidler et al., 2016). A common position held in the literature suggests normative ideals associated with traditional masculinity, including strength, stoicism, and independence, underpin maladaptive mental health attitudes and practices (Wong et al., 2016). For example, adhering to normative values of stoicism and self-reliance can produce stigmatising positions on support-seeking, encouraging men to manage distress independently (Eckert et al., 2010; Kantar & Yalçın, 2023; Tang et al., 2014). This disconnects men from receiving care and support (Sharp et al., 2022), which of course further exacerbates mental health concerns (Player et al., 2015). Furthermore, traditional masculine norms of strength can encourage men to inhibit emotional expression, with gendered rhetoric positioning externalised emotion as an expression of weakness (Seidler et al., 2016). Even experiencing mental health difficulties can be construed as weak, thus men often experience shame and internalised stigma when experiencing mental distress (Johnson, 2012; Ramirez & Badger, 2014). By adhering to masculine norms, men reduce the probability of facing social policing or stigma (Sierra Hernandez et al., 2014; Smith et al., 2018). In sum, there is substantial research to suggest men are less likely to seek support and more likely to cope in maladaptive ways because of traditional gendered sociocultural ideals (Waling, 2019).

There is research suggesting that, alternatively, traditional masculine norms can positively impact men's mental health practices. For example, traits of risk-taking, primacy of work, and pursuit of status have been associated with higher levels of personal courage, autonomy, endurance, and resilience (Hammer & Good, 2010). There are several studies examining ways normative traits can be reframed and negotiated with to enable positive practice. Men have reframed practices of self-care and help-seeking as a responsible action, meeting masculine norms of being a provider by taking care of their own mental health to enable caretaking of others (Sharp et al., 2022). Masculine strength can be

positioned as a quality in men with the courage to express emotion (Coen et al., 2013; Emslie, 2006), or seek mental health support (Tang et al., 2014).

A handful of studies suggest that negotiation and outright nonconformity to traditional masculinities might enable more positive mental health practice (Coen et al., 2013). Men who do not identify strongly with traditional masculinity appear to be more likely to seek help for mental health issues (Gough & Novika, 2020). Indeed, some men appear to strive to reject expectations of self-reliance and challenge stoic inexpressiveness (Olliffe, 2005) or attempt to talk about their mental health by aligning their definitions of masculinities with healthier practices (Herron et al., 2020). Conner et al. (2021) suggested that enacting contemporary masculinities might serve to benefit men's wellbeing; an increased freedom to be open and vulnerable could enable better mental health practices. A systematic review of men's help-seeking for depression (Seidler et al., 2016) suggested that reframing and reshaping masculine ideals towards a more malleable and fluid expression could reduce stigma and increase proactive treatment seeking in men. Wilson (2022) argued that the promotion of positive and comfortable masculine expression might address the overlapping issues of masculine invulnerability and unhelpful mental health coping styles. These findings posit that, given the position that traditional forms of masculinity discourage unhelpful mental health practices, embracing alternative masculine positions might facilitate healthier coping practices and better outcomes for men.

Gender non-conformity does appear to emerge most prominently in younger men. Men aged eighteen- to twenty-three appear more likely to engage with nonconforming masculine practice and experience less pressure to align themselves with conventional norms (Anderson, 2014; Anderson & McCormack, 2018; Nielson et al., 2023). This is perhaps related to the developmental stage of *emerging adulthood*, which is coloured by exploration and experimentation of identity and beliefs (Bogaerts et al., 2019; Arnett, 2019).

Within New Zealand, many references to masculinity evoke the "Southern Man" stereotype. This New Zealand man is characterised by practicality, independence, strength, and emotional reticence (Brickell, 2012). The traditional New Zealand man is typically adorned with gumboots, plays rugby, drinks Speights (Sim & Thomson, 2000), is opposed to homosexuality, and is typically objectifying of women (Campbell, 2000; Brady, 2012). there is evidence to suggest emerging deviations from pioneer-

inspired masculine ideals of stoicism, independence, and emotional inexpressiveness (Bannister, 2005; Phillips, 1996; Sims and Thomson, 2000). Several studies point towards ways in which this dominant position is losing its ubiquity in New Zealand, including increasing purchasing of grooming products (McNeill & Douglas, 2011), the occupation of historically masculine spaces by women (Sims & Thomson, 2000), and the emergence of metrosexual femininity in urban New Zealand (Lindsay, 2019). Furthermore, social initiatives in New Zealand promote improving men's mental health practices through advocacy for nonconforming masculine practice—including emotional expression and increased help-seeking. Examples this in New Zealand media include documentaries (Chisholm, 2020), news articles (Cryer, 2018; McCool, 2017) and mental health campaigns (Movember, 2021). These social movements evidence a growing awareness of the relationship between traditional masculine norms and unhelpful wellbeing practices.

Masculinity itself is a term fraught with complexity and debate. Within this research, the quality of being a man is not defined as essential or biological; instead, we draw upon WHO's definition of gender as a socially constructed expression, role, or identity (World Health Organisation, 2012). Social constructionist theorists reject the realist assumption that masculinity has a single essential expression (Courtenay, 2000) and instead emphasise the role of human practice in constructing and negotiating what it means to be a man (Addis, et al., 2016). Social constructionists often conceptualise *masculinities* as plural to acknowledge the simultaneous existence of a breadth of enacted masculinities across sociocultural contexts. It holds that there is no single or objective masculinity that can be known independently from context. A common theoretical framework is hegemonic masculinity (Connell & Messerschmidt, 2005) which argues that within a given sociocultural context the idealized form of masculinity becomes "hegemonic". Individuals position themselves, and their own masculinity, against this masculine ideal. Other applicable theories include that of Goffman (1976), who posits that social interactions might be made sense of through the analogy of stage performances (Goffman, 1976). It follows that individuals in society are conceptualised as *actors* performing on a *frontstage*, roleplaying the ideals necessitated by the hegemonic stage on which they perform. The *backstage* in Goffman's analogies reflect spaces in which people are more able to enact authenticity. Performativity is linked to gender in the formative works of West and Zimmerman (1987) who posit that individuals *do* gender,

and Beynon (2001) who offers masculinity is a performative act. In summary, these perspectives emphasise that masculinity is best understood as a dynamic, context dependent, and performative social practice that is continually shaped through interaction and cultural ideals

In New Zealand little is known about how young men today are defining and experiencing masculinity, and even less is known about how masculinities are being implicated in men's mental health practices and attitudes. This research asked young New Zealand men to share their understandings of masculinity and explore how this is implicated in men's mental health practices and attitudes.

Method

Participants were recruited using physical and online advertisements spread across community boards, supermarkets, and Facebook pages. The inclusion criteria stipulated participants need to have spent the majority of their lives in New Zealand and to personally identify as a New Zealander. Participants also needed to identify as male. Participants were aged between eighteen to twenty-five. This age group was selected due to the evidence examined above that masculine nonconformity appears to be more prevalent in young men (Anderson & McCormack, 2018; Nielson et al., 2023). Furthermore, national statistics suggest eighteen- to twenty-four-year-old New Zealanders are an important demographic to research, as they are more likely to experience emotional and psychological difficulties and are a considered a national mental health concern (Wilson & Nicolson, 2020; Kvalsvig, 2018).

A total of 13 young New Zealand men were interviewed. These young men present with diversity of ethnicity, background, profession, and severity of experiences with mental distress. To preserve anonymity the names of participants have been changed. Interviews used a semi-structured format which was scaffolded by a topic guide. These interviews explored personal definitions of masculinity and mental health, participant sense-making about the relationship between the two, reflections on personal experiences, and observations of attitudes at a social level. Questions and prompts were employed to probe for depth and reflection. These interviews were digitally recorded and

transcribed. Interviewees were then invited to review the transcripts, where they could adjust, remove, or clarify their information.

Reflexive thematic analysis (RTA), informed by Braun and Clarke (2021), was used to analyse the data. RTA's six-step procedures were applied to participant transcripts. The data was manually coded for recurring patterns of meaning, typically encapsulated by key words or phrases. Subsequently, themes were inductively developed, and then iteratively refined through repeated analysis. RTA yielded a series of overarching themes in response to the research question.

Results

Participant Constructs of Masculinity

Participants generally described masculinity as collections of norms and expectations that men are subject to. This is best captured by the following quote:

“I would say masculinity is the way in which man-ness is defined or expected. And there is all kinds of fun little rules that go with that, that they are expected to do.” - Fernando

For most participants, masculinity amongst New Zealanders is defined by attributes such as strength, stoicism, and self reliance. These attributes are some examples that have been portrayed as masculine. Participants identify that these are socially and culturally reinforced from an early age through family, peer groups, educational settings, the media, and broader societal narratives. For some participants, masculine socialisation is experienced as confining and even harmful, particularly for norms of toughness. Others position masculinity as functional and even excessively criticised. These gendered definitions are outlined here to set the scene for further discussion of the tensions, negotiations and strategies employed by participants.

Most participants viewed masculinity as determined by socialised rules dictating how men should present themselves. Archetypes such as the “provider”, the “touch rugby guy”, and the “alpha”

were recurrently evoked in participant talk. These characteristics are repeatedly enacted and internalised by participants in their everyday life, and shape how young men understand themselves and others. To highlight these codes relating to masculinity that were drawn from the interviews see table 3.

TABLE 3

Analysis Codes Relating to Masculinities

<i>Category</i>	<i>Subcategory</i>	<i>Select Quotes</i>
Traditional Masculine Characteristics	Strong and Competitive	Wayne - If you're not exhibiting these, like, tough rugby guy traits, then you must be gay.
		Fraser – Masculinity is immediately, like, Mojo. Being all fierce.
		Nigel - Masculinity would be like, not caring about your appearance, and caring about physical strength?
Emotional Reticence		Gazz - Act masculine, don't talk. We're not open about our mental health or our emotions. We're stoic, you know.
		Leo - Probably quite resilient, tough, stoic.
		Sam – I grew up with the fact that, as a man, I shouldn't cry.
Provider / Competent		Doug - someone who is physical capable, who can provide for others, who can handle things.
		Ron - Someone who's more stoic, who can maintain order. Lead a little bit.
Anti-feminine		Jeb – Men are afraid to associate anything with femininity. Being boisterous, those stereotypes. Anything that's not masculine is instantly portrayed as gay, in a negative term.

Across interviews this distinctly New Zealand aspect of masculinity emerged. Though it is consistent with broader themes of toughness and stoicism, participants highlight the main qualities of “Kiwi bloke” culture. The sites where masculine identities are performed often include the rugby field, the farm, the DIY home, and when beer drinking. As Blaine notes, “you just think of all the Kiwi bloke

ads. Like, the guy in the stubbies, fixing his car, working on the farm—a real hands-on sort of man who can do anything. That’s, from my perspective, what it means to be a man here.” These archetypes evoke competence and resilience, but also a practical self-reliance that is integral to New Zealand manhood. As Wayne shared “There’s probably so much pressure... you’re in this new wild land...” As such, norms of toughness seem entrenched and essentialised as a cultural necessity. Wayne theorises that the ubiquity of such norms are relics of New Zealand’s isolated, colonial past, and the demands of living in a challenging landscape.

While there are considerable overlaps in the qualities participants identify as masculine within their contexts, there was variation within the ways men subjectively experience masculinity. Participants from minoritized ethnic backgrounds frequently noted the intersection of cultural stereotypes with mainstream New Zealand expectations. For example, Sam detailed how Asian men are often “automatically” seen as less masculine in media and public discourse. On the other hand, rural, working-class environments were depicted as being especially restrictive and rigid in masculine socialisation. This is evidenced by the participants who detailed their roots in Southland regions of New Zealand, such as Wayne: “there's an expectation in New Zealand, and I feel it more the further south I go, that you're either, rock solid, never admit you're struggling, don't ask for help... or you're gay.” Conversely, environments characterised by diversity, urban living, or queer-affirming peer groups offered more flexibility, permission, or even encouragement to challenge the traditional box. Wayne, for instance, contrasted his restrictive rural experiences with his later comfort in Auckland’s tertiary education systems, where being “a bit feminine” or openly seeking therapy was normalized and even celebrated

Socialisation, Enforcement, and Policing of Conformity

The pressure to conform to these ideals appeared perpetuated by both direct and indirect social processes, such as generational messaging, peer group encounters, and broader cultural narratives. Stories from childhoods reveal how fathers, families, and communities participated in shaping what men could and could not be.

“Definitely my parents, from there. Just like them telling me that as a male, that I shouldn't be crying and all that stuff.” – Sam

“You know, my father couldn't admit it. Could never be the weak man... and you watch that shit and go, I guess that's what I gotta do too. My turn to be alone and do it too.” – Ron

While several participants shared the experience of masculinity as perpetuated through generational socialisation, though there are nuances in how this process occurs and is experienced between participants. The overt versus covert differences are apparent in contrasting Sam and Ron's accounts. Sam shared his recollection of being directly instructed to comply with masculine rules of emotional reticence and resilience. Ron's account also explores themes of generational messaging, however his differs in that he internalised masculine norms of strength and stability from the social modelling of his father. He acknowledges an acceptance of this role, with a reluctant “I guess.”

“It's kind of how it's always been. And it's so deeply ingrained, culturally and socially. And we pass it on to our little children.” – Fernando

Fernando, on the other hand, reports a fatalistic lamentation on the inevitability of ingrained masculine ideals—his language of “pass it on” and “little children” evoke his position of masculinity as toxic, implying a sense of contagiousness. These short excerpts from interviews begin to highlight that participants view these masculine qualities in nuanced ways, such as reluctant acceptance or bitter fatalism.

The most potent force in the enforcement of masculine norms according to the participants was social policing. Participants described the collective scrutiny and correction by peers and community members. Participants identify this when behaviours, preferences, or emotions are judged as not masculine enough. Policing can be both overt and subtle, however it always serves to identify who belongs to a given contexts' masculine rulebook. One consequence of such stigmatisation for

participants was that they actively conformed to traditional masculine ideals to minimise stigmatising experiences. A salient example this comes from Wayne who stopped doing what he loved due to peer “pressure”:

“I used to do hip hop dance when I was seven. And I think when people hear hip hop, they're like, ‘Oh, cool, that's like breakdancing stuff.’ ... But I was the only dude in my class for three years. Well, the three years I did it, and I remember because I stopped playing football. And I was the only dude. And I remember, at that young age, feeling like I was getting questioned. So "Oh, like, why aren't you playing sport?" Like, "you're doing dance?" Yeah, and I remember just feeling like all this pressure, like, just getting questioned. And yeah, and then I stopped and went back to playing football. And the questions never came again.”- Wayne

This vignette shows that for Wayne deviation from the rugby-playing, sport-loving kiwi ideal is pressured out of existence. Wayne’s story highlights that acceptance was only possible through conformity. Wayne’s reflections on his childhood experiences are revisited later in this analysis.

Participants also identified that social policing can be simply the passive background knowledge that any wrong step may mean ostracism and judgement. Across participants, homophobic and emasculating language, such as “gay,” “pussy,” “soft,” and “bitch”, were mechanisms for punishing emotional or behavioural deviation. This is captured in the following examples from participants:

“Anything that’s not masculine is instantly portrayed as gay. Yeah, in a negative term,”

– Wayne .

“Men are afraid to associate anything with femininity. Being boisterous, those stereotypes.”

– Jeb

“Well, you would expect them to call you a pussy and everything, you know?” – Sam

These young men report that non-masculine practices or attitudes are often positioned as homosexual or feminine, which is constructed as undesirable. Stigmatisation through emasculating and homohysteria language is experienced by participants as a punishment for transgressing masculine norms.

Finally, participants recurrently discussed how certain mental health practices are impacted through such policing. Fraser shared that “As a guy, it's like, you cry in front of your mates. And it's like, 'What the fuck are you doing?’” Fraser reports being challenged and questioned for engaging in emotional expression. Gazz localises his similar experiences within New Zealand’s cultural context:

“We have a really bad tendency for that tall poppy syndrome... people spend a lot of time talking shit, and denigrating people around them... anyone that doesn't fit the majority is gonna get kicked down... If your mental health looks different... everyone gives them the side eye... Stigma is probably the way I would describe it.” – Gazz

These moments of nonconformity, in particular experiencing mental distress, often result in young men concealing their differences and driving themselves ever harder to perform a more conforming masculine image. Participants begin to identify the cost of this social survival, including internalised shame and disconnection. This is examined further in the following section.

Tensions of Toughness

One of the most heavily recurring ideas in participant accounts is the social doctrine of “men do not cry.” Participants note norms of masculine toughness and resilience appear to inform rules around emotional behaviour. However, there are rich tensions in how men positioned themselves around such rules, including whether toughness is functional for mental health.

While participants showed variation in how masculine characteristics are implicated in mental health, most men described norms of strength and self-reliance as creating tension with vulnerability, emotional expression, and help seeking.

“I think it has to do with what the perception of a good Kiwi bloke is... He has to act masculine. We don’t talk, we aren’t open about our mental health, we’re not open about our emotions. We’re stoic, you know.” – Gazz

“I think that whole thing of men need to be a provider, they have to be strong, they’re the backbone of the family, et cetera... I think that it just completely breaks them down and prevents people from being vulnerable.” – Fraser

Gazz shared his observations of what qualities contain the “good Kiwi bloke”—being “stoic,” guarded with their emotions, and to not be “open about their mental health.” Many participants suggested that conventional masculine norms encourage men to keep their emotional experiences private and maintain a masculine image of stability and toughness. Fraser expanded upon this, identifying the pressure to conform to masculine norms of strength and provision. He notes that these expectations “break men down,” and that such norms are incompatible with vulnerability. Masculine normativity, according to Fraser, is something that inhibits being open and expressive, which can cause them to “break down,” like a worn-out machine. Other participants identified themes of emotional reticence. Fernando commented in the context of his experiences that “there was something embarrassing about having feelings.” When asked to elaborate, he shared “It was because feelings were not allowed.” For Fernando, even experiencing emotion is inconsistent with the rulebook of masculinity, thus experiencing distress causes feelings of embarrassment and shame. In summary, participants identified social pressures to maintain masculine strength, and many of these men positioned this pressure as something that stigmatises emotions and vulnerability.

Conversely, many participants were cautious about positioning traditional masculine norms of strength and stability as ubiquitously unhelpful for men and their mental health.

“I think that men, the reason why they have this pressure to be emotionally stable in the first place, is because it's rewarding, you know. Your whole family is crumbling, and you're the

strong one and you're being reliable in times of strife. It's incredibly rewarding. It's a huge source of meaning for men.” – Mike

“I guess [masculine norms] provide some benefit, to an extent, because, you know, it's quite nice to have that drive there. That instinct to want to be hardworking and motivated. It does feel good to earn money and get educated.” – Leo

Mike suggests that there may be utility in traditional masculine expectations as there is a function for qualities of stability and strength which is to provide security for your loved ones. Similarly, Leo offers that the traditionally masculine “drive” to succeed can provide positive affective experiences for men. Both Mike and Leo highlight that living by masculine values can be a source of meaning for men, which may foster a positive self-esteem and improve men’s wellbeing. For some participants, the expectation to be the “backbone of the family” can “completely break men down,” but others find those same pressures “incredibly rewarding” and “a huge source of meaning.” The juxtaposition between these accounts suggests traditional norms can be a contradictory force, as both a constraint and a resource.

There are also tensions even within the position of idealizing masculine strength. When asked about the men that might not “meet” the expectation to be strong, Mike suggested that they would likely feel a challenging sense of purposelessness. Indeed, this experience of disconnection from internalized roles is echoed in the perspectives of other participants. In particular, these men spoke about the dissonance they feel when they struggle to meet expectations related to resilience and toughness.

“And so, when we have these expectations, what the masculine man is, which is a capable, hardworking, stuck in and can do anything and will do it well, perception. And they're people that physically or emotionally or, et cetera, are unable to handle that. It's really separates them from this ideal. And then where do they land? Where did they end up? What are they? Who do they become?” – Blaine

Blaine observes that failing to meet expectations of capacity, provision and resilience can negatively influence men. Blaine identified that men who perceive themselves as failing to live up to emotional capabilities experience the additional distressing dissonance of feeling inconsistent with internalised masculine roles. He asks poignant questions which tap into gendered identity. What *are* men who are unable to fit into the “masculine man”? Blaine is not the only participant who discussed these additional stressors:

“It's the stigma, it's the, you know, like, our perception or what... to me, at least, we perceive what a kiwi bloke should be, right? It's kind of like, there's some pretty big boots to fill. So, we're always trying to hold ourselves accountable. You know, as a kiwi bloke, I shouldn't be doing this, I should be doing this... And then when you fall short, not only do you feel terrible about yourself, but you sort of get the feeling that everyone else is looking at you funny, right? So, it kind of makes it worse.” – Gazz

Gazz described how the “kiwi bloke” archetype is an often unachievable ideal that young men are comparing themselves to. He describes the worsening of discomfort that occurs with constant comparison with an internalised sense of what he “should” be doing, however he also examines his experience of perceiving public judgement about his status as a man. The distress in not meeting this ideal thus actually appears threefold, with men suffering from present unhappiness, disconnection from internalised role, and perceived ostracism and social judgement.

Finally, many participants shared that New Zealand men are expected to refrain from asking for help for mental health problems. This is reflected in the following quote from Fraser: “the opening up and sharing thing definitely doesn't fit into the box.” Within Fraser's meaning making around masculinity, the “box” represents the rigid boundaries of normative expectations. Here he explicitly identifies that behaviours such as ‘opening up’ or ‘sharing’ mental distress fall explicitly outside of what is expected of men. He expands that “I think it's just it's just, you know, it seems weak to get help from, ya know, to open up to your friends. It seems *weak* to be trying to get help.” Weakness is, by definition, the opposite of strength, and thus weakness is positioned by Fraser as distinctly anti-

masculine. Fraser indicates that “getting help” and “opening up”—asking to be supported when one is struggling with mental health difficulties—is allowing oneself to admit fallibility, which appears incompatible with the strong and stoic traditional man.

In summary, participants identify clear tensions between masculine pressures to be strong and how this impacts the experience of mental health. Many participants observed that behaviours which are typical of those struggling with their mental health, such as expressing emotions, admitting to mental distress, and asking for help, are often positioned as “weak.” However, other participants note that being tough serves a functional role in society, as well as providing meaning and value. Simultaneously, ubiquitous toughness might feel like an unrealistic expectation for all men to meet and can create additional stress by struggling to meet internalised masculine roles.

Negotiating with Masculinity – Competition and Performances

Participants accounts depict a complicated spectrum of experiential tensions between conformity, non-conformity, and contextual negotiation with masculinity. Most participants described their conscious choices of navigating their own needs within the constraints imposed by social norms and different contexts. Participants detailed struggles with the forces of masculine expectations, grappling with internalised roles, and the strategies they employed across contexts.

‘That Fear of Being Called Gay’ – Stigma, Competition, and Disconnection

Participants near-unanimously reflected on a pervasive sense of social disconnection, a feeling of being alone or isolated in their struggles, due to the cultural expectations surrounding masculinities in New Zealand discussed above. Many articulated a strong desire to connect more deeply with other men but identified formidable barriers to doing so.

Most saliently, participants discussed how the social disadvantage of unmasculine vulnerability creates a climate of competitiveness that inhibits connection and vulnerability with other men. This could be framed through a “prisoner’s dilemma” logic—even though both parties might benefit from

openness, the perceived risk of one man exploiting the vulnerability of another for social status is too high to gamble on. Ron's reflection exemplifies this distrust, "They'll say like, I'm not judging. But in their head they'll make a memory. 'You cried, you're a bitch.'" Participants revealed that young men appear to anticipate judgement for the transgression of emotional openness, even if their peers outwardly express that they will not judge them. The fear of someone "making a memory" belies that there is an irreversible riskiness in allowing a peer to have knowledge of such transgressions. Leo noted a similar dynamic: "Even if you do speak up and speak out about your struggles, people have these unconscious biases and instincts. In the back of their head they're still thinking like, well, [being strong and stable] is your purpose? You should be doing that." This perception that judgement is inevitable appears to undercut the development of trust between male peers. As Gazz put it: "You don't know what you're gonna get when you're talking to a guy about it, you know?" Interacting under such uncertainty makes disclosure feel like a gamble that most are unwilling to take. Leo's point about biases and instincts suggest an essentialism to this dynamic, suggesting that judgement is not just a current problem but perhaps an essential, biological feature of male-male relationships. In this view, competitiveness and social ranking behaviours might always undermine efforts toward mutual vulnerability.

The impact of this tense masculine climate is outlined by Wayne, who explained, "I feel as though New Zealand men want to have, like, more emotional connections with their fellow men. But just that fear of, yeah, I mean it can all be down to that, but that fear of being called gay." Wayne's experiences encapsulates the enduring conflict between a longing for connection and support, weighed down by fear about how such openness might be responded to. The fear is not abstract, as punishment for transgressing masculine norms and becomes a very real threat for participants when judging when to open up.

Participants did note that there can be a variation in how normatively rigid, and thus socially threatening, a given context can be. Jeb explored this idea, discussing a series of binaries:

"My boss and my foreman at work have two different views, one is like 'do the work' and the other is like 'take care of yourself.' The same thing, my dad is quite vulnerable and open, but my uncles put on quite a tough front... same with how men are with their masculinity. Some

have ‘mojo,’ ya know, they’re fierce and standoffish, aggressive. Gotta be strong. Can’t show emotion, can’t cry. The opposite is people who are down to earth, who don’t feel threatened or insecure. They can talk to anyone.” – Jeb

Jeb’s archetypes of “mojo” masculinity and a “down-to-earth” masculinity suggest a spectrum of masculine positions observed in his life. Some men cultivate an aura of toughness and expressive self-sufficiency, traits which implicitly devalue vulnerability. Others embody a more relaxed masculinity which permits broader emotional expression. However, the social dominance of “mojo” masculinity within peer cultures means that even men who lean toward openness must navigate the threat of judgement from more normatively rigid peers.

Even when participants intellectually recognised the value of speaking openly about emotions or mental distress, many still struggled to enact this in practice. Gazz candidly admitted that “I’m still not very comfortable... I don’t really talk about my emotions, or how I feel. It makes me uncomfortable, and I think I’d be uncomfortable if my mates did the same to me. But it probably needs to happen. Just because it’s not easy doesn’t mean it’s not worthwhile right?” The tension of valuing connection and openness, while also resisting it, emerged repeatedly. Beliefs about the worth of openness appear to coexist with deeply ingrained discomfort around it. This discomfort is fed not just by fear of others’ judgement but also by internalised masculine norms that make transgression uncomfortable.

In summary, the masculine rulebook is constantly policed and reinforced and internalised to a degree that it shapes the actions of every man. As a consequence, men report navigating tensions of longing for connection, but the risk of such vulnerability result in a preference for self-protection.

‘Gotta Put on the Mask’ – Masking, Performance, and Selective Vulnerability

The result of this climate of stigma, masculine competitiveness, and mutual distrust is a cluster of functional strategies that men develop to negotiate safety in their social worlds. These strategies are typically employed to protect themselves from social punishment, while also helping to maintain a coherent masculine self-image despite cultural expectations.

A recurring and powerful theme in participants' accounts is that of performances—the enactment of a public-facing, “front stage” masculinity that conceals more complex inner experiences. This performance often includes masking distress and projecting an image of resilience and strength, especially during times of personal struggle. Participants frequently spoke of putting on an act in order to align themselves with dominant masculine ideals.

Many participants framed their performances as a necessary survival strategy in a social environment where vulnerability could be weaponised against them. Fraser's comment encapsulates this; “Even when you're at your wits end, you gotta put on the mask. Gotta put on that mojo.” The “mask” Fraser describes is a deliberate façade, hiding emotional exhaustion and distress behind a performance of vitality and control. “Mojo” is once again evoked as a symbol of stereotypical masculine strength, confidence, and stability. Blaine offered a similar perspective, noting “you don't want to show yourself being soft, you know. Because you don't want it out. You don't want to project yourself as being weak.” For Blaine, concealment is about control over how one is seen. The risk is about how his vulnerability might get “out” and persist in his social circles, marking him as unmasculine and thus lesser. Leo's formulation is even more direct, noting “I just need to man up and deal with it, because you don't want others to think you can't handle being a man.” Leo's words explicitly identifies that, given emotional reticence appears an explicit rule of masculinity, disclosing struggle would be to break this rule and lose masculine legitimacy. These accounts all suggest that revealing softness or vulnerability risks permanent social damage. Thus, for participants masking is an act of self-preservation. The effort to maintain the illusion of resilience appears exhausting, as cracks in the performance could produce shame or further stress.

The social performance of masculinity was not experienced only by heterosexual men. Fernando candidly articulated his awareness of playing a role, “I do put it on. I do perform it. I'm doing the straight stuff. And it's always the 'straight' man stuff. That's always how I think of it... because of the way the world is, I think of that as the man performance. I always say straight.” Fernando notes the coexisting demands of hegemonic masculinity. Not only are men expected to present as stoic and strong, but masculine performances are also presumed to be heterosexual. As a trans queer man,

Fernando's masking necessarily includes the "straight man stuff", in which both sexuality and gender expression must be managed strategically in certain spaces.

While masking was a commonly discussed approach, participants also employed selective strategies that allowed them to express vulnerability in contexts that felt safer. Participants reported assessing who can be trusted to be safe and nonjudgemental, selectively opening up in such contexts. For example, Fraser noted that he limits openness disclosure to "a few key mates" who he trusts are "not going to judge me." Similarly, Leo added "There's probably a lot of people willing to listen, but not a lot who will do so without judgement or without you feeling like it's going to come back to you in some way. Finding those people is pretty rare and special." For other participants, women were seen as safer sites of disclosure, based on stereotypes of greater empathy and emotional openness. Fraser explained "Yeah, it's a barrier that you sort of end with a, with a chick. A lot of times, it'll be more understanding... Or if they don't want to talk about it, they'll just kind of say 'look sorry, I don't really want to talk about this.'" While this reliance on women can create openings for support, perhaps this also reinforces the gendered division of emotional labour. Such strategies also do little to challenge the norms that make vulnerability unsafe among male peers. Another key risk-reduction strategy was to opt for distance between oneself and the person one is confiding in. Gazz described this as a kind of vulnerability with low stakes, noting "I'd feel more comfortable talking to someone like you on the internet... because you don't know me, we're probably never going to talk again. It's easier to be open with a psychologist because I never see them in my personal life." Speaking to strangers or professionals ensures that disclosure does not threaten social standing in existing communities. If the other person has no stake in one's social life, they cannot leverage vulnerability against them with any impact.

These strategies, including selective disclosure to trusted peers or women and confiding in socially distant listeners, represent a balancing act between self-protection and the human need for connection and support. Participant level of disclosure varies by setting. Some men remain heavily masked in public or group settings, opting for quiet openness only in controlled, low-risk situations. Others engage in subtle subversions of masculine norms, testing whether a peer might be more open to conversation.

Some young men identified elements of social constructionism in their reflections on masculine performances. For example, Blaine wondered about the authenticity of masculine norms, noting “this very blokey attitude, maybe masculinity it’s more of a blown out tough guy ‘act’ that comes from somewhere else.” Blaine’s reflection insightfully positions “blokey-ness” not as an innate truth but as an “act” with an uncertain source. He appears to posit that masculinity is simply a façade that men collectively adopt and reproduce in their collective performances. In naming it an “act,” Blaine challenges the essentialism of norms of toughness, hinting at the possibility of more authentic positions beneath men’s masks.

In summary, competitiveness, fear of stigma, and “alpha” posturing limit the possibilities of openness and emotional support seeking for participants within their social contexts. These men are aware of the constraints of collective masculine performances, and report strategically finding their own ways to maintain this image while finding safe spaces to express vulnerability.

“No Need to Pretend” – Journeys of Authenticity

A subset of participants described reaching a point on their journeys characterized by greater self-acceptance and a sense of freedom from traditional masculine expectations. Rather than completely engaging with the masculine rulebook, as mapped out in earlier themes, these men actively critiqued or even rejected the pressure to conform. These participants describe a reclamation of their authenticity.

For Doug, the transition to living authentically was about dismissing external pressures and disregarding public opinion. He states “I no longer feel the need to pretend to be masculine. To pretend to be anything different than what I am. I don’t really give two fucks’ about what people think anymore.” Doug reports moving towards autonomy, which he defines as being “what I *am*.” His choice of words presents a narrative of emancipation through defiance of public opinion. This emerges from years of conflict and the gradual realization that performing masculinity according to others’ standards, particularly those of his father and his hometown, diminishes his wellbeing.

Fernando similarly advocated for his own authentic expression; “not doing the hegemony doesn’t mean I’m not a man.” He asserts that his manhood is not contingent on conforming to a

culturally situated norm, drawing upon hegemonic theory to recognise the plurality possible beyond this dominant masculine expression. While Doug outright *rejects* notions of conformity to gendered expectations, Fernando *redefines* masculinity as plural to conceptualise his authentic expression as still masculine.

Perhaps the most vivid illustration of this theme unfolds in Wayne's story. He discussed his childhood, the weight of social policing, and his recent experiences of reclamation. Earlier in life, Wayne described being pressured out of dance and into rugby by being questioned about the validity of his masculinity. He describes initially feeling shame, "Because I think I used to struggle with that, like, I felt shame to be that guy. Not anymore." During his interview, Wayne identified that he had recently revisited dance:

"I recently did an eight-week salsa and tango class with my partner. That was really cool. And yeah, a lot of stuff got brought up, with me going back into dance, like, a lot of like, you know, I don't think I realized like how influential like that stuff that happened in my childhood was. But being back into dance was really cool for me." - Wayne

Wayne's recent experiences of returning to dance present a narrative of reclamation of authenticity. Wayne detailed how returning to dance brought up old influences from his childhood, detailing the ongoing influence of internalised masculinities. Through reclaiming dance, Wayne experienced a journey of going 'back to' what he lost, and in the process learning that his childhood lessons need not dictate his identity or his actions. Later, Wayne shared that in recent months "I have become more comfortable, like, being who I am. In being like a bit of a feminine guy." Wayne described a feeling of comfort in embodying the very qualities he was previously condemned for, which were coloured by femininity. He allows himself to acknowledge that being a man who does not align with conventional masculine norms is simply who he is.

For many, embracing authenticity was associated with emancipation from internal conflict and a greater sense of wellbeing. Nigel offered the following:

“When I think of good mental health I think of being able to be yourself, like purely yourself, without having to put on any façade. And part of that is the people surrounding you. Like yeah, it’s about being able to overcome *not* being yourself, but it’s also being able to celebrate being yourself.” – Nigel

Nigel notes that making being authentic, and explicitly celebrating that authenticity, is a necessity to “good mental health.” For Nigel, embracing his authenticity facilitated a sense of pride and minimised the distressing dissonance of performing an incongruent masculinity. This is echoed through Wayne’s experience as well, where his reclamation of dance illustrates how living authentically can transform past shame into sources of comfort. Similarly, Fernando’s deliberate affirmation of plural masculinities allowed him to legitimize his own form of manhood. Finally, Doug’s assertions of disregard for gendered socialisation demonstrates how stepping away from conformity can create space for inner contentment. These stories collectively suggest that moving towards authenticity, despite masculine pressures, can lessen the psychological strain of incongruent self-performance and provide a firmer ground for wellbeing.

A number of participants also shared the ways that rejection or negotiation with traditional masculinities appeared to reduce the strength of social pressures that disincentivise vulnerability. A few participants shared that embracing authenticity helped facilitate therapy attendance, emotional openness, or talking to others about their mental health. For instance, Wayne described relinquishing the burden of stigma regarding his therapy attendance, “Oh, like, I get therapy on Tuesdays. You know, like, I’m not gonna say like, I have an appointment. I don’t care if people know.” Similarly, Jeb characterized his emotional openness as enabled by rejecting masculine stereotypes, “Now I define masculinity as a stereotype and to stay away from those stereotypes. And how a man can, you know, be emotional. Or just moving away from societal norms. And I’m all for moving away from stereotypes to be honest, you know.” Jeb suggests that such distance frees men up to experience emotions without fusing with the internalised stigma of nonconformity. Finally, Fraser identified that being honest about mental health as “freeing.” He shared a feeling of emancipation and liberation in allowing himself to be vulnerable and open about his distress, likening this experience to “removing that heavy chain from

around my neck.” These reflections depict another way in which authentic masculine expression supported participants in their wellbeing journeys.

Finally, perhaps authentic and nonconforming attitudes towards masculine norms are reflected in participants’ specific wellbeing practices. When asked about how they take care of their wellbeing, participants described mental health practices that showed introspection and emotional vulnerability. For example, Doug shared his use of gratitude; “Three things of gratitude a day, say three things you're thankful for. And all my friends do that. And we say it to each other.” Both Fraser and Gazz discuss maintaining awareness of their mental state and taking proactive action when they feel low; “Well, okay, my mental health is really shit lately. I'll just stop drinking for a month. I'm gonna spend a lot more time outside, I'm gonna go for some walks. I'm gonna practice some mindfulness and stuff like that.” And “I'd go to the beach for a walk or something like that if I'm feeling really down. Yeah, go for a big, bloody, 3 or 4 k walk on the beach and just keep walking.” These anecdotes demonstrate self-compassionate, active, and holistic wellbeing management practices. These reports point to an expanding repertoire of self-care strategies that are typically discouraged by norms of strength. Their presence in interviews suggests that authenticity might enable these forms of care, though this link was not made explicit. However, authenticity is not a destination or a solution for the tensions of masculine rules and social practices as outlined earlier. For participants, finding authenticity is made possible by previous struggle and still limited by the context in which it unfolds. Though these men speak of comfort and celebration and positive change, these accounts are situated and open to reversal in other contexts or relationships.

In summary, several participants describe how they devalue rigid masculine constructs, embrace authentic ways of being, and find new, more comfortable ways to care for themselves and each other. While these moments of emancipation likely coexist with ongoing negotiations of stigma and internalised roles, these participant stories show how authenticity and autonomy can be experienced in the presence of the cultural forces of masculine socialisation.

Advocacy

Some participants briefly highlighted how authenticity might help to combat the entrenched culture of competition and non-disclosure amongst men. Jeb revealed that “I used to never talk about it, you know? Now, I just try to kind of be upfront about it, you know? Try to break down walls and everything.” Jeb describes how being “up front” about his own mental health history allows him to not only be more comfortably expressing and experiencing emotion and vulnerability, but also to advocate for shifts in masculine practice. He reported trying to “break down walls” for others, to demolish the barriers through his own actions so that other men might also be open and vulnerable. Wayne provided a very similar account, sharing that “we need to say how we feel and ask our mates how they feel. And like, yeah, like, without shame. Because I think I used to struggle with that, like, I felt shame to be that guy. Not anymore.” Wayne also recounts his transition from experiencing shame and silence to giving himself permission to engage in vulnerability and openness. Furthermore, Wayne also encourages men to speak to one another about their emotional experiences, and to overcome the shame that emerges when pushing back against these rigid roles and rules. Taken together, these participants promote that embracing unashamed authenticity might help destabilise cultural patterns of minimisation and self reliance, and ultimately help connect men who shame themselves out of vulnerability.

Discussion

This research set out to explore how young New Zealand men define, experience, and negotiate with masculinity, and how this shapes mental health. The accounts of participants revealed a spectrum of perspectives about what it means to be a man in New Zealand, and how this intersects with mental health.

The first theme examined how participants defined masculinity as a hegemonic construct, but also as a collective script and a performance. This hegemonic construct, the “Kiwi bloke,” is characterised by traits of toughness, stability, anti-femininity, and the distancing of emotion. These qualities align with familiar archetypes in New Zealand culture, such as the rugby player, the farmer,

the DIY builder, and the emotionally stable provider (Brickell, 2012; Brady, 2012; Campbell, 2000; Sim & Thomson, 2000). This construct was of course dynamic, with participants identifying that these norms are reconstructed through generational messaging, social policing, and daily acts of conformity or resistance. Variations along intersectional lines were also present in participant talk. Young men described how masculine norms are enforced through subtle and overt policing, such as being called gay, told to harden up, or mocked for enjoying pursuits deemed insufficiently masculine. Participants noted that such punitive marginalisation comes at an emotional cost, in which distance from internalised roles and ostracism from community exacerbates distress. Furthermore, many participants identified that normative strength appears incompatible with vulnerability, which can be deleterious for wellbeing. Simultaneously, participants note that being tough serves a functional role in society, as well as providing meaning and value as a man. Further complexity was revealed in how unconditional toughness might feel like an unrealistic expectation for all men to meet, which can create additional stress by struggling to meet internalised masculine roles.

The second theme examined how participants were not passive recipients of these norms and scripts—young men demonstrate agency in how they negotiate, perform, or even challenge these norms. The tension between vulnerability and social safety was a recurring theme, with most participants describing moving back and forth along this spectrum depending on context, relationships, or their own mood. For example, participants identified that collective cultures of distrust and competitiveness serve as a barrier to vulnerability and openness for *all* men. The risk of one man exploiting or revealing the vulnerability of another is too high. In response, participants report performing a “front stage” masculinity, a curated public persona that projects normative conformity while concealing inner experiences. This often includes masking distress and projecting an image of resilience and strength, particularly during times of personal struggle. There remains a pervading sense of discomfort and difficulty with vulnerability, even when able to logically acknowledge the value that emotional openness might have. The possibility of mutual trust exists, but without guarantees men default to non-disclosure. This is a response to lived experiences of ridicule, as well as a pre-emptive self-monitoring motivated by the anticipation of stigmatising social scripts. This means that the relief of emotional connection (see Frasers “removing that heavy chain from around my neck”) often requires rare and

special conditions, such as a supportive workplace culture, progressive university settings, or highly trusted long-term friendships. These spaces seem to be the exception rather than the rule. Some participants identified being selective in their disclosures, finding less stigma in social distance or preferring openness with women.

The third theme revealed participant stories of reclamation and authenticity. For Doug, Nigel, Fernando, Wayne, Fraser, and others, challenging the constraints of masculinity and finding authentic alternatives offered relief, pride, and improved perceived wellbeing. For some men, journeys towards authenticity were also an act of advocacy. Participants made meaning out of modelling more open masculinities, positioning themselves as contributing to broader shifts in men's self-expression and emotionality. These advocates encourage men to act authentically even in the face of collective distrust, to take that first difficult step into modelling vulnerability even without the cultural conditions making it safe or easy to do. Collectively, participant stories highlight the potential for men's wellbeing that comes from embracing more vulnerable and plural ways of being a man. Of course, authenticity is not a complete escape from the pressures of gender. Participants still encountered context-dependent negotiation, lingering stigma, or the need for strategic masking. Openness still appears to instil discomfort for some participants, largely due to the expectation that other men might hold vulnerability against them given dominant scripts of masculinity remain deeply ingrained. Many participants identified that embracing authenticity is made more sustainable by seeking contexts that accept and perpetuate openness and authenticity.

Context appears essential in examining participant accounts. The "Kiwi bloke" exists in tension with the realities of diverse, changing communities. Participants described differences between urban and rural life, noting especially how Southern communities hold more rigid values around toughness and masculine interests. Similarly, participants speculated about generational divides in mental health literacy, with older generations often holding tighter to norms of "hardening up." Participants generally held that younger, urbanised men were more likely to experience and advocate for an expanding range of permissible masculinities. These differences were identified in participants' daily life, with one participant feeling pressure to "man up" at work, while feeling free to discuss emotions and hardship in university settings. Similarly, for those participants from cultural minorities, norms of toughness held

extra layers of meaning—for example, a Chilean participant who identified being doubly constrained by masculine norms of provision and stability due to his exposure to Chilean patriarchal family values and structure. These examples demonstrate that masculinities are always lived in relation to specific cultural, geographic, and generational contexts. In summary, wellbeing negotiation cannot occur separate from the situational conditions that shape what is possible or permissible for men.

These findings highlight the nuanced and dynamic ways masculinities intersect with mental health in New Zealand. Findings emphasise that young men's experiences are shaped by culturally informed gendered scripts about toughness and vulnerability, and dynamic social contexts in which men experiment and negotiate with concealment versus openness. Participant stories reinforce that men's mental health is influenced by dynamic processes of gendered negotiation rather than fixed identities or straightforward causal systems.

Mental Health Implications

The stories revealed in this research reinforces the narrative in the literature which positions traditional masculinities as implicated in men's mental health (Gough & Novikova, 2020; Wong et al., 2016). Vulnerable practices are constructed as unmasculine in dominant masculine cultures, including expressing emotion (Seidler et al., 2016), revealing difficulties with one's mental health, and accessing mental health help and support (Kiselica and Englar-Carson, 2010; Smith et al., 2018). This can cause men to conceal their experiences to avoid stigma, which can also create a sense isolation (Seidler et al., 2016). Such themes were present in the accounts of participants—mental health difficulties are experienced as 'weak' and thus distressingly marginalising, while exacerbated by the additional isolation and stigmatisation when conceal their inner experiences. Many participants reported feeling compelled to perform masculinities to minimise stigma and social scrutiny. Explicit examples of this included masking the mental health concerns that are positioned as incompatible with traditional norms of strength and stoicism.

Conversely, other participants offered that masculine norms can be a resource, where stoicism and strength can offer pride and meaning as often as they generate distress and shame. Participants

wondered whether stoic values might facilitate stability and resilience, which can enable a more functional and well state of mental health. This position reinforces the *positive psychology / positive masculinities* framework, which focuses on reframing traditionally masculine norms to enact positive practices (Kiselica & Englar-Carson, 2010). For example, Hammer and Good (2010) posited that traits of risk-taking, dominance, primacy of work, and pursuit of status all associated with higher levels of personal courage, autonomy, endurance, and resilience. This is also consistent with Sileo and Kershaw (2020), who demonstrated that those who align with masculine status can experience reduced depressive symptoms. However, the same study also identified that norms of toughness were associated with reduced mental health service utilisation and greater substance use, suggesting positives and negatives to masculine strength.

Findings are also consistent with contemporary masculinities literature. Some participant experiences are reminiscent of shifts from traditional masculine conformity to embracing more authentic and contemporary gendered expression (Connor et al., 2021; Gough & Novikova, 2020). Participant accounts illustrate the real potential for positive change. Where authenticity, emotional openness, and plural masculinity are possible, participants report relief, community, and improved self-worth. This seems to endorse literature which suggests that masculine nonconformity might both improve self-worth and reduce internalised stigma from actively trying to conform to social convention (Seidler et al., 2016). Furthermore, participant experiences suggest that authentic advocacy could remove barriers to nonconforming mental health practices, such as attending therapy, expressing emotion, or being open with one another, which endorses suggestions in the research (Wilson, 2022).

Limitations and Future Research

These findings are best understood as the storied experiences of thirteen young men, rather than claims about New Zealand men generally. The voluntary recruitment strategy employed within this research means these findings reflect the perspectives of men who *want* to talk about their relationship with masculinity and mental health. These men are already transgressing norms of stoicism by reaching out, and thus we can anticipate they will hold more nonconforming attitudes towards gender.

Furthermore, it is impossible to fully distinguish the emancipatory stories told in interviews from the pressures of social desirability, or the hopefulness participants may wish to project. Participant accounts should be understood as moments of co-constructed meaning, expressed in the relatively safe space of the research encounter. The interviews were designed to be unconditionally validating, and the risks of vulnerability were low. Finally, these young men sit within the developmental stage of emerging adulthood (Arnett, 2000), which is characterised by identity exploration and formation (Boggaerts et al., 2018). Nielson and colleagues' (2020) work on emerging adulthood demonstrated gender nonconformity is rife at this developmental period. This is perhaps explained by their developmental objective of experimenting with agency, autonomy, and nonconformity to develop their *own* sense of self (Erikson, 1950; Arnett, 2019). Perhaps participant resistance and negotiation of traditional norms is partially explained as a feature of their developmental stage.

Future research should prioritize longitudinal and community-engaged work that privileges diversity across age, region, ethnicity, and social class. Greater understanding is needed of how intersecting identities and changing social scripts shape men's experiences of gender and wellbeing across the lifespan.

Finally, some participants reported observing shifts in permissibility of mental health practices for men in certain contexts. Many identified the possibility of increasing permissibility for their own nonconformity to masculine toughness and emotional reticence. Participants note increasing men's mental health awareness messaging—indeed, we might hypothesize that increasing mental health literacy in Australasia (Stahl et al., 2024; Wei et al., 2013), mental health promotion schemes (Robertson et al., 2018), and a greater awareness of the statistics and outcomes in New Zealand men's mental health (Ministry of Health, 2024) is impacting the mental health of young men. Developing a greater understanding of the factors that facilitate shifting men's attitudes might enable greater practical applications to support better mental health outcomes.

Conclusion

Young New Zealand men navigate a complex landscape of gendered expectations, performing, concealing, negotiating, and sometimes resisting the masculinities offered to them. Traditional masculine constructs remain potent, especially in certain contexts. However, participants identify that new opportunities for vulnerability are emerging. For many, shifting toward authenticity or plural masculinities has been experienced as freeing, empowering, and supportive of wellbeing. The accounts of these young men reinforce the importance of context, connection, and gendered negotiation in understanding male mental health, and offer a cautiously optimistic vision of how men can collectively shape more authentic ways of living.

STATEMENT OF CONTRIBUTION DOCTORATE WITH PUBLICATIONS/MANUSCRIPTS

We, the candidate and the candidate's Primary Supervisor, certify that all co-authors have consented to their work being included in the thesis and they have accepted the candidate's contribution as indicated below in the *Statement of Originality*.

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CHAPTER NINE – ARTICLE TWO

“We Have the Awareness, Now Change the Mindset”: Young New Zealand Men Discuss Changes in Men’s Mental Health Messaging

Abstract

Introduction: There is increasing focus within New Zealand on men’s mental health issues. Present discourse in the men’s health space promotes reduced conformity to traditional masculine norms of stoicism and strength, instead encouraging emotional expression and help-seeking. There is academic precedence for this, with emerging evidence pointing to increasing nonconformity to traditional masculinities in Western men, as well as research suggesting masculine-nonconforming practices might facilitate improved mental health. There is very little exploration of the existence or implications of men’s mental health positive discourses in New Zealand. This research explores young men’s observations of shifts in New Zealand mental health and masculinities, and whether these hold any impact for mental health outcomes.

Methods: Clarke and Braun’s Reflexive Thematic Analysis (RTA) was inductively applied to interviews with thirteen young men in New Zealand. We applied a social constructionist framework to conceptualise gender and mental health in plurality.

Results: Findings revealed participant observations of increasing men’s mental health discourse. They report this has facilitated more normalisation of mental health difficulties, emotional expression, and help seeking in New Zealand men. However, participants also observe barriers to the efficacy of these shifts, examining how their systemic context can continue to disincentivise vulnerability.

Discussion: Participant observations do suggest that, within their social contexts, there exists a positive trajectory of changes in men’s mental health issues. This research presents the recommendations of young New Zealand men in the men’s mental health space.

Introduction

This study explores young men's observations of possible positive trends in men's mental health awareness messaging in New Zealand, and whether this holds any impact for men's wellbeing practices and outcomes. Men's mental health has been receiving increasing attention in recent years, particularly in New Zealand (Ministry of Health, 2024). This is reflected in efforts to destigmatise men's mental health help-seeking and normalise mental health difficulties. For example, the 'Man Enough' documentary aimed to normalise mental health difficulties in men (Chisholm, 2020). Opinion articles in major news outlets admonish the negative impact of traditional masculine norms for men's mental health practices (Cryer, 2018; McCool, 2017). Organised men's mental health initiatives encourage men to speak up and seek help for mental health difficulties, including celebrity advocate initiatives and the 'Movember' charity (Movember, 2021). These movements all challenge traditional New Zealand masculine norms of stoicism and self-reliance, encouraging emotional expressiveness and proactive help-seeking.

These movements appear to emerge in response to the growing understanding that traditional masculine qualities, including strength, stoicism, and independence, are related to maladaptive mental health attitudes and practices in men (Wong et al., 2016). For example, adhering to normative values of stoicism and self-reliance seems to produce stigmatising positions on support-seeking, encouraging men to manage distress independently (Eckert et al., 2010; Kantar & Yalçın, 2023; Tang et al., 2014). Furthermore, norms of strength can encourage men to inhibit emotional expression, with gendered rhetoric positioning externalised emotion as an expression of weakness (Seidler et al., 2016). Even quietly suffering from mental health difficulties may be positioned as weak. Thus, men often experience shame and internalised stigma when experiencing distress (Johnson, 2012; Ramirez & Badger, 2014).

Emerging research suggests challenging traditional masculine conformity might support the mental health practice of men. For example, increased openness to vulnerability might enable increased emotional expression (Connor et al., 2021) or more proactive treatment seeking (Seidler et al., 2016). Men who do not identify strongly with traditional masculinity show improved likelihood to seek help for mental health issues (Gough & Novika, 2020). Rural Canadian men have shown proactive

prioritisation of emotional and caring male relationships, to support each other's wellbeing while resisting shame and stigma (Herron et al., 2020). New Zealand men also appear to strive for greater social connectedness and closer bonds to support themselves (McKenzie et al., 2018). Other studies explore ways men struggling with depression can negotiate traditional masculine ideals to enable more helpful practices. For example, men may reframe themselves as strong for expressing emotion (Coen et al., 2013), caring responsibly (Emslie et al., 2006), abstaining from alcohol (De Visser et al., 2009) or seeking help for mental health concerns (Tang et al., 2014). These gendered positions may reduce mental health stigma, reduce isolation, reduce social barriers to help-seeking and emotional expression, and improve the mental health outcomes of men. Thus, social initiatives may present utility for men and their mental health practice (Wilson, 2022; Griffith, et al., 2019). However, there appears to be little research actively exploring men's experiences of social initiatives or the efficacy of which they facilitate change, particularly within New Zealand.

Trends in non-conventional masculine mental health practices might be nested within increasing general non-conformity to traditional masculine hegemony. A systematic review observes increasing "Contemporary Masculinities" in certain contexts and communities of men, which are characterised by inclusivity, emotional intimacy, feminine physicality, and resistance to dominant masculine norms (Connor et al., 2021). Further examples of this in the literature include men embracing marginalised masculinities and showing emotional supportiveness in sporting communities (Anderson & McGuire, 2010), increasing open-mindedness about broader masculine definitions and increasing respect for vulnerability and emotionality (Bonell et al., 2022), and fluidity of masculinity in embracing tenderness and emotionality in fatherhood (Brandth, 2018). This development seems to emerge most prominently in younger men. Men aged eighteen- to twenty-three appear more likely to engage with nonconforming masculine practice and less pressure to align themselves with conventional norms (Anderson, 2014; Anderson & McCormack, 2018; Nielson et al., 2023). This is perhaps related to the developmental stage of emerging adulthood, which is coloured by exploration and experimentation of identity and beliefs (Boggaerts et al., 2019; Arnett, 2019). Within New Zealand, there is evidence to suggest emerging deviations from pioneer-inspired masculine ideals of stoicism, independence, and emotional inexpressiveness (Phillips, 1996; Sim and Thomson, 2000; Bannister, 2005). Several studies

point towards ways in which this dominant position is losing its ubiquity, including increasing purchasing of grooming products (McNeill & Douglas, 2011), the occupation of historically masculine spaces by women (Sim & Thomson, 2000), and the emergence of metrosexual femininity in urban New Zealand (Lindsay, 2019). Furthermore, the aforementioned men's mental health initiatives clearly represent a challenge to normative masculinities in New Zealand, such as stoic emotional inexpressiveness and self-reliant problem solving.

Contemporary masculinities do not represent a singular new type of man; this oversimplifies the plurality of gendered practice. It is important to be cautious about terms like *change* and *contemporary*, as there is a tendency for masculinities literature to conceptualize masculinity in ways that border on essentialism (Addis, 2010). This research conceptualises gender as socially constructed, acknowledging the simultaneous existence of a breadth of enacted masculinities across sociocultural contexts. Therefore, contemporary masculinities in this context references the cluster of qualities and expectations that are characterised by nonconforming and positive practices which are perhaps being increasingly adopted and socially perpetuated.

In summary, there appears to be a possibility of reduced conformity to traditional masculine norms of stoicism and strength, instead encouraging increased emotional expression and help-seeking for young men in New Zealand. There is precedence for this, given evidence of trends in nonconformity to traditional masculinities, particularly amongst young Western men, and evidence that nonconforming practices might facilitate improved mental health (Connor et al., 2021; Coen et al., 2013). However, there is little exploration of the actual implications and outcomes of men's mental health initiatives, and whether men observe shifts in gendered mental health attitudes or practices in New Zealand. This research aims to begin addressing these gaps by exploring the experiences of young New Zealand men of mental health and masculinity. This study explores young men's observations of possible positive trends if men's mental health awareness messaging, and whether this holds any efficacy for men's wellbeing practices and outcomes.

Method

Participants were recruited using physical and online advertisements spread across community boards, supermarkets, and Facebook pages. The inclusion criteria stipulated participants need to have spent the majority of their lives in New Zealand and to personally identify as a New Zealander. Participants also needed to identify as male. Participants were aged between eighteen to twenty-five. To reiterate, there is some evidence that masculine nonconformity appears to be more prevalent in young men (Anderson, 2014; Anderson & McCormack, 2016; Nielson et al., 2023). Given the interest of this research in positive, non-conforming masculine expression, a younger age cohort was intentionally selected to better observe this. Furthermore, New Zealand statistics suggest eighteen to twenty-four-year-olds are more likely to experience emotional and psychological difficulties, and public reports indicating the mental health of New Zealand youths are a national concern (Wilson & Nicolson, 2020; Kvalsvig, 2018). Thus, researching the mental health practices of young men stands to contribute meaningful knowledge in this space.

We interviewed a total of thirteen young New Zealand men. These young men present with diversity of ethnicity, background, profession, and severity of experiences with mental distress. To preserve anonymity the names of participants have been changed. Interviews used a semi-structured format, scaffolded by a topic guide. These interviews explored personal definitions of masculinity and mental health, observations of change in social messaging, and participant opinions regarding the state of men's mental health movements within New Zealand. Questions and prompts were employed to probe for depth and reflection. These interviews were digitally recorded and transcribed. Interviewees were then invited to review the transcripts, where they could adjust, remove, or clarify their information.

Reflexive thematic analysis (RTA), informed by Braun and Clarke (2021), was used to analyse the data. RTA's six-step procedures were applied to participant transcripts. The data was manually coded for recurring patterns of meaning, typically encapsulated by a key word or phrase. Themes were then developed inductively and iteratively refined through repeated analysis. RTA yielded three overarching themes in response to the research question. The first is *Shifts in Men's Mental Health Awareness*, which reflects the observations of participants that masculinities and mental health are

indeed “changing” within their social contexts. The second major theme was *“It Is More Normalised That Men Have Feelings,”* which explores participant observations that these shifts appear to have positive implications for men’s mental health movements. The final major theme is *“Long Way To Go”*, which explores the recurring observations that these shifts are not wholly effective. Within this, subthemes include *Contradiction and Tokenism*, *“Just Be Open?” That’s Not Really Doing Much*, and *Overcorrection*.

Results

Shifts in Men’s Mental Health Awareness

All thirteen participants endorsed observations of shifts in the expectations placed upon men in New Zealand, as it pertains to mental health. These young men reported observing increasing exposure to the ‘men’s mental health movement’, characterised by greater awareness of men’s wellbeing issues. Plainly, Nigel shared: “I think New Zealand is becoming a very mental health-conscious society, which is awesome.” This is corroborated by Adrien:

“I feel that it's progression, like as in, you know, men’s mental wellbeing has become way more of an apparent issue, or, you know, a priority... Like in the news... I haven't really, you see like suicides, you see, not out the gate, but like, you know, they might put a suicide in the news, and they will promote on it the necessity of focusing on men's male mental health. It has become quite highly talked about, I would probably say” – Adrien

Adrien endorses the view that mental wellbeing is being increasingly identified as an important discussion point. Specifically, he observes that increasing awareness in news media, referencing promotion of interventions particularly in the context of growing awareness about suicide rates in NZ. Similarly, participants pointed to social platforms and mainstream media as the primary medium in which increasing awareness is occurring.

“And the level of I guess, conversation about mental health online, I don't know, maybe just in my circle, and my social media algorithm or whatever, it just seems like it's increasing.”

– Gazz

“Probably driven by social media. And the media, mainstream media as well. You know, the ads on TV, and things on people's stories on Instagram. I guess it kind of all builds, like, general awareness when you see it more frequently.” - Leo

The participants suggested that seeing more messaging in social media and the news is increasing conversations, which has facilitated greater public awareness about mental health difficulties. This was largely seen as positive.

“I know quite a few people that are willing to talk about it, like mental wellbeing and mental states. And so that is a pretty *up* conversation, which is good. Definitely see a lot of people talk about it, seems way more apparent between individuals.” – Adrien

In addition to social media, Adrien notes that he personally observes increasing conversations about men's mental health within his own social circles. Other participants suggest that shifts have a generational component. For example, Jeb shares that “it feels like the younger generation, we are pretty in tune with mental health, you know, because you know, how media has changed, everything's changed.” Here he positions generational effects and trends in the adoption of mass media as factors that enable greater awareness of men's mental health issues.

Other participants shared their own interpretations about the forces behind these changes. For example, Blaine alludes to shifts towards softness and vulnerability as a consequence of the natural ebb and flow of societal stability.

“What's the old saying? It's like 'hard times create hard men, hard men create soft times, soft times create soft men, soft men create hard times.' And we're currently, in New Zealand at least, in the soft time. So, our generation, we're gonna be like, ‘Yeah, let's talk about mental health. Let's try and solve these issues.’” – Blaine

In summary, participants observe that within their social contexts there appear to be increasing discussions around men’s mental health attitudes, and awareness of men’s mental health issues appear to be growing. Participants position this as something that is actively occurring, proliferating particularly in media and is nested within broader movements of wider spectrums of masculinities within New Zealand.

“It Is Being More Normalised That Men Have Feelings”

Young men observed that these changes to awareness of mental health has facilitated increased normalisation of men’s vulnerability and contributed to less social stigma around men’s mental health difficulties. Participants speculate that this facilitates more positive mental health practice, including emotional expression and help-seeking.

Fraser speculates about shifts in men’s mental health awareness: “I think men have been more vulnerable. I think it's being normalized more that men have feelings, and that you're allowed to express yourself in your own way. And there's no, there's no right or wrong way to express yourself.” Fraser explicitly observed that increasing mental health awareness seems to nest within wider trends in gendered messaging. As Adrien goes on to suggest this has resulted in some normalisation of experiencing mental distress for men.

“I'd also say that maybe, you know, with social platforms and stuff people tend to be more open about things. I see quite a few people that are willing to talk about it, about depression and, like, mental wellbeing and their mental state. And so that is an increasingly common conversation, which is good. Definitely good to see a lot of people talk about it.” – Adrien

Adrien observes that mental health is becoming a “common” conversation. When prompted to expand on why he positions this as a “good” development, Adrien shared “because of that, it’s almost more socially acceptable to kind of have these emotions or to go through these things.” This adds to the picture of participant observations that men feel more able to demonstrate a range of emotions.

Within the context of these participants, experiencing and expressing mental distress appears to be less stigmatised and more accepted. Gazz identified that: “I just think people are more willing now to admit or to say that they're struggling from mental health. So, in that regard, I think things are improving.” Mike reports that “I think therapy is held in high regard, now. People don’t necessarily view it as weird that you’re going to a therapist.” Mike suggests that there is an increased openness for men to seek professional support.

In summary, participants position these shifts as helpful in how they have facilitated increased normalisation of men’s vulnerability and reduced social stigma around men’s mental health difficulties. Participants speculate that this facilitates more positive mental health practice, including emotional expression and help-seeking.

“Long Way to Go”

Several participants highlight that awareness of men’s mental health issues is not enough to facilitate the changes men appear to need: “It's going in the right direction, but I feel like it still has a long way to go.” This quote from Leo encapsulates a recurring perspective that while there is a positive trajectory, there is a substantial amount of progress still to come. Gazz goes even further saying “it doesn't matter how fast things are changing, it's not fast enough, right? Because every single death is one too many.” Jeb does note that the trajectory is still a positive one: “We are more aware, we are more aware 100%. However, things haven’t really actually improved.” Participants suggest that emerging awareness has opened possibilities for positive mental health attitudes and outcomes, but that more is needed to facilitate practical differences.

Contradiction and Tokenism

Participants observe a disparity between public mental health discourse and the actual observed outcomes for men. "I think there's been tons of change, definitely I see differences through media and social discussion. But I don't know if that's reflected in people's actual attitudes." Mike corroborates the observation of expanding awareness and discussion about concerns in men's mental health. However, he also observes that the "attitudes" of people do not consistently reflect the values espoused in social discourse. Men's mental health awareness sentiments have not fully embedded themselves in public attitudes or practices.

Part of the reason the participants felt there was a long way to go was the inconsistencies of messaging in social media, news media, and occupational settings. The participants felt observing positive men's mental health messaging without consistent or genuine action was contributing to the problem.

"If you look at the social media sort of aspects of everyone posting and celebrating mental health, then the very next day, they'll still say and do things that are very detrimental to people's mental health... You'll hear the news bring it up. They'll discuss, you know, suicide within New Zealand and everything, like their mental health, especially when it's an on-trend topic. And then the next day, they'll share stories and discuss things but use language that contradicted what they just said" - Ron

"I think when businesses set up programs, but don't give enough training on how to handle those programs. So, you're a manager at a store that does stuff and then hey, look, you're going to start offering this. And then you've got staff coming up to you asking you about it, they don't know how to discuss it, or how to actually offer it, if you know what I mean? It can come across as just "we've got mental health!" - Blaine

These examples represent observations of the disparity between espousing men's mental health advocacy and people's genuine practiced values. Participants suggest a number of factors that might underpin this. For example, evocation of men's mental health discourse in media could be a consequence of simply being "on trend," in which popular social narratives are evoked seemingly without sincerity and solely for social gain.

Another recurring hypothesis from participants suggests this disparity is not intentional but ignorant—perhaps people want to embrace different values but are not informed how. Inconsistencies between values and practices may be a consequence of a society that does not sufficiently educate regarding mental health. For example, Blaine shared his observations of implementing mental health programmes within organisations. He suggested these might appear tokenistic only because management do not possess the language or insight to sensitively offer these services. Whether it is ignorance or superficiality, participants suggest that men's mental health messaging can often be employed only tokenistically. Consequently, participants observe that this does not translate into effective, practical solutions.

A final recurring observation reflects that emerging mental health positive narratives are in conflict with the dominant New Zealand masculine norms of strength and stability. Participants noted that mental health shifts are not ubiquitous because they still compete with traditional norms and social practices. Fraser expanded, "I think a lot of people want to talk about this, and I'm ready to talk about this. But there's no safe space that I can talk about this." Fraser reflected that there is often an absence of environments that feel "safe" in which men can begin to open up. Leo expanded on this, revealing that in spite of trends in broadening masculine expression there is still a genuine concern that help-seeking will be met with stigma, judgement, or gossip:

"Because there's probably, you know, a lot of people that you could talk to, but not a lot of people that you could talk to without feeling like that's ever going to come back in a negative way to you or feel like they're gonna judge you for it." - Leo

Leo observed that while there may be people men could be vulnerable with, it is uncommon to find people that will not still hold a stigmatising or judgemental position. This denotes that supportive and positive messaging may facilitate public openness to being “talked to” about wellbeing, but it does not erase the tendency of individual people to stigmatise. Thus, participants report men hesitate from practicing vulnerability.

"I feel like Kiwi men want to have, like, more emotional connections with their fellow men. But just that fear of, yeah, I mean it can all be down to that, but that fear of being called gay."
- Wayne

Though men are encouraged to seek personal supports for their distress, being open may be impossible in social contexts which still stigmatise men who express vulnerability. Ron said, “We have the awareness, now just change the mindset.” This quote from Ron summarises the sentiment of participants about where present shifts fall short. The narrative that men should be vulnerable about their wellbeing is certainly permeating at the level of social discourse, however participants observe that this is not reflected in the attitudes and practices of individuals.

“Just be Open?” That’s Not Really Doing Anything...

Another theme present in these examples is an absence of practical solutions. The practices encouraged by contemporary discourse often encourage men to open up or ask for help, but all the participants expressed that this is insufficient to enact positive change.

“It seems really superficial. Just because you say, ‘blokes need to talk about their mental health’ doesn't mean that you're convincing people to, you know... Like, it seems to me that it’s just the popular thing to do is to say: “oh, yeah, talk about mental health, be open.” But that's pretty surface level to say, 'Oh, just be open?' You know that's not really doing anything.” - Gazz

There appears to be trending messaging instructing men to pursue help-seeking, however Gazz suggests this does not actually enable these practices. He believes this is “surface level,” the more complex processes involved in help-seeking that are not addressed by messaging or awareness initiatives. Participants admonish how many position the solution to men’s mental health as a simple act of asking for help. This is reinforced by Jeb; “But we put a billboard up that says ‘Men Should Cry.’ So come on... why aren’t you crying more?!” Jeb shares his sense of frustration at expecting men to simply open up, as the barriers to doing so are significant and complicated.

Firstly, participants suggest that help-seeking messaging is inadequate due to the inaccessibility of spaces to receive effective help. A recurring example of this is in the setting of professional help-seeking—participants noted that New Zealand’s mental health services are incredibly difficult to access.

“We can talk about masculinity and men speaking up, but what good does it really do when men finally speak up and go seek support from a system that doesn’t have the resources to help them?” - Ron

“What’s the point if we’re not even looking after the people that need help.” - Fraser

Both Ron and Fraser express their disappointment in this misalignment. They suggest that seeking mental health support is systemically disincentivised, as public services are functionally inaccessible.

Participants also expressed exasperation at this in the setting of personal help-seeking, as there is an absence of people to open up to who are knowledgeable and receptive. Leo comments “You might be able to bring it up and talk about it, but it doesn’t mean people are going to take it seriously.” irrespective of the actions of men, people are not always going to have the capacity to provide a validating space. This is perhaps related to the previous theme, which posits people can still hold stigmatising, uneducated, or tokenistic attitudes towards men in distress. Other participants echo that it is difficult to find helpful spaces for interpersonal help seeking. “Sure, the ‘victim’ of poor mental health needs to take the action. But the people around them need to meet them halfway.” Nigel expresses

frustration at the unavailability of peers as reciprocal listeners; seeking help is not equated with receiving help. Thus, when participants identify that even when men become ready to engage with vulnerability and openness, there is a lack of supportive opportunities in both personal and professional settings.

Participants also questioned whether advocating for men to “open up” is the most useful way to produce effective change in men. Mike notes that fostering “connection” is what really helps when people seek support for mental distress.

“People think it's that venting your emotions will reduce your emotions internally. Perhaps it's not the venting itself. But it's the feeling connected part of it. You know, like it's the way that the other person responds. Like, it's just someone recognizing and seeing you and giving you psychological breathing room.” - Mike

Doug suggests that it may even be unrealistic to expect peers to be recipients of help seeking practices. He suggests that “It's hard for men to open up to their friends. Your friends don't have the tools are understanding, they're not therapists. They're just people.” Doug offers that the emerging trends of attenuation do not mean men have suddenly acquired the language and experience to provide emotionally sensitive practice. He goes on to acknowledge that “the awareness is good, acknowledging that something could be done. But I don't think there are effective systems in place to inform those who want to help how to help.” Though increased awareness has enabled a shift in values, men cannot expect to see significant change without a targeted and practical approach and perhaps more systemically introduced mental health education would help facilitate effective change. In exploring what constitutes practical “effective systems” with Doug, he shared:

“It's one thing to know what's going on, and another to actually rip that band aid off. What am I talking about that's actually going to solve the issue? I think we should be encouraging being approachable and caring, more than addressing ‘depression’ as the epidemic. The issue isn't the person being ill, it's how we can get people out of ruts and to accept themselves.” - Doug

Doug hypothesises that men's mental health initiatives, presently focused on encouraging help-seeking, could instead be employed to raise awareness about other determinants of mental distress. More specifically, he challenges the tendency to position men as unwell or broken for experiencing distress, instead suggesting we advocate for everyone as deserving of stability, support, and self-compassion. He encourages a less targeted, less negative, and less stigmatising social context. Furthermore, Doug challenges the position that an individual practice is the problem, and instead people should place the responsibility of care on the collective—"encourage being approachable and caring."

In summary, participants observed that "open up" discourses are not always reflected in genuine attitudes and intent, that appropriate help is not immediately accessible, and that incentivising help seeking is only a small part of the solution to a complex problem. This ties into a wider sense that there is still a long way to go for these observed shifts in men's mental health to facilitate grounded change.

Overcorrection

While many participants recognise the positive shift in masculinities fostered by encouraging vulnerability and emotional expression, some men took a more critical perspective concerning the potential overcorrection of these ideals. Many question the broader implications of framing traditionally valued masculine traits—such as emotional stability, reliability, and strength—as inherently negative or no longer needed.

Mike noted that, particularly through social media, expressions of vulnerability among men have become seemingly incentivized. He remarked "if you post a photo or video of yourself crying as a man, it'll get like a gazillion likes on Instagram," suggesting that vulnerability is becoming a social trend. Mike wondered if the pervasive display of anxiety or distress may normalize emotional instability in ways that do not necessarily cultivate effective coping. He reflected "there's a huge argument for social contagion of these ideas, and you just see, anxiety, anxiety, anxiety, plastered over Instagram... I don't think consistently interpreting your fear as pathological is helpful." Mike's position reflects a concern that pathology is overemphasized, and vulnerability is almost commodified, rather than

genuinely supported. He wonders about the implications of this for our wellbeing. Adrien echoes this uncertainty about change, observing that the elevation of vulnerability can sometimes feel like an aesthetic superficiality. He notices a “trendiness” around mental health discourse, where depression and emotional struggle appear to be aestheticized or performative. This potentially detracts from prioritising healing and even impacts those around the individual negatively.

Participant talk reflects a critical tension between the privileging of vulnerability and the enduring value of masculine traits associated with strength and emotional stability. Mike shared “I would consider the possibility that we are throwing out too much of masculinity to fix this issue.” He wondered whether society might be discarding too much of what has been traditionally masculine in the attempt to broaden emotional expression. Mike went on to note; “Maybe men would receive just pure net benefit from being strong.” Here Mike cautioned that men could benefit from reclaiming the positive aspects of “being strong” rather than defaulting to narratives that position strength as toxic or oppressive. Perhaps vulnerability should not necessitate abandoning the merits of reliability and resilience. The pressure to be emotionally stable and reliable, though often harmful when rigid and unyielding, also serves a purpose of offering men a source of meaning and a way to contribute within their families and communities. Mike remarks “Being like, it's okay to be weak, it's okay to cry. It like, implies that all your efforts are worthless in a sense.” Mike identifies that by encouraging men to express vulnerability, there is a risk of inadvertently undermining the sense of competence and agency that strength affords.

Doug also draws upon this tension. An earlier theme quoted Doug’s use of a traditional adage in making sense of the changes he observes in men’s mental health discourse: “What's the old saying? It's like 'hard times create hard men, hard men create soft times, soft times create soft men, soft men create hard times.' And we're currently, in New Zealand at least, in the soft time.” He suggests that the current era of relatively “soft times” has allowed greater social space for embracing vulnerability, and “figuring these things out.” While he focuses on the positives, there remains an implication that we are creating “soft men”, which eventually will lead to “hard times.” Perhaps devaluing strength might destabilize the foundations of a “hard,” resilient society. This adage seems to tap into the tensions

between encouraging emotional openness and preserving the functional aspects of masculinity that might support well-being and functioning.

In summary, participants discussed the risk that messages encouraging emotional expression might sometimes marginalize or devalue traditionally normative masculine traits. These participants prompt a more nuanced dialogue about the implications of current trends for balance and wellbeing.

Discussion

Participants observe that there is increasing social talk about mental health issues, which coincides with proliferating men's mental health initiatives observed in advertising and social media. Participants observe that people in New Zealand are becoming increasingly aware of the constraining impact that conventional masculine norms and stigmatising social practices can have on men's help-seeking and emotional expressiveness. Consequently, participants report increasing normalisation of emotionality in New Zealand men and increasing discursive action that encourages men to 'open up.' Participants observe that these shifts towards attenuated masculine social climate has made emotional expression and mental health help-seeking seem more permissible, with the vulnerability these practices require becoming less stigmatised. Generally speaking, participants positioned shifts in men's mental health talk as a positive development. These observations seem to reflect literature which suggests men's mental health initiatives might serve to normalise men's mental health difficulties (Schomerus et al., 2022), reduce mental health stigma (Grinker, 2021), and enable more positive mental health practices (Sharp et al., 2022; Wilson, 2022). These participant perspectives are also consistent with the APA Guidelines for Psychological Practice with Boys and Men (APA, 2018), which emphasise the importance of recognising the harmful effects of restrictive masculinities, while supporting the development of more flexible, health-promoting ways of enacting masculinity. Generally, participant accounts suggest that New Zealand's evolving mental health discourse for men is moving in a direction that aligns with the broader academic and clinical literature. Thus, it appears men's mental health discourse in New Zealand is on a constructive trajectory, and holds promise for reducing stigma, encouraging help-seeking, and normalising emotional expression among men.

Participants also criticised these developments in a number of ways. Participants ubiquitously observed that there is still a long way to go before cultural shifts result in practical change for the wellbeing of men. Specifically, participants criticise how messaging encourages help seeking practices, despite the inaccessibility of New Zealand's mental health system. Participants noted that professional mental health support in New Zealand is logistically inaccessible for most young men. These frustrations call to mind research which indicates that in order to be effective, mental health promotion needs to be implemented alongside accessible safe spaces that promote trust and reduce stigma (Robertson, 2018). Open reciprocity and availability of support are important determinants in successful men's help-seeking (Addis & Mahalik, 2003). Initiatives encouraging men to seek personal and professional help are going to be less effective in a systemic context which prevents men from engaging in these practices.

Furthermore, participants identify that shifts in men's mental health messaging have not trickled down into the actual attitudes of individuals. Participants noted that the dominant narrative fails to recognise that reciprocity is essential for personal help-seeking to be effective, and thus "opening up" does not help if day-to-day people continue to be stigmatising and judgemental. The men spoke about the role of limited education about mental health issues, or that mental health awareness initiatives are often superficial and implemented to tick boxes.

Participants also discussed inconsistencies in men's attitudes and practices, such as those men who appear sometimes supportive and sometimes restrictive. This observed complexity of masculine positions can be conceptualised through social constructionist perspectives on gender and agentive social discourse. As masculinities are not understood here as single, essentialised archetypes (Addis, 2010; Connell, 2005), it is an oversimplification to imply men are either traditional conformists, or progressive nonconformists. From a social constructionist standpoint, Gergen (2023) emphasised that masculine beliefs are relational, interconnected, and dynamic. Internalised gendered attitudes are not singular or consistent, as established in the works of Billig (1987). Rather, masculinities can be understood as interactive and performative positions enacted within social contexts. From this lens, "opening up" as a discursive resource appears more available in participant contexts, but the earnest engagement in this position by everyday individuals remains contingent and variable. In some contexts,

talking about emotions is completely permissible, or even valued. In others, traditional norms simultaneously persist, influencing what feels possible or safe to enact. Thus, interconnected social attitudes towards men's vulnerable practices are too complex and nuanced to facilitate a linear or universal shift towards permissibility and acceptance. The plurality of these positions, and the dynamic adoption of discursive resources according to context, appear to underpin participant observations that integration of alternative mental health messaging into public practice is slow and nonlinear. This contributes a nuanced challenge to causal assumptions in common discourse that men's mental health can be improved by simply challenging traditional masculine norms (Connor et al., 2021; Gough & Novikova, 2020). These additional insights highlight the need for interventions that recognise the complexity of the relational and structural dynamics that shape men's experience of vulnerability and mental health support.

Finally, some participants were cautiously critical of the implications of shifts in mental health awareness. While the encouragement for men to cry more and be more emotionally available is positioned by most participants as a positive cultural shift, many participants suggest it may be important to retain the stability and strength from which many men derive functional coping and even meaning. This conversation aligns with the positive psychology/positive masculinity framework developed by Kiselica and Englar-Carlson (2010), which reframes traditional masculine traits as capable of being positive and beneficial, promoting authenticity, connection, and motivation rather than viewing masculinity solely through deficit or dysfunction. Similarly, stoicism in contemporary understandings is a mindful and functional self-regulation philosophy that emphasizes self-awareness, resilience, and emotional acceptance (Robertson, 2010). Though an inability to recognise or express vulnerability can limit access to social and professional support systems (Seidler et al., 2016), traits associated with contemporary stoicism, such as composure, and rational control, can support adaptive coping, particularly under pressure or uncertainty (Karl et al., 2022). Finally, participant suggestions about the consequences of overvaluing vulnerability echoes criticisms of the aforementioned APA psychological practice with men guidelines (Ferguson, 2023). Ferguson suggested that APA advocating for vulnerability and rejection of traditional norms may risk alienating men who find strength and identity in those traditional qualities. He also argues that the guidelines have the potential to

problematize men, neglect biological determinants of male behaviour, and propose overly homogeneous prescriptions that fail to acknowledge the nuanced benefits of traditional masculinity. Taken together, positions in the research do suggest aspects of conventional masculinity can, when employed intentionally, foster improved wellbeing. These insights suggest reflecting on what potential strengths might be forfeited by challenging traditional masculine norms without consideration. Participants invite an exploration of how to foster masculine cultures in which vulnerability and strength coexist, rather than appear incompatible. In summary, perhaps ongoing mental health discourse needs to account for diverse male experiences without undermining potential sources of male resilience.

Participant Recommendations

Participants shared their recommendations for personal and systemic next steps. These are listed in Table 4 below:

TABLE 4:

List of recommendations from participants

<i>Category</i>		<i>Example quote</i>
Personal	Increasing	Sam – Be more accepting of it. Normalizing it a lot
Recommendations	Normalisation, decreasing stigma	more Nigel – Being a really good listener and open minded, to whatever shows up Fraser - Being open, talking, talking about these things
	Modelling and teaching to others	Jeb – Try and model the right behaviours and talk about the right behaviours to the next generation

<i>Category</i>	<i>Example quote</i>
	Fraser – People would look at you and take that example. I hope that realise maybe they will realise that what I’m feeling is normal.
Do the personal work	Doug – Work on ourselves. And be ready to accept that we're not perfect Blaine – Hold ourselves accountable for our own actions. Do something about it. Speak out. Gazz – Talking makes me uncomfortable, but it needs to happen. Just because it’s not easy doesn’t mean it’s not worthwhile.
Systemic Recommendations	Better education Jeb – Being educated on this stuff, at an earlier age. Have some classes as kids learning techniques and ways of dealing with it. Doug – instead, how we can get people out of ruts and accept themselves?
Safe spaces / more accessible services	Fraser – I think a lot of people want to talk about this, and I’m ready to talk about this. But there’s no safe space that I can talk about this. Ron - We can talk about masculinity and men speaking up, but what good does it really do when men finally speak up and go seek support from a system that doesn’t have the resources to help them?

Individually, participants largely recommended that men continue to destigmatise mental health difficulties through speaking up and modelling. Participants also emphasised that supporting others will take self-awareness and personal growth, suggesting people need to proactively develop their own knowledge to meaningfully contribute to these issues.

Participant recommendations for our community reflect their criticisms of current discursive action in the men's mental health space. Participants highlight the necessity of holding New Zealand's mental health services to account and continuing to advocate for improvement in accessibility and quality of care. Moreover, participants wondered about alternative initiatives and programmes to support men's mental health attitudes and practices. In particular, participants criticise the "men need to cry more" messaging that positions men as simply choosing not to express emotion, neglecting to acknowledge the nuanced climate in which men are ongoingly socialised against this. Resources may instead be employed to support the education and development of greater mental health literacy of New Zealanders, with the view to equip individuals with knowledge about how to accommodate for mental distress in our complex social systems. Participants also teaching men practical and useful coping strategies so they can manage their distress, instead of simply instructing men to cry. Furthermore, interventions might prioritise developing "safe spaces" for men to begin practicing vulnerability, as suggested in the literature (Robertson et al., 2018). This might include awareness and education campaigns about how others can hold empathy and reduce stigmatising spaces. However, this must be carefully balanced by acknowledging that every day people cannot be expected to be therapists.

Limitations and Future Research

It is important to caveat that movement towards more mental-health-positive messaging in men is solely a reflection of participants' observations. It is not necessarily a conclusion we might generalise to all New Zealand. We employed a voluntary participation recruitment strategy, meaning findings reflect the perspectives of men who *want* to talk about their relationship with masculinity and mental health. We therefore anticipate that participants hold more attenuated gendered attitudes, and thus it is probable that the social contexts in which they reside are more gender non-conforming and mental

health positive. More research is needed to explore the prevalence of increasing mental health awareness messaging across other demographics and contexts.

Moreover, it is pertinent to speculate the extent to which shifting masculine attitudes are socially facilitated, versus what might be developmentally appropriate changes within the age cohort of participants. These young men sit within the developmental stage of emerging adulthood (Arnett, 2000), which is characterised by identity exploration (Boggaerts et al., 2018) but also correlated with increased gender nonconformity (Nielson et al., 2023). This raises questions about the mediating effects of developmentally appropriate identity formation, in which young men are experimenting with agency, autonomy, and nonconformity to develop their *own* sense of self (Arnett, 2019). Perhaps observations of shifting attitudes towards authentic masculine expression are mediated by generationally appropriate nonconforming attitudes. Future research could focus on younger and older age groups, to identify the extent to which social shifts are being observed across multiple contexts.

Conclusion

In conclusion, this study explores how young men in New Zealand are negotiating a shifting cultural landscape around masculinity and mental health. While participants recognised clear progress in discourses that encourage openness, vulnerability, and reduced stigma, they also reported significant limitations from systemic barriers to care, persisting social stigma, and the risks of oversimplified awareness messaging. Their reflections demonstrate the importance of pushing for both systemic change in mental health accessibility and more nuanced, educational approaches that account for the complexity of masculine identities. These insights suggest that New Zealand's men's mental health discourse is on a constructive trajectory, but that it requires ongoing critiquing to meet the needs of New Zealanders. This is summarised in the words of one participant; "we have the awareness, now change the mindset."

CHAPTER TEN – DISCUSSION

This chapter aims to summarise and discuss the results of this thesis. The following sections synthesize findings across both manuscripts as they pertain to answering our research questions and highlight how these findings nest within the current corpus of literature. This chapter also aims to discuss the implications of findings for both our existing knowledge in mental health and masculinities, as well as the implications for clinical and social intervention. I close with a reflection and summary of how this project meaningfully contributes to the field.

This research thesis aimed to examine the relationship between masculinity and mental health in young New Zealand men. Specific objectives included examining the extent to which traditional views of masculinity are experienced, and whether more contemporary and nonconforming masculine positions are being observed. This research also aimed to explore whether young men observe changes in social messaging around men's mental health and gender, and if so how these are experienced. The overarching objective of this research was to examine the implications of current masculinities for young men's mental health practices, attitudes, and outcomes. This chapter synthesizes the findings of this research to this objective.

Main Findings

These main findings integrate insights from both manuscripts and participant vignettes, which were segregated by nature of the thesis-with-publication structure. The results are brought together here to comprehensively address the research question. There is some inevitable overlap with discussions previously presented in the individual manuscripts.

New Zealand Masculinities and Mental Health

One broad aim of this research was to critically examine the masculinities experienced by young New Zealand men. Interviews with participants revealed a lot about the complex gendered

landscape young men experience. Accounts suggest hegemonic masculine “rulebooks” and “boxes,” but also emerging discourses that challenge masculine norms of toughness. Participants shared their perspectives about the role of masculinity for men’s wellbeing.

A masculine archetype, often referred to as the traditional “Kiwi bloke,” was recurrently produced in participant talk about men and mental health. This construct embodies traits associated with traditional forms of masculinity in the literature, including toughness, stoicism, emotional restraint, self-reliance, and a normative expectation of providing stability and support both within family units and broader communities (Wong et al., 2016). Consistent with Connell's (2005) theory of hegemonic masculinity, the “Kiwi bloke” functions as an idealized standard to which men both implicitly and explicitly construct themselves against. Participants described how masculine scripts, or “rulebooks,” exert a homogenizing pressure, producing normative constraints that dictate acceptable masculine behaviour. Social mechanisms include peer policing through ridicule, feminizing labelling, and subtle stigmatization, which serve to discipline men who deviate from the masculine rulebook. Qualities which are insufficiently masculine include openness about emotional struggles or engagement in non-traditional interests, such as dance. In summary, the ‘Kiwi bloke’ archetype appears prevalent in New Zealand, reinforced through generational messaging, social policing, and individual action.

Our analytical lens, informed by a socially constructed and relational view of gender, necessitates that the “Kiwi bloke” is not a monolithic masculinity. Instead, masculine scripts are a set of ideals negotiated differently according to context, as well as intersecting identity factors such as ethnicity, region, and generational cohort (Gergen, 2023). For example, rural settings, particularly in the South Island, were characterized by participants as environments where masculine norms around toughness and stoicism remain strongly entrenched and less tolerant of nonconformity. Conversely, urban and University environments appeared to afford more freedom to experiment with and challenge conventional masculine expectations. Furthermore, participants from ethnic minority backgrounds, such as the Chilean Ron who described additional layers of patriarchal expectations within his family context, revealed how cultural values intersect with the “Kiwi bloke” to produce unique scripts. These divergences across participants demonstrate that masculinities are dynamic and diverse, and constructed in relation to cultural, geographic, and generational contexts.

The primary rationale for this research was not to arbitrarily explore New Zealand masculinities, but to explore its implications for men's wellbeing and mental health. Participant accounts reinforced known connections between masculine constructs and men's mental health (Wong et al., 2016; Gough & Novikova, 2020). Firstly, participants identified tensions that align with gender role strain paradigms, whereby the idealized masculine image constitutes a source of pressure that can undermine wellbeing when rigidly enforced (Addis & Mahalik, 2003; Pleck, 1995). Participants spoke about the dissonance men feel with internalised masculine roles when they struggle to meet expectations, particularly those related to resilience and toughness. Second, participants identified influences that align with normative gender theory (Addis et al., 2016; Connor et al., 202; Kantar & Yalçın, 2023). More specifically, participants drew upon collective normative scripts that men are expected to be tough and stable. Participants showed nuance and contradiction in whether masculine toughness is a positive or negative influence for men's wellbeing. On one hand, the expectation to embody unwavering toughness can exacerbate stress and even shame, as experiencing mental health difficulties or emotional distress does not fit this norm. These accounts appear consistent with the research findings that vulnerable mental health practices are positioned as weak and unmasculine, and consequently men feel less able to express emotions (Seidler et al., 2016), reveal their difficulties with mental health, and access mental health help and support (Smith et al., 2018; Kiselica & Englar-Carson, 2010). In contrast, other participants identified that toughness can be vital for fulfilling social roles and for self-identity, offering pride, meaning, and even coping resources. These perspectives reflect positions within positive psychology and critical masculinities scholarship that recognize the differentiated functions of traditional masculine traits (Kiselica & Englar-Carlson, 2010; Hammer & Good, 2010). This contradiction suggests masculine norms of strength and toughness are not simply oppressive or damaging but also a resource that offers men a sense of purpose or even social value. Thus, this research offers the perspective that masculine norms can be both constraining and enabling, producing multifaceted effects on men's mental health depending on the ways it is negotiated.

While article one examined participant tensions with dominant masculine constructs and scripts, article two was focused on potential changes in men's mental health discourses. Indeed, participants observed a notable cultural shift underway in New Zealand regarding the social discourse

on men's mental health. They described an increasing prevalence of public conversations, media campaigns, and advocacy efforts aimed at challenging traditional masculine norms and promoting greater openness around emotional struggles and vulnerabilities. These narratives encourage men to "cry more" and express feelings, which explicitly challenge the normative rule that men must maintain stoicism and emotional repression. Participants wondered whether increased social awareness of men's mental health issues is related to growing awareness of the statistics and outcomes in New Zealand men's mental health (Ministry of Health, 2023), and the wider mental health movement in the Western world (Stahl, Adams & Wang, 2023; Wei et al., 2013). Participants experience an openness to broader definitions of manhood, where normative frameworks governing acceptable masculine behaviour are being actively contested and reconstructed. Participants recognized that these changes contribute to an observable normalization of emotional expressiveness and reduced stigma towards mental health challenges among men. This aligns with contemporary research suggesting that public mental health initiatives can promote help-seeking behaviour by influencing cultural scripts around masculinity (Griffith et al., 2019; Sharp et al., 2022).

However, participants also highlighted that increased discourse and awareness do not equate to proportional improvements in systemic change. Despite messaging encouraging vulnerability and help-seeking, men continue to face structural barriers, notably the enduring scarcity and inaccessibility of mental health services in New Zealand. Participants expressed frustration that mental health help seeking is often rhetorically valorised without ensuring accessible, quality support systems. In their words, New Zealand has a "long way to go" in facilitating positive changes for men's mental health.

In summary, while participant interviews suggest "Kiwi bloke" masculine scripts remain a salient and influential force for men's mental health, they also observe shifts in this space. Normative emphasis on toughness and emotional restraint contributes to the stigmatization of vulnerability, often discouraging mental health help-seeking and open emotional expression. However, increasing awareness about this appears to be facilitating counternarratives that encourage emotionality and vulnerability. This research points to a complex and contradictory masculine climate in New Zealand, in which vulnerability is both stigmatised and encouraged.

Men's Negotiations Are Nuanced and Relational

While this research aimed to examine young men's views on New Zealand masculinities and men's wellbeing, it also aimed to capture the day-to-day experiences of navigating this climate. Participant talk revealed these recurring gendered constructs and scripts, however analysis also identified nuance and complexity in how participants personally experience and negotiate with gender. Masculine norms are not unconditionally accepted or internalized, and participants do not experience masculinity as a static imposition. Instead, men engage in complex, context-sensitive negotiations with collect masculine scripts, a process which appears highly relational and dynamic.

Participants eloquently shared their stories and experiences of active negotiation with gendered "rulebooks." The most noteworthy demonstration of this is participant revelation of collective cultures of distrust and competitiveness amongst men, where the risk of one man exploiting or revealing the vulnerability of another disincentivises vulnerability and openness. This climate of social distrust and interpersonal competitiveness creates a complex set of stressors. Within masculine scripts that devalue vulnerability, even private experiences of emotional distress produce both an internal role-strain and a fear of being outed and stigmatised. This generates a profound sense of disconnection and marginalization, as men navigate the conflicting demands of "being open" and masculine conformity. Consequently, many participants described masculinity as a "performance", and a "mask." Such practices evoke literature that conceptualises gender as a dynamic social performance (Goffman, 1959) and as a "practiced relation" which is continually shaped, resisted, and reworked through interactions and discursive positioning (Gergen, 2009). In this view, participants enact a front stage persona conforming to expected toughness and emotional restraint in public or peer environments. Simultaneously, participants disclosed their private management of inner vulnerabilities and emotional distress in less visible spaces. Such performances are a strategic navigation driven by distrust and the risk of punishment within competitive masculine peer cultures. This view suggests gender as nothing but a collective façade—in Jeb's words, a "stereotype"—that men dynamically embody according to complex factors.

More specifically, participants describe a pattern of moving fluidly along spectrums of conformity and non-conformity. While many described masking emotions due to an internal discomfort, or a perception that safety and trust are unavailable, many described selectively disclosing vulnerabilities within trusted social contexts. Site-specific conditions can facilitate openings for vulnerability. Progressive university settings, supportive workplaces, long-term trusted friendships, relationships with non-competitive women, and individuals removed from their social ecosystem, all emerged as potential safe spaces where men may temporarily lower their mask and find relief. These spaces appear to be the exception rather than the norm, thus perpetuating broader patterns of emotional masking and restricted help-seeking.

This more dynamic understanding of emotional reticence and masking has critical implications. These findings do resonate with aforementioned literature that positions emotional suppression as a prevalent barrier to help-seeking and psychological wellbeing (Siedler et al., 2016). However, this relational view of masculinity challenges simplified accounts of men's perceived inability to express emotion. Instead, discomfort and reluctance to "open up" is often a rational response to lived social realities, rather than a generic adherence to masculine norms of emotional reticence. Participant stories highlight that men experience internal conflict in wanting "to feel more connected to their fellow men," (Wayne) and are actively struggling against the constraints of internalised roles and threat of social stigmatisation. As Gazz candidly shared, "I'm still not very comfortable... I don't really talk about my emotions, or how I feel. But it probably needs to happen. Just because it's not easy doesn't mean it's not worthwhile right?" This admission exemplifies the fluidity and contradiction in participant attitudes, which can only be recognised by understanding that men actively navigate and negotiate their emotional expression within the constraints of these collective scripts. Men have agency and hold plural positions, even within constraining sociocultural systems (Addis, 2010; Gergen, 2023). This focus on masculinity as a contextualized performance and negotiation challenges reductive binaries that position men either as rigid conformists or liberated nonconformists.

These findings also help us to interpret why participants observe a "long way to go" until emerging men's mental health messaging creates sufficient day-to-day changes. From the perspectives of participants, most emerging discourses simply encourage men to express more vulnerability. This

approach appears inadequate, as it fails to simultaneously address the dynamic conditions that perpetuate men's conformity to invulnerable scripts. Participants described persistent scepticism, stigma, and antagonism in many everyday environments, and even within their own role strain. While vulnerability is publicly championed, actual enactment by men is contingent on trust and relational safety that is often still shadowed by threat of stigma and judgement. As such, the dominant social climate continues to impose constraints on men's emotional expression, negating or undermining discursive gains. Instead, participants suggest that enhancing mental health literacy, fostering trust in interpersonal relationships, and creating supportive environments where emotional openness is normalized, are imperative steps for dismantling men's apprehensions about expressing vulnerability.

In summary, the competing demands of masculine toughness and emotional vulnerability is experienced as a complex relational negotiation, as informed by social constructionist theory (Gergen, 2023). Participant accounts contribute nuance to our understanding of men's mental health practices, demonstrating that men's performances of toughness and masking are not signs of pathology or toxicity (Siedler et al., 2016), but complex strategies for navigating competing demands of self protection and authenticity. This calls for mental health discourses and interventions that are sensitive to these dynamics and that promote relational and structural changes alongside individual openness.

Authenticity and Plural Masculinities

Expanding on the above findings, select participants also described acts of authentic expression in response to the complex constraints of masculine scripts. Participant stories of self-acceptance were at times an outright rejection of masculine roles, and at others a redefinition of what it means to be masculine in contemporary New Zealand society. This movement towards authenticity aligns with recent masculinities scholarship emphasizing plurality and contextual variability in contemporary men, particularly in demographics of young, middle-class men (Connor et al., 2021). While participant narratives of authenticity are personal and subjective, they do reveal a window into the meaning making of men who are critical of their contexts' masculine rulebook.

Of course, participant experiences with gendered self-expression are more complicated than a binary of authenticity or conformity. Masculinities are fluid, socially constructed performances that can both reproduce and resist hegemonic norms depending on temporal and spatial contexts (Addis et al., 2016; Borkowska, 2020). The contradiction of reporting both authentic self-identification and ongoing negotiation with complex masculine scripts suggests that emancipatory experiences are contextual and negotiated. For example, vulnerability might be embraced in university settings or among select friend groups but remains constrained in other social environments such as workplaces or rural communities. While participants do share their stories of finding more authentic expressions, it is important to acknowledge that these occur within the contextual and relational nature of gender and identity (Gergen, 2023).

One aim of this research was to examine whether non conforming masculine positions might influence men's mental health. Indeed, the positive mental health implications of embracing authenticity were explicitly identified by participants. Many young men associated their authentic self acceptance with increased self worth, reduced internalized stigma, and greater mental health help seeking. Experientially, participants talked about the relief and empowerment associated with transcending prescriptive norms. These accounts are perhaps reflective of masculinities research that more attenuated masculinities might support wellbeing by alleviating the psychological burdens of conformity and enabling access to emotional support, given that traditional masculine norms are generally linked to less helpful mental health practices and attitudes (Gough & Novikova, 2020; Seidler et al., 2016; Wilson, 2023). This signals promising progress that supports continued investment in current mental health promotion efforts and advocacy. However, it is once again important to retain that attenuated gendered positions are not fixed states but negotiated, dynamic and contradictory positions. While findings show promise for the experiences of men, the dynamic conceptualisation of these findings resists endorsing a reductive correlation between masculine nonconformity and positive mental health.

Advocacy for change emerged as a pivotal theme for participants who shared their journeys of authenticity. These men viewed their nonconforming positions as not only a personal achievement, but as a responsibility to support and embolden their peers. Participants recognised how competitive

environments foster reluctance to take emotional risks—thus, many described modelling vulnerability and openness as an intentional disruption of these patterns. Examples of this include Jeb, “I try to break down walls by being upfront about my mental health,” and Wayne, “we need to say how we feel. Be that guy, without shame.” These men strive to empower others to challenge internal discomfort and external pressures. By taking that first courageous step in resistance to collective scripts, participants become sites of alternative masculine positioning for other men to justify their own negotiations. Said another way—if men’s culture of distrust is conceptualised as a performative ‘prisoners dilemma’ (Flood, 1952), then these nonconforming advocates publicise their intent to be cooperators. This invites other men to take a risk and allow themselves a moment of vulnerability.

While participant narratives of authenticity are personal and subjective, and thus not necessarily representative of most young New Zealand men, they do provide important examples of how men are actively renegotiating, redefining, or resisting traditional norms of masculinity. Importantly, participants report meaningful benefits to their wellbeing through embracing more flexible and authentic ways of being, including reduced internalised stigma and shame, increased self-worth, and openness to seeking support. These emancipations seem to be aided by broader cultural changes, including evolving public messaging about mental health, identifying supportive social environments, and accessible role models who embody alternative masculinities. Moreover, participants identify themselves as advocates, modelling vulnerability and authenticity not only for themselves but for their peers. Participant stories inspire a collective movement toward more inclusive, emancipatory masculinities. Together, these findings highlight the potential for such plural and nuanced expressions of masculinity to foster resilience and connection amid ongoing social and structural challenges.

Limitations and Future Research

Sampling Considerations

These findings reflect the perspectives of voluntary participants. They are men who *want* to talk about their relationship with masculinity and mental health. The very concepts examined in this

research—openness, vulnerability, comfort with expressing their mental health—are directly implicated in the temperaments of those who are more likely to participate in this research. Participants were young men who, by virtue of their participation, were already nonconforming to traditional norms, and thus already hold gendered attitudes coloured by attenuation and resistance. Therefore, it is important to interpret these results as solely reflecting the perspectives of men already adopting such positions, not all men from the sampled population.

Future research should expand to other age groups. We consider that participant life stage might mediate findings about attenuating masculine attitudes. Participants of this research were within the developmental stage of *emerging adulthood* (Arnett, 2000), which is characterised by identity exploration and formation (Boggaerts et al., 2018). Nielson et al. (2020) identified that gender nonconformity is particularly prevalent in people in emerging adulthood. Furthermore, Nielson et al. (2023) identified an aging effect in which young men observe less pressure to conform to gender norms and comfort in expressing nonconformity as they develop. This effect is perhaps explained by the developmental objective of experimenting with values and roles to support identity formation (Erikson, 1950). This process might include an opposition to traditional gender norms, particularly for men who strongly develop critical consciousness of social issues. Thus, we might speculate that the tendencies for participants to endorse nonconforming gendered positions can be understood within a developmentally appropriate exploration of agency, autonomy, and nonconformity (Arnett, 2019). In other words, how much are the positive benefits for young men’s wellbeing attributed to emancipating from traditional norms, as opposed to achieving a developmentally appropriate objective of authentic expression—irrespective of how that relates to gender? Of course, we can expect the answer to this question to be nuanced and multifactorial, and dependent on the contexts of individual men.

Sampling from young men was an intentional design choice, given young men have been observed to adopt contemporary and attenuated masculine attitudes at greater rates (Anderson & McCormack, 2018; Connor et al., 2021). Thus, considerations of participant age are a feature of findings, not a limitation. Yet, these do present possibilities for future research. For example, there would be utility to a study that incorporates multiple age cohorts within its sampling design and employs a comparative analysis; we might compare and contrast the attitudes and practices of younger versus

older men. Young men have less of a frame for anchoring social change, given their relative lack of experience. Moreover, we might wonder to what extent participant observations of shifting social attitudes might nest within a social context of other nonconforming young men. Further research might speculate on whether attenuating shifts in gendered expression has been ubiquitously experienced by men at particular stages of their development, or whether there are deviations in how different generations experience their relationships with gender. Furthermore, exploring observations of shifting masculinities with older men with greater life experience might shed further light on how much these emerging gendered shifts actually reflects a temporally located change.

Reflections on Privilege

Gendered research is inherently political regardless of how we, as researchers, position ourselves. Feminist gender studies typically examines masculinity with an emphasis on how it has been employed to perpetuate inequalities, patriarchal power, and domination by men (Borkowska, 2021). A limitation of this research is how it explicitly prioritised findings related to the wellbeing of men and thus elected not to focus on issues related to power and domination. This was justified by drawing upon theoretical paradigms predicated on the positive capacities of masculinities (Lomas, 2013; Anderson & McCormack, 2018). However, regardless of outcomes for men's wellbeing, the ways masculinity is constructed and employed does sit within a sociocultural context of patriarchal privilege.

One statement from participant Fernando stuck out and did not neatly fit into my themes. Fernando sarcastically joked "Oh no! Men have it so hard. Time to oppress women again I guess." This comment considers the possibility that men's mental health discourse has provided a sympathetic lens on men, in which they are positioned as victims. *Hybrid masculinities* (Bridges & Pascoe, 2014) is a theoretical framework which posits that masculine hegemony can incorporate, or 'hybridise', elements of other nondominant identities into masculine expression. This process is often conceptualized as an assimilation, occurring for the purposes of maintaining hegemonic positions without being threatened by alternative minorities. Hybrid masculinities might be employed to make sense of attenuating masculinities and softened men's mental health practice. Perhaps the adoption of vulnerability,

inclusivity, and other un-masculine traits, might be conceptualised as masculinity ‘changing with the times’ in order to maintain a dominant and relevant position. Men are already privileged under ongoing patriarchal hegemony, thus there is a possibility that sympathetic men’s mental health discourse might serve a function of maintaining the focus on men. Increasing discourse about a “men’s mental health crisis” may take up public space—a *limelight* effect—which might reduce attention provided to minority groups. These risk consuming resources and awareness from groups who might also benefit from targeted initiatives or interventions in unhelpful normative practice. Consequently, the discursive processes occurring within the men’s mental health space may serve a coexisting function of perpetuating privilege and inequality.

Moreover, the participants largely shared demographic features of being young, educated, and free from poverty. The sampling strategy employed for this study was intentional, recruiting young men who appear to be more likely to express alternative and non-conforming masculinities (Anderson & McCormack, 2018; Conner et al., 2021; Nielson et al., 2023). Regardless, it is important to consider that the findings of this study might be partially facilitated by the social capital inherent to young, educated and financially stable participants. Theories of *social capital* (Bourdieu, 1986) suggest that “competence” in traditionally normative domains allow individuals to accumulate collective social capital. Research in gender politics, particularly that exploring *masculine capital* (De Visser, Smith & McDonnell, 2009), posits that social capital is a resource which may be redeemed to compensate for transgressive behaviours in other normative domains. Within this research, we might speculate that participant nonconformity to masculine norms, and enactment of contemporary practice, is partially possible because young, affluent, and educated men possess the social capital to compensate for these transgressions without social scrutiny or ostracism. However, it is important to note that participants in this study came from diverse ethnic and socio-cultural backgrounds, and not all experienced unconditional privilege or the same degree of social capital.

A further and particularly salient limitation for research in the New Zealand context is the absence of Māori participants and thus limited opportunities to reflect on Māori meaning making about mental health and masculinity. This research is embedded in Eurocentric conceptualisations of mental health and wellbeing and thus cannot speak directly to the ways that Māori men might

understand, resist, or negotiate masculinity in their cultural contexts. Indigenous models of masculinity and wellbeing can diverge significantly from Western frameworks, emphasising, for example, connectedness, community, and spiritual dimensions (Durie, 1984; Pitama et al., 2007). Thus, it is vital that future work meaningfully engages with Māori perspectives and methodologies. Recent New Zealand research offers nuanced insight into the lived realities of Māori men, highlighting the importance of cultural renewal, collective identity, and emplaced practices for wellbeing (see King et al., 2015; King et al., 2016; Rua et al., 2017; Rua et al., 2024). These studies demonstrate that emancipatory narratives for Māori men must privilege unique sociocultural, historical, and relational factors, and caution against uncritical application of findings from Pākehā or Eurocentric contexts to indigenous communities.

Research, and more broadly the systems through which we produce and disseminate knowledge, can inadvertently perpetuate privilege and inequality. Of course, the voices participants *are* important, as understanding the trends present in how men relate to their masculinity, and the repercussions this has for mental health practices, is relevant if we are to combat that epidemic of high male suicide rates and poor male help seeking. However, these limitations carry important implications for interpreting the findings presented in this research. First, the possibility of *hybrid masculinities* suggests that men's mental health discourses may inadvertently perpetuate existing structures of patriarchal privilege by maintaining the centrality of men's experiences in public health conversations. Second, the privileged social capital of many participants, while enabling expressions of nonconforming masculinity and authenticity, also means that their accounts reflect a relatively advantaged perspective. Thus, it is important to be cautious before generalizing such findings to men with fewer resources or less freedom to resist normative gender expectations. Third, the limited engagement with Māori perspectives and the absence of Indigenous participants highlights an urgent need to recognise the distinct cultural, historical, and relational realities shaping Māori masculinities and wellbeing. Future research needs to continue attending intersectionality, cultural specificity, and structural inequities to develop more inclusive and equitable understandings and interventions in men's mental health.

Wellbeing and Flourishing

The research mostly centred around evaluating mental health practices that are healthy in a Western, medical context. These are practices which generally reduce pathological outcomes and improve individual wellbeing (Kanatar & Yalçın, 2023), such as emotional expression, help-seeking, positive coping, and authenticity. However, it is important to consider that this is not the extent of healthy living. Indeed, Malla and Gold (2024) posit that wellbeing is a distinct construct from mental health that nonetheless refers to “satisfaction of the wide range of human needs, at least some of which are required for a human being to flourish — safety, autonomy, respect, meaningful work, creativity, friendship, and family” (p. 127). This research does examine aspects of this framework, such as autonomy in how participants experience authentic gendered expression as emancipatory and positive. The scope of this study leaves an opportunity for further exploration of how contemporary shifts in masculine expression might implicate more of these “human needs.” Future research could consider the implications of nonconformity for a wider range of definitions of wellbeing. For example, occupational satisfaction, feelings of safety, or in other domains of identity such as self-respect. We point to McKenzie (2018), who has begun to examine the ways gendered conformity is implicated in social relationships, with a lens on how this impacts men’s wellbeing. There is little reason to limit inquiry to conventional wellness domains. Ongoing gender research will continue to trace how shifts in masculine expression impact every facet of lived experience, shaping what it means to “flourish” (Malla & Gold, 2024; p. 127).

Implications and Recommendations

Summary of Implications

The findings of this research offer important insights into the complex landscape of masculinities and mental health among young men in New Zealand. This section will first outline the

major implications of these findings, before outlining specific recommendations in domains of health promotion, clinical practice, and individual social action.

First, the findings of this research do point to a positive trajectory within New Zealand men's mental health, characterized by the potential for increasing visibility and authenticity of nonconforming masculine positions. Young men's stories suggest, within their contexts, evolving cultural awareness and possible normalizing of emotional openness and vulnerability. This signals promising progress, which supports continued investment in current mental health promotion efforts and advocacy.

Second, findings identify nuance and complexity in how men navigate mental health messaging. Men's negotiations are shaped by persistent tensions involving stigma, social risk, and deeply ingrained internalized roles. In recognising these dynamics, research findings caution strongly against deficit-focused approaches that posit men as lacking emotional literacy or a willingness to "open up." Instead, findings suggest that men are actively trying to better themselves and their lives. Difficulties with expressing vulnerability are not a pathological fault, but a calculated and cautious necessity within social environments that remain unpredictable and risky. Further clinical or promotional initiatives must therefore recognise broader relational and structural contexts. Instead of locating the problem within individual men, perhaps instead efforts should pivot to fostering trust, reducing stigma, and creating supportive spaces.

Thirdly, findings suggest a need to embrace plurality within masculinities and mental health practices. While many men are moving toward more open expressions of emotion, others continue to draw legitimate strength and resilience from traditional values such as stoicism and stability. Pathologizing these values, or positioning them as ubiquitously "toxic," risks alienating men for whom practicality and toughness serve adaptive, functional roles. In conjunction with the above implication regarding nuance, recommendations should thus carefully avoid simplistic binaries equating nonconformity with mental health and conformity with harm.

The final point is that the research highlights critical limitations tied to context and intersectionality. Masculinity and mental health experiences are deeply influenced by cultural, geographic, socioeconomic, and developmental factors. One-size-fits-all approaches are unlikely to succeed given the diversity and complexity of men's lives. Tailored, culturally informed, and

structurally aware strategies are essential to effectively address men's mental health needs without inadvertently exacerbating existing inequities or marginalization.

Though other implications have been discussed elsewhere, the most relevant ones have been summarised above. Together, these implications indicate an overall positive trajectory, but call for ongoing interventions to be integrative, pluralistic, and context-sensitive.

Recommendations

The following section outlines recommendations in line with these implications. Recommendations are separated into domains of systemic mental health promotion, clinical practice, and individual / community action. Table 5 overleaf summarises these recommendations.

TABLE 5:

Summary of Recommendations across Systemic, Clinical, and Community Domains

	<i>Systemic / Health Promotion</i>	<i>Clinical</i>	<i>Individual / Community</i>
	<i>Recommendations</i>	<i>Recommendations</i>	<i>Recommendations</i>
1. Continued investment in normalising vulnerability and mental distress in men	<ul style="list-style-type: none"> • Sustain / extend current mental health campaigns that normalise men’s mental health discourses • Prioritise accessible mental health services and support systems 	<ul style="list-style-type: none"> • Draw upon expanding clinical guidelines for working with men • Encourage / train clinicals to recognise and facilitate authentic masculine narratives 	<ul style="list-style-type: none"> • Validate and advocate for diverse masculine expressions in daily life • Model vulnerability and openness for one another
2. Caution against deficit-focused approaches. Recognise men are working hard to navigate complex social factors	<ul style="list-style-type: none"> • Progress does not lie solely in encouraging men to “open up” • Prioritise developing environments that foster trust, reduce stigma, value diverse masculine identities 	<ul style="list-style-type: none"> • Work with, not against, men’s guarded disclosure • Avoid pathologizing approaches. Formulate defensive strategies as functional • Prioritise trust building 	<ul style="list-style-type: none"> • Practice empathy and reduce judgement • Honour men who cautiously test vulnerable disclosure

	<i>Systemic / Health Promotion Recommendations</i>	<i>Clinical Recommendations</i>	<i>Individual / Community Recommendations</i>
3. Value existing masculine strengths, avoid alienating men	<ul style="list-style-type: none"> • Challenge the reductive connection between stoic resilience and ‘toxic’ masculinity • Add nuance to existing messaging, to recognise and respect existing values of strength and stability 	<ul style="list-style-type: none"> • Engage with clinical research that endorses stoic, mindful resilience as an acceptable coping style • Carefully consider, using formulation, whether to support insight building into functionality of emotional reticence 	<ul style="list-style-type: none"> • Resist discrediting traditional masculine values.
4. Recognise diversity, avoid one-size-fits-all approaches	<ul style="list-style-type: none"> • Prioritise culturally safe and intersectional health promotion interventions • Develop targeted resources that address unique barriers across contexts and cultures 	<ul style="list-style-type: none"> • Foster clinician competence in cultural humility • Prioritise individualised case formulation, acknowledging intersectionality • Identify and draw upon diverse services and supports to meet needs 	<ul style="list-style-type: none"> • Resist universalising assumptions about ‘masculine’ behaviour or emotions • Empathy and curiosity

Mental Health Promotion

First, it is essential to sustain and expand public mental health campaigns that promote open conversations about men's emotional wellbeing. Such campaigns, such as "Man Up" or "Movember", have played a meaningful role in reducing stigma and supporting help-seeking among men (Sharp et al., 2022). Targeted investment is necessary to address longstanding underfunding of mental health services for men and to ensure that ongoing awareness efforts are matched by improved accessibility and practical support.

Furthermore, it is a priority to expand male-friendly, low-barrier mental health services. Programmes and frameworks, such as the Australian Men's Health Forum's "Know Your Man Facts" and their Guide to Male-Friendly Services, have demonstrated the value of relatable, accessible, and relevant supports tailored to men's needs (Australian Men's Health Forum, n.d.; Wilkins & Temple, 2021). Evidence points to the benefit of service environments that are both culturally and physically inviting for men, such as "men's sheds," activity-based groups, and spaces led by trusted male facilitators (Kim & Yu, 2023; Wilkins & Temple, 2021). It is critical that the availability of such services keeps pace with public messaging about the legitimacy of men's mental health struggles.

Health promotion efforts should also challenge deficit-based and problem-focused discourses that frame men as personally lacking for not readily displaying vulnerability or emotional expressiveness (Ferguson, 2023). Reluctance to disclose distress reflects rational navigation of complex social risks, not simply internalised reticence or individual failure. Campaigns should avoid shaming or marginalizing men who value emotional restraint and should instead present openness and vulnerability as valid, but not compulsory, responses to distress (Karl et al., 2022). Similarly, promotional material must carefully avoid painting stoic resilience as inherently dysfunctional or "toxic." There is growing recognition that mindful self-regulation, including some elements of stoicism, can be adaptive and protective for many men (Cavanna et al., 2023; Robertson, 2010). Health promotion efforts need to show recognition of nuance and diversity, and to recognise and respect existing values of strength and stability in men.

Cultural safety and the inclusion of diverse perspectives is imperative for all systemic and promotion work. Initiatives must be developed in active partnership with Māori, Pasifika, and other minority communities. Further support should also draw upon culturally grounded frameworks to ensure support is empowering, and actually meaningful (Durie, 1984; Pitama et al., 2007). Amplifying and resourcing the work already underway within organisations such as Le Va (2025) and Te Rau Ora (2025) can help ensure that men's mental health promotion does not perpetuate Eurocentric assumptions but instead works toward equitable, community-driven outcomes.

Finally, promotional initiatives should be responsive to the lived realities and recommendations of men themselves. To demonstrate this, this section outlines the systemic suggestions for improving men's mental health made explicitly by research participants. Participants themselves identified that while approaches which encourage emotional expression and help-seeking in men have been beneficial, alternative interventions are now needed to see further tangible benefit. Firstly, they advocated for a shift in focus to develop a greater range of safe spaces for men to begin practicing vulnerability. This might include awareness and education campaigns about how people can hold empathy and reduce stigmatising those who ask for help. However, this must be carefully balanced by acknowledging that every day people cannot be expected to be therapists. Similarly, participants encouraged continued accountability from New Zealand's mental health services, and continuing to advocate for improvement in accessibility and quality of care. A final recurring recommendation was for initiatives to shift focus towards better educating people about mental health. This includes specific dissemination of strategies for day-to-day coping. It would also include approaches that improve mental health literacy, so that men have the language to speak about their distress. Health promotion strategies should therefore incorporate peer-led groups, skill-building interventions that enhance mental health literacy, and community education to ensure bystanders, friends, and family know how to respond empathetically and constructively to men experiencing distress (Kanatar & Yalçın, 2023; Seidler et al., 2016).

Of course, achieving authentic, sustainable change will require continued advocacy at the policy and funding levels. Policymakers and health service leaders must be held accountable for developing outcome-informed plans to support men's wellbeing, delivering increased resources, and

reducing access disparities (Ministry of Health, 2023). Transparent reporting and community engagement will help ensure that systemic recommendations are translated into tangible, effective action.

In summary, this research recommends resisting simplistic deficit models of men's mental health. Furthermore, this research recommends health promotion and service design that values masculine plurality, men's agency, cultural safety, and accessibility.

Clinical Practice

The therapeutic context is a critical site for supporting the wellbeing of men. As a clinical psychologist, my understanding of the complex relationship between masculinity and mental health is informed by these reflections and findings, which in turn shapes these recommendations for clinical practice.

Research shows that nonconformity to traditional masculine norms can facilitate increased freedom to be open and vulnerable (Conner et al., 2021), challenge unhelpful defensiveness and unhelpful mental health coping styles (Kim & Yu, 2023; Wilson, 2022) and increase help-seeking by reducing stigma (Gough & Novikova, 2020; Seidler et al., 2016). Indeed, specific experiences of research participants demonstrate these findings. Participants often discussed feelings of comparison, of not meeting standards, and of not being enough, and many shared that embracing more attenuated attitudes towards their gender provided them some relief and freedom from self-stigma. This suggests utility for mental health interventions that support men to critically examine the role of masculine socialisation in their sense of self. Clinicians are encouraged to recognize and harness such findings in their practice, so long as they do so critically.

Ultimately, therapeutic work with men needs to employ an individualized, formulation-driven approach that conceptualises each client's unique context, identity, and masculine positioning. Clinicians should explicitly incorporate an understanding of the man's social environment, intersectional identity factors, and personal masculine narrative (Seidler et al., 2018). This allows

clinicians to avoid one-size-fits-all assumptions, as well as reductive categorizations of masculinity as either toxic or healthy.

This research recommends ongoing development and refinement of clinical competencies for working with men. This includes integrating the latest research on masculinities, mental health, and help-seeking into training curricula and continuing professional development. The American Psychological Association's 2018 Guidelines for Psychological Practice with Boys and Men provides an important foundation, emphasizing gender-sensitive approaches that respect the diversity and plurality of masculine identities (APA, 2018). However, critical analyses do caution that these guidelines may in some respects insufficiently account for the heterogeneity of masculine experiences or inadvertently pathologize traditional masculine expressions (Ferguson, 2023). Practitioners should therefore approach these guidelines with a critical lens, integrating their principles while maintaining openness to individual case formulation.

More specifically, key clinical skills might include awareness of the relational nature of masculinity and the embodied negotiation men perform daily. Therapeutic approaches such as narrative therapy have promise in helping men externalize and re-author the dominant masculine scripts that impact their wellbeing (Schermer, 2013; White & Epston, 1990). Clinicians can support men in exploring the origins and functions of their masculine self-concepts, allowing space for redefining masculinity on more personally meaningful terms. Furthermore, clinicians should recognise that many men adopt a "front stage" persona of toughness while privately grappling with vulnerability, and that therapeutic progress may require sensitivity to these dynamics and patience with gradual disclosure. Therapists are encouraged to extend their unconditionally positive regard (Bozarth, 2013; Rogers, 1959) toward men's defensive strategies and coping styles. Behaviours often coded as "avoidant" or "emotionally restricted" may be adaptive responses to environments of distrust and stigma. Clinical interventions framed as collaborative rather than corrective encourage trust and reduce the risk of client disengagement. Moreover, clinicians should be attuned to the importance of balancing promotion of vulnerability with the cultivation of how they cope with distress. Emerging scholarship highlights the value of integrating practices aligned with classical stoicism, emphasizing mindful acceptance, self-regulation, and endurance, offering more traditionally conforming men a framework for managing

adversity (Karl et al., 2022). There appear to be conceptual overlaps between stoic philosophy and contemporary mindfulness-based therapeutic frameworks, particularly in their shared emphasis on acceptance, present-moment awareness, and resilience in the face of adversity (Cavanna et al., 2023; Robertson, 2010).

Additionally, cultural humility and responsiveness must be prioritized in clinical practice. Clinicians should be competent in recognizing the complexity of men's lived experience, including ethnicity, sexuality, socioeconomic status, and age. It is important to be able to incorporate intersectionality flexibly into psychological formulation and intervention (Manoleas et al., 2021). Connecting men with culturally grounded supports, and being knowledgeable about relevant community resources, enhances care quality and client engagement (King et al., 2016).

Clinical psychology would benefit from further research investigating interventions that explicitly address masculine identity and socialization in relation to mental health outcomes. Hopeful directions might include rigorously designed randomized controlled trials examining the efficacy of narrative, cognitive-behavioural, and psychoeducational approaches tailored to masculinities. Perhaps a mixed-methods approach would work best, as the specificity employed by quantitative methods might be trivialised without the contextual depth provided by qualitative approaches.

In conclusion, these findings stand to contribute to existing knowledge about clinical practice with men. Generally, these recommendations suggest clinicians should embrace complexity rather than reductionism. This enables clinicians to support men in authoring authentic narratives that recognise their strengths while overcoming the mental health challenges shaped by masculine socialization. Such approaches should be respectful, individualized, and contextually informed.

Individual and Community

This final cluster of recommendations are directly for individuals who endeavour to join advocative efforts for men's mental health. In the spirit of grounded advocacy, these suggestions are informed by the specific insights shared by research participants, alongside my reflections as a fellow

man and clinical practitioner. These are adapted from Table 4, included in the discussion of Chapter 8/Article Two.

The most passionate recommendation voiced by participants is the importance of normalising men's emotional experiences and reducing stigma. Sam advocated for men to "just be more accepting of it [mental health difficulties in men]" underscoring the power of simple social acceptance. Nigel suggested that men should focus on "being a really good listener and open-minded to whatever shows up." Similarly, Fraser urged men to "be open and really talk about these things." These participants encourage us to embrace openness and conversation, emphasizing that interpersonal connection and validation is an integral part of wellbeing. Their recommendations highlight that it requires a community of earnest listeners to be available if we want to encourage openness in men.

Similarly, participants encouraged us to reflect on what we model and teach to one another, particularly across generations. Jeb, a teacher, stressed our responsibility to "model the right behaviours and talk about them to the next generation." Similarly, Fraser expressed that "people would look at you and take that example. I hope maybe they will realise that what I'm feeling is normal." Jeb and Fraser highlight the meaningful influence our outward expression has in reshaping collective norms. These men encourage us to consider the ripple effects of our behaviour—if not for ourselves, but to improve the lives of the people around us.

Finally, participants placed emphasis on personal accountability and continual self-work. Doug reflected on the necessity of "working on ourselves" and embracing imperfection, while Blaine called for men to "hold ourselves accountable" and "speak out" against harmful norms. Gazz's candid admission that "talking makes me uncomfortable, but it needs to happen" encapsulates the competing tensions many men experience in contemplating their relationship with mental health. These participants implore us to recognise that life is challenging, but to do the hard work anyway to be better for ourselves and those around us.

From my clinical and personal standpoint, cultivating empathy is perhaps the biggest recommendation I could make to men today. Empathy involves an ongoing willingness to understand and respect that men's expressions vary widely and that such plurality is not only natural but valuable. Resisting the impulse to judge the experiences of others helps to build a more inclusive and supportive

environment. Equally, it is paramount that we honour and connect with men who are making efforts to develop themselves, especially those who do so imperfectly.

Finally, I encourage men to point that empathy towards themselves. Prioritise self-compassion. Navigating the complex realities of masculinity and mental health is rarely linear or easy. Embracing kindness towards oneself, especially in moments of struggle or perceived failure, is foundational to sustainable wellbeing and authentic living.

Closing Reflections

I entered this research hoping to contribute meaningful insights to the wellbeing of men. Reflecting back now, I do feel this aspiration was achieved, though not always in ways I anticipated. To open this reflection, I recapitulate what I personally found to be the most important and meaningful findings of this research for our understandings of men and mental health.

Firstly, I truly feel that these young men's stories convey a promising trajectory for men. These men are tentatively examining their internal experiences, and in doing so experimenting with vulnerability, plural expressions of masculinity, and authentic selfhood. Participant stories tell us that masculine scripts, particularly those characterised by toughness and emotional reticence, are constantly being questioned and even contested by men. I was particularly struck by the positive potential seen in the depths of participant advocacy for improving the lives of other men. If this continues, perhaps we can expect to see more emotionally open spaces, engagement with support networks, and difficult conversations about our mental health experiences. Put simply, talking to these participants has delivered me hope for the flourishing lives of men.

Second, I feel this research contributes meaningfully by identifying that such transformation is neither uniform nor straightforward. The cultural shifts observed in men's mental health awareness discourses appear helpful, but they are limited by the complex, relational nature of people. Men show considerable variation and contradiction in how they construct themselves. The most salient example of this, from my perspective, is that men do not simply choose to "be open," or alternatively to "bottle things up." These are nuanced, relational strategies, and are a consequence of navigating a complex

social terrain marked by distrust and stigma. The dominant cultural privileging of toughness persists, rendering vulnerability a calculated act that is not always accessible. Furthermore, many men still internalise toughness as something we need not completely disregard. Men's capacity for emotional openness is complicated by such experiential internal conflict. Men, like all people, are contradictory. This research has helped me to see the need for patience and unconditional self-acceptance in the messy process through which men come to understand themselves, and to choose how to act.

Finally, I believe these findings do meaningfully inform recommendations for mental health advocacy going forward. There is a clear need to address the broader systemic, relational, and cultural barriers that constrain men's emotional lives. It is essential that we collectively make the effort to build trust, challenge stigma, and help to cocreate environments where spectrums of men can experiment with authenticity and self-awareness. This is particularly salient for me in my role as a clinical psychologist—indeed, conducting this research has further entrenched my clinical interest in working narratively with young men with mental health difficulties. Moreover, the implications of these findings are meaningful for me personally, having already influenced my existing relationships, my own mental health experiences, and my advocative values.

While I entered this research aspiring to contribute to men's mental health knowledge, I must reflect that it is not just "findings" or "recommendations" that I found most transformative about completing this project. For me personally, an equally profound aspect of the research experience was the privilege of being welcomed into the rich, internal meaning making of fellow men. Capturing my feelings of respect for these men resists words. I am truly awed and inspired by the reflection and insight these men demonstrated in their stories. They all show such comprehensive, and deeply personal, meaning making about their lives and those of their peers. Many of these personal stories will stay with me indelibly; Ron's meaningful challenge to the disconnected world of men; Fraser and his empowering removal of the heavy chain he cannot recall ever not bearing; Wayne's compelling reclamation of dance, the passion he was stigmatised away from in childhood; Jeb, who uses his disillusionment with toxic men to fuel advocative modelling of authentic positivity to his young students; Fernando, who's complicated relationship with masculinity has inspired an advocative career in sociological research; Nigel, who radiates genuine empathy and acceptance in his promotion of self-compassion; Mike's wise

and critical reflection on the trajectory of mental health scholarship; and Doug, who exemplifies unconditional self-acceptance in the face of stigma and shame. The diversity in these narratives underscores the importance of understanding men as dynamic, complicated individuals. I can only express how fortunate I am that these men allowed their principled advocacy to drive them into reaching out for an interview. Their stories are rich in meaning.

Ultimately, this to me is an equally meaningful aspect of conducting this research. Not only have I had the privilege of disseminating their stories, but through the research process I have been allowed to connect these men, who are all strangers, in profound ways. This unity of men, with a shared objective of advocating for each other's wellbeing, challenges the isolation that arises from being socialised into these tough-shelled siloes. This, in many ways, is what feels so meaningful about how this research contributes to our understanding of men and their wellbeing. These united voices present a passionate call to action for connecting men and improving the lives of those around them.

Conclusion

This research set out to critically examine how masculinities are experienced and negotiated by young men in New Zealand, with a particular focus on their implications for mental health. The findings endorse that masculinities in this context are best understood as plural, relational, and complex. While shared norms and scripts continue to shape expectations around toughness and emotional restraint, participants consistently revealed nuanced strategies of individual negotiation with masculinity. Men do not simply accept or reject prescribed norms, rather, they engage in dynamic processes of adaptation, resistance, and selective disclosure shaped by context, trust, and perceived risk.

This complexity is particularly salient in the ongoing negotiation between vulnerability and toughness. Public discourse seems to have increasingly challenged traditional norms of emotional repression, creating more permissive spaces for men to express vulnerability. However, such shifts remain uneven and contingent on social context. Many participants articulated the utility of toughness alongside the desire for greater emotional openness, highlighting that vulnerability is often carefully calculated rather than freely enacted. The persistence of stigma, distrust, and a collective reluctance to

risk emotional honesty underscores the relational nature of masculine identity. Importantly, this complexity illuminates the limitations of simplistic calls for men to "open up," instead pointing to the necessity of fostering environments where trust, safety, and coexisting masculinities are cultivated. The emergence of more authentic and individualized expressions of manhood among young men signals progress but also highlights the ongoing tensions and contradictions embedded in both cultural discourse and institutional structures. Together, these findings indicate an overall positive trajectory, but call for integrative, pluralistic, and context-sensitive considerations in mental health promotion and clinical practice.

This thesis closes with a discussion about the question posed by the title of this thesis, "Why aren't you crying more?" This question weaves through all aspects of this research. It functions as a critique of the entrenched toughness characterised in many masculine norms. It also appears to reflect the emerging men's mental health discourses that encourage men to open up and express more emotion. While this question appears simple on the surface, it also holds a deeper imperative. 'Why aren't you crying more?,' is not necessarily an instruction that men *should* cry. Instead, it is a call for men to earnestly ask this question of themselves, to look inwards, and to build a critical awareness of the factors implicated in their emotionality. It invites reflection on how external expectations and internal negotiations shape men's emotional lives. The themes of this thesis reveal that the barriers to greater emotional expression are layered, encompassing social, cultural, and relational influences as well as the contradictory scripts men internalise over their lives. By asking such a question, men make space for these complexities and foster deeper compassion for themselves and for the social world around them. Perhaps if men all became more adept at examining their masculine biases, we might see continuing positive shifts in the world of men's mental health. Thus, the overarching themes of this thesis are best encapsulated by the wise words of one participant:

"Why aren't you crying more?" – Jeb

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APPENDICES

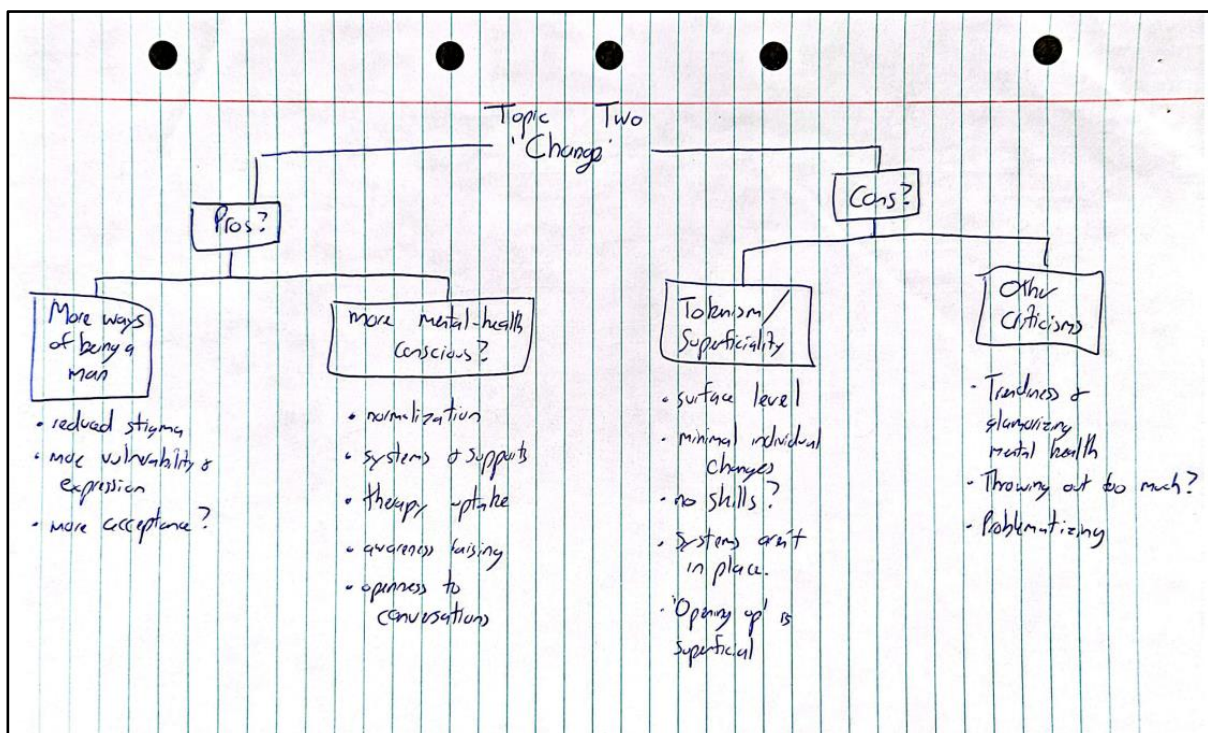
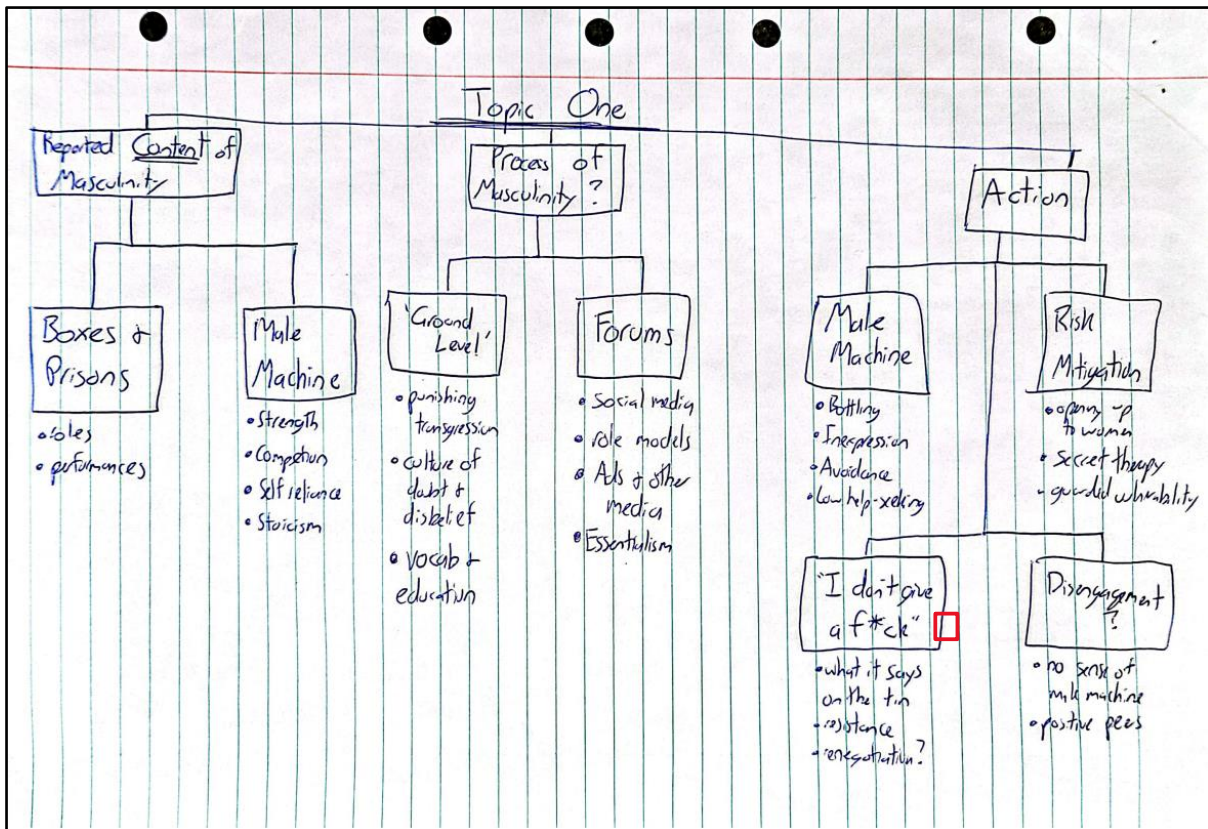
Appendix One: Organisation of Preliminary Codes

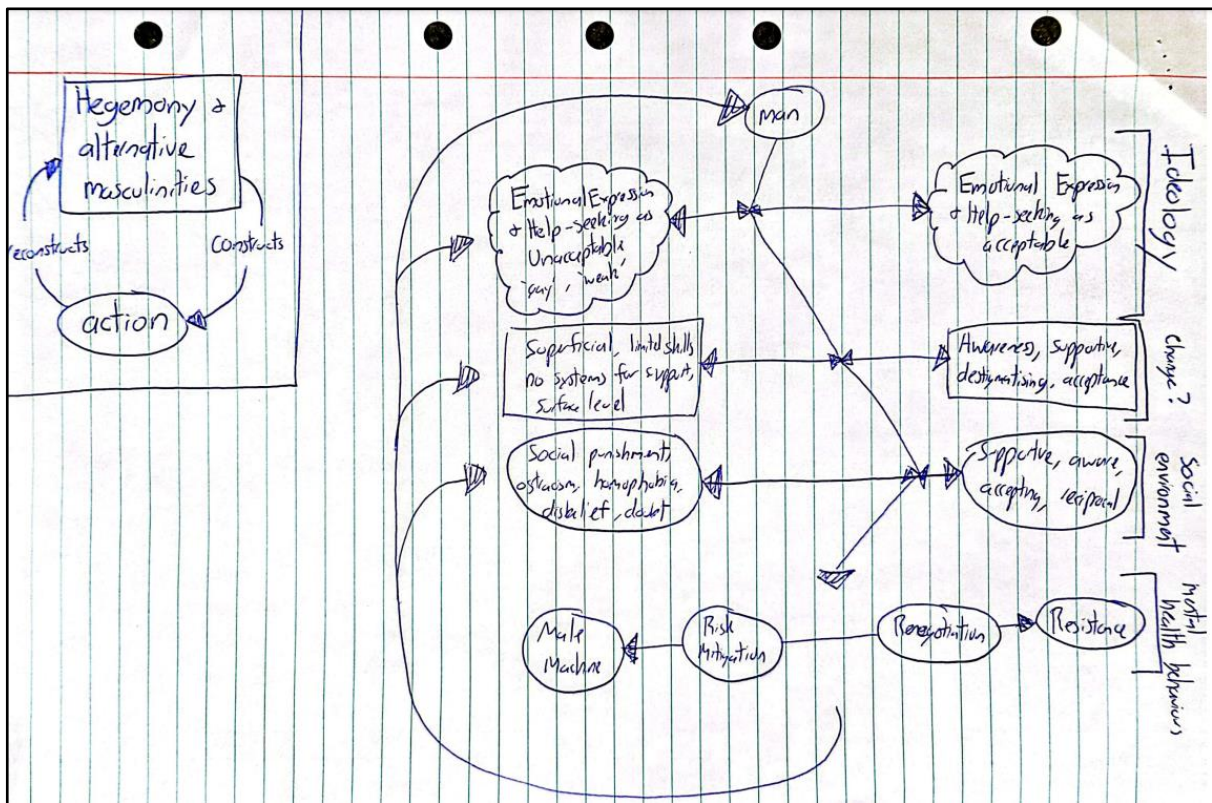
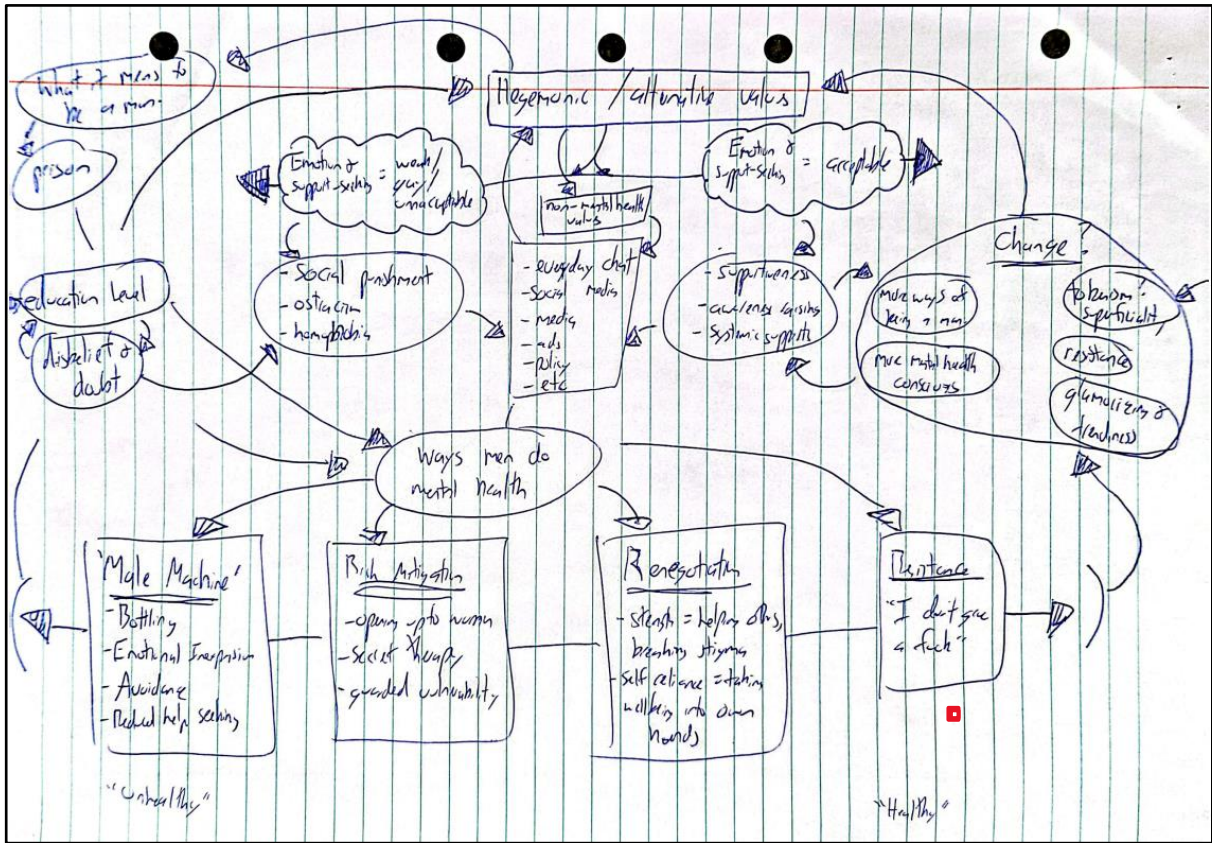
Name of Code	Code 'Category'	# of Participants	# of total references
Silence and bottling up	male ways of doing mental health	8	27
Limitations of 'change'	content of change	7	27
Punishing transgression	masculine behaviour	7	22
Strength	masculine expectations	5	19
Emotional inexpressiveness	male ways of doing mental health	5	16
Vocabulary and education	male ways of doing mental health	7	15
Healthy coping	positive male ways of doing mental health	5	14
Personal Role Models	process of socialisation and change	5	13
More ways of being a man	content of change	7	13
Wanting to open up but can't	silence and bottling	6	12
Becoming more mental health conscious	content of change	7	12
Avoidance	male ways of doing mental health	6	11
Reciprocity when reaching out	male ways of doing mental health	3	11
Resisting silence	silence and bottling	4	10
Generational messaging	process of socialisation and change	5	10
Problem solving and providing	masculine expectations	8	10
Profession and interests	masculine expectations	7	10
Family man	masculine expectations	6	10
Substance use	male ways of doing mental health	4	10
Creative media	process of socialisation and change	6	9
Social media	process of socialisation and change	6	9
Institutions and industries	process of socialisation and change	4	8

Advertising	process of socialisation and change	4	7
Supportiveness	positive ways of doing mental health	4	7
Anti-femininity	masculine expectations	3	7
Isolation	male ways of doing mental health	6	7
Competitive and confrontive	masculine behaviour	4	7
Disbelief	male ways of doing mental health	3	6
Anger	male ways of doing mental health	3	6
Opening up to women	silence and bottling	4	5
World role models	process of socialisation and change	4	5
Drinking	masculine expectations	5	5
Accepting transgression	masculine behaviour	4	5
Mental health system	NZ Context	5	5
Independence	masculine expectations	3	4
‘The middle ground’	male ways of doing mental health	3	4
Negatives of changing times	Content of change	1	4
Maturity	process of socialisation and change	2	3
Conversations	process of socialisation and change	2	3
Kiwi people / media	NZ Context	3	3
Hopes for the future	Content of change	3	3
Body image	masculine expectations	2	2
Indigenous experiences	NZ context	2	2
Leadership	masculine expectations	1	1

Appendix Two: Draft Thematic Organisation

The following scans depict early draft graphics for how participant experiences were made sense of through RTA. These are included to provide insight into the many moving parts present in participant accounts. Note that these graphics are captured in native refill-paper format, as this authentically reflects the hand-drawn process thematic concepts were made sense of.







YOUNG KIWI BLOKES NEEDED FOR RESEARCH ON MENTAL HEALTH & MASCULINITY!

This study is researching what Kiwi men do when it comes to their mental health, and how being a man in Aotearoa impacts how they take care of themselves.

We are looking for young men aged 20 to 25 to come talk about their thoughts and experiences.

Any Questions?

Contact me (Matt) at:

matthew.peacock.1@uni.massey.ac.nz

This project has been reviewed and approved by the Massey University Human Ethics Committee: Southern B, Application SOB 21/46. If you have any concerns about the conduct of this research, please contact Dr Gerald Harrison, Chair, Massey University Human Ethics Committee: Southern B, telephone 06 356 9099 x 83570, email humanethicssouthb@massey.ac.nz

Sign Up Here:



Or access the link below

https://massey.au1.qualtrics.com/jfe/form/SV_8ka4zpGhybBTwuq

Appendix Four: Participant Information Sheet

School of Psychology
Massey University
Private Bag 102-904
North Shore
Auckland 0745
Tel +64 9 414 0800 ext 43116
Fax +64 9 441 8157



Kiwi Masculinity and Men's Wellbeing

Kia ora,

My name is Matthew Peacock, and in partial fulfilment of my Clinical Psychology training at Massey University I am conducting research into Kiwi men, masculinity, and mental health.

What is the project?

This study seeks to understand some of the ways Kiwi blokes take care of their mental health. Specifically, we're researching what men do and do not do when it comes to wellbeing, and how being a man in Aotearoa / New Zealand impacts how we take care of ourselves. We will be conducting a series of interviews with Kiwi men to hear their perspectives and understand their experiences. You are invited to take part in this study – if you are both interested and available. Please do not feel compelled to participate.

Can you participate in this project?

We are looking for Kiwi men to participate in this research. In order to participate, you will need to meet the following criteria:

Inclusion criteria:

- You are between the ages of 20 and 25 (inclusive)
- You identify yourself as male.
- You have lived the majority of your life here in Aotearoa New Zealand.
- You are fluent in English, as this is the language the interviews will be conducted in.

If you participate what will you be required to do?

If you wish to participate you will be invited to take part in an online interview over Zoom, at a time that is mutually convenient. These interviews will focus on your own thoughts and perspectives on men and mental health. We are interested in hearing about how you (and the people you know) talk about mental health, what it is like to be a man in Aotearoa, and how these two experiences overlap.

The audio from interviews will be recorded, with your permission. The interview should take around one hour, though this is flexible in allowing for more time if needed. Following this interview, a typed-up copy of what we discuss will be passed on to you, giving you an opportunity to discuss any changes, withdraw, or add information. Reviewing your transcript is optional.

Talking about mental health can be tough. It is important to know that within these interviews you have the right to decline talking about any topic that may be distressing or make you feel uncomfortable. The interviews can be stopped at any time, and you have the right to withdraw yourself and anything you say from the entire study (up until October 2022). The research team is willing to answer any questions you might have about this, at any time.

Data Management

The interviews will all be recorded on a voice recorder with your permission. The data will be stored securely and only I will have access to this information. Once the interviews have been transcribed you will be provided with a copy of your transcript, which you may edit and adjust as you see necessary. After you have read through your transcript a Transcript Release Authority Form will be provided for you to sign if you wish, allowing the researcher to use the information in the transcription for the write-up of the research in a thesis.

To ensure autonomy, all identifying information will be removed from the transcript, the data and the write up of the research. However, there is the possibility that your response may be used in other research publications. All personal information and data will be stored on a password protected device and on a Massey University hard drive until the research is complete in February 2024, or up until a period of 5 years, and then it will be deleted.

Participant's Rights

You are under no obligation to accept this invitation. If you decide to participate, you have the right to:

- Decline to answer any particular questions
- Withdraw from the study at any time up until October 2022
- Ask any questions about the study at any time
- Provide information on the understanding that no identifying information will be used
- Be given access to a summary of the project findings when it is concluded
- Ask for the recorder to be turned off at any time during the interview

Please contact the researcher (or either supervisor) if you are interested in participating, or if you have any questions about the project.

Researcher:

Matthew Peacock

matthew.peacock.1@uni.massey.ac.nz



Supervisors:

Dr Kathryn McGuigan

K.Mcguigan@massey.ac.nz

09 414 0800, ext. 43115

Dr Ian de Terte
I.deTerte@massey.ac.nz
09 497 93603

Committee Approval Statement

This project has been reviewed and approved by the v. If you have any concerns about the conduct of this research, please contact Dr Gerald Harrison, Chair, Massey University Human Ethics Committee: Southern B, telephone 06 356 9099 x 83570, email humanethicsouthb@massey.ac.nz .



If the interviews raise issues that are particularly upsetting, I encourage you to use your personal support systems to talk through them. Often reliving an experience can be distressing, but sometimes there are benefits of talking with someone about it. Furthermore, your experience may help others who are experiencing something similar.

Mental health services – where to get help

There's a range of resources and services available to help including phone and online services and information, as well as face to face support.

Most services are free, and provide information and confidential advice from trained professionals.

If you're told that there is a waiting time for a service, please still reach out and make contact. Other supports can be put in place – ask what you can try in the meantime.

The Lowdown - Free text number 5626

The Lowdown is a website to help New Zealanders recognise and understand depression or anxiety.

Aunty Dee - <https://www.auntydee.co.nz/>

Aunty Dee is a free online tool for anyone who needs some help working through a problem. It doesn't matter what the problem is, you can use Aunty Dee to help you work it through.

Depression.org.nz – Free text number 4202

This website helps New Zealanders recognise and understand depression and anxiety. This website is part of a national public health programme, the National Depression Initiative. It includes The Journal – an online self-help programme.

Like Minds, Like Mine

Like Minds, Like Mine is a national anti-stigma campaign. The aim of this programme is to increase social inclusion and to reduce stigma and discrimination towards people with experience of mental illness.

Where to go for help

There are people and services available to provide or help you find extra support when you need it:

- Need to talk? (Free call or text 1737)
- The Depression Helpline (0800 111 757)
- Healthline (0800 611 611)
- Lifeline (0800 543 354)
- Samaritans (0800 726 666)
- Youthline (0800 376 633, free text 234)
- www.depression.org.nz (for adults, free text 4202)

Helplines

Need to talk? Free call or text 1737 any time.

Talk to a trained counsellor or call:

the Depression helpline – 0800 111 757

Alcohol drug helpline – 0800 787 797

Gambling helpline – 0800 654 655

Healthline – 0800 611 116 – to get help from a registered nurse 24/7.

Lifeline – 0800 543 354

Samaritans – 0800 726 666

Chinese Lifeline – 0800 888 880 (for those who speak Mandarin or Cantonese)

<https://www.health.govt.nz/your-health/services-and-support/health-care-services/mental-health-services/mental-health-services-where-get-help>

If you need urgent help

Call your local mental health crisis assessment team or go to the emergency department (ED) at your nearest hospital.

If anyone is in immediate physical danger to themselves or others, call 111.

Auckland - Mental Health Crisis 0800 800 717 (operating 24/7)

Appendix Five: Participant Consent Form

School of Psychology
Massey University
Private Bag 102-904
North Shore
Auckland 0745
Tel +64 9 414 0800 ext 43116
Fax +64 9 441 8157



Kiwi Masculinity and Men's Wellbeing

PARTICIPANT CONSENT FORM

I have read, or have had read to me in my first language, and I understand the Information Sheet attached as Appendix I. I have had the details of the study explained to me, any questions I had have been answered to my satisfaction, and I understand that I may ask further questions at any time. I have been given sufficient time to consider whether to participate in this study and I understand participation is voluntary and that I may withdraw from the study at any time.

1. I agree to the interview being recorded.
2. I agree to participate in this study under the conditions set out in the Information Sheet.

Declaration by Participant:

I _____ hereby consent to take part in this study.

Signature: _____ Date: _____

Appendix Six: Semi-structured Interview Schedule

School of Psychology
Massey University
Private Bag 102-904
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Auckland 0745
Tel +64 9 414 0800 ext 43116
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Interview Guide

Introductions & admin

- Introductions, formalities, brief project summary
 - “Welcome, thank you so much for making the time to come have a yak.
 - “Before we get underway I’ll just give you a quick brief of today’s interview, so you know what to expect. That okay?”
 - “This interview should take around an hour, more or less, so we should wrap up around ____.”
 - “We’ll kind of have a general chat about a few topics – mental health in New Zealand, how men seem to think about mental health, how you think about mental health, have a bit of a chat about things like masculinity, what being a man in New Zealand is all about, what being a man in our twenties is like, and then how that all fits together”
- Information sheet / consent form
 - “Just wanted to check that you’d read through the information sheet I emailed you earlier.”
 - “So, there’s two main things right now I need to speak to. The first is that some of these things we talk about can get a bit personal, and could get a bit deep, so I just want you to know that you don’t have to say or talk about anything you don’t want to, you can choose not to answer any question you like. It’s completely up to you. That okay?”
 - The second, I need to get verbal consent from you to record the audio of this interview. That’ll be written up, and then all the information in this interview that identifies you will be taken out. Do I have your permission to record?”
 - “Did you have any questions about any of this before we get started?”

Getting to know the participant & whanaungatanga

- Reciprocity – sharing a bit about myself, my background, why I am interest in this project, etc. Will gauge an appropriate level of disclosure.
 - “So, I’ll share a little bit about myself before to get started, just so you’re not talking to a complete random on the internet. My name is Matt, I’m a student at Massey currently studying clinical psychology. This research is part of that qualification and will hopefully be helpful in working with New Zealand men, and maybe helping others kind of learn a bit about how kiwi men are thinking. The mental health of kiwi men is a pretty important topic to me.”
 - “A bit about me – I was born in Hamilton but lived most of my life here in Auckland. At the moment I work with kids and teenagers around their mental health. In terms of hobbies, I play video games, love tv and movies, I run, I play drums, stuff like that.”
 - “But yeah, that’s a real quick snapshot of me!”
- Tell me a bit about yourself
 - “So, it might be nice if you could tell me a little bit about you? Things like...”
 - E.g., “what you do for a living?”, “whereabouts did you grow up?”, “do you live with your family?”, “what are your hobbies?”
 - A) builds interview rapport, B) this kind of information can give context to some of the perspectives and experiences we discuss later in the interview
 - Make sure to make some connections.

Transitioning – ‘Warming up’ participants

- “So, like I said, this interview is going to be mostly about New Zealand men, masculinity and mental health. So, a good place to start talking about this stuff might be just to look at how you define some of these things.”
 - How do you define mental health? Like what would you say it is?
 - As above for masculinity

Talking about mental health & wellbeing

- Getting a sense of how participants view wellbeing – capacity for emotional language, importance of wellbeing, positioning around some common mental health discourses..
 - “What does mental health mean to you?”
- Participant perspectives on how Kiwi men in general view wellbeing
 - “Kind of switching tacks a little bit; how do you think men in NZ feel about wellbeing?”

Talking about Personal Experiences

- How do participants / known men take care of their mental wellbeing?
 - “What do you do to keep yourself happy and healthy?”
 - “What do you do to take care of your mental health?”
 - Some contextual follow up questions.
 - “How does that help?”
 - “Does that always work?”
- What do participants do when face low mental wellbeing?
 - “Have there been any times in your life where you’ve felt down, or overwhelmed, or kind of stressed out?”
 - “And what did you do during those times?”
 - “How did you take care of yourself during those times?”
 - “I was wondering how you coped with those times?”
 - “I’m wondering, did you reach out to anyone?”
 - “What do you do to take care of yourself when you’re stressed, or overwhelmed, or feeling down?”
- Understanding how they justify these strategies.
 - “How does doing X help you when you’re feeling particularly low?”
 - “How well does that work for you?”

CHECK -IN

Vignette:

- Prompting discussion around masculinity and mental health with a vignette
 - I will also include a brief vignette. This vignette will involve a scenario regarding a friend who has been feeling down recently and is asking if he can chat to the participant about how he has been feeling. This will be read out to the participant, followed by some questions, such as:

Let’s say you have a friend, John. You’ve known each other for a few years, and you’re pretty close. While he’s usually a pretty chirpy and energetic guy, you notice that recently he’s been hanging out with you and your friends less and less, and when you do see him he’s quiet and doesn’t really engage. When one of your mates asked if he was alright, he simply said he was feeling tired.

- “How would you feel and act in this situation?”
 - “What do you think is going on for John at the moment?”
- “How about if it was the other way around, how would you expect your friends to feel and to act if John was you?”
- “How do you think kiwi men typically feel and act in this situation?”
 - “How do you think kiwi men would feel and act 20 or 30 years ago?”
- “Why do you think that is?”

CHECK -IN

Talking about Masculinity

- Participant understandings of masculinity?
 - “
 - “What do you think being a man looks like?”
 - “What do you think being a man looks like specifically in New Zealand?”
- Participant interpretations of how masculinity impacts mental health
 - “Is there is a difference in the way men and women speak about and experience mental health?”, “Such as?”
 - “Do you think there is a difference in the ways men speak about and experience mental health?”, “Such as?”
 - Inspirations – **consider using this as a way of titrating back up**
- Participant experiences with masculinity?
 - “How do you think masculinity influences the way you respond to feeling low or stressed out?”

Titrate externalizing these ideas

Start with manhood x mental health for them, then expand out to wider NZ

Check-In and summary

Debrief

- Summarizing to ‘titrate’ emotions back to a normal level
 - Point to specific points “I really like the way you defined X”

- Bringing conversation to a natural end
 - “I see we’re getting pretty close to our allotted time. Is there anything else you wanted to mention?”
 - “I think here is a pretty good place for us to stop.”
- Thanking the participant for their time
 - Sincerity, acknowledge the strength it takes to speak up, and letting them know how valuable I’ve found their time
- Providing resources, avenues to seek support, etc
 - “We’ve talked about some pretty heavy stuff today. Sometimes it’s easy to discuss mental health and stress, and sometimes it can make you feel a bit down or out of sorts. I’ve got a list of resources printed out, and I’ll also email them through to you – they’re places you can contact in case you need to talk to someone.”
 - “Also, if you have any questions at all about the study, or what we’ve talked about today, feel free to flick me an email at any time.”
- Bringing conversation back to the present,
 - “What are you planning to do for the rest of today?”
 - “Are you all okay getting home?”
 - Hobbies etc

Appendix Seven: Case Study Six: How Doctoral Research Has Influenced My Clinical Practice

Case Study Six

How Doctoral Research has Influenced my Clinical Practice – A Reflection

Completed in partial fulfilment of Thesis Part C

Doctorate of Clinical Psychology

Massey University Albany

Matthew Peacock

Intern Psychologist, Clinical Psychology candidate

Totally Psyched – Private Child and Family Mental Health Provider

This case study represents the work of Matthew Peacock during his internship in 2023. Clinical supervision was received during this assessment of the individual described within this case study.

This report has been anonymised to protect the privacy of the client. This is a confidential document containing private information.

SIGNED:

Matthew Peacock, (candidate)

Date



24/11/23

Dr Ian de Terte, Associate Professor and Lead Supervisor

Date



24/11/23

Abstract

NB: these reflections were drafted during my clinical internship in 2023. At the time my thesis was incomplete—in fact, I had yet to even finalise my analysis. Consequently, these reflections feel less attuned to the clinical implications of research findings. Instead, I consider these reflections a window into how conducting doctoral research influenced the development of my therapeutic identity during a formative clinical internship.

This article compiles my reflections on the intersection between conducting a doctoral research study and training as a clinical psychologist. This was included in a portfolio of materials submitted to my final examination panel at the end of 2023.

Here I collate my reflections on how conducting research has influenced my practice. I reflect on the transference of research practices into clinical work, including interviewing skills and interpretation of literature. I also include a reflection on how the content of my topic has played out in my experiences as an intern; this includes observations of gender in the psychological workforce, and my reflections with clients in which masculinity is enacted and critiqued. Finally, I organize my reflections on how research methodology and knowledge production is present in our work as scientist-practitioners. This includes thoughts on epistemology, the quantification and medicalisation of psychological phenomena, and what this might mean in practice.

Reflections on Clinical Practice

The aim of this chapter is to examine how engaging in doctoral research has impacted my clinical practice. Firstly, there are practical skills developed throughout the research process which I have generalised to clinical practice. Second, I examine how the conceptual content of my doctoral research (that is, understanding mental health in the context of NZ masculinity) has played out in a number of ways throughout my internship. Finally, conducting psychological research has fostered reflection on my own epistemological and theoretical assumptions. I present questions about how evidence and epistemology are implicated in the assumptions on which we predicate our clinical practice.

Transferring Skills from Research to Practice

Conducting research requires a number of practical skills. Throughout my clinical training I observed spaces in which these skills were transferable in some way.

A clear example of this is the generalisable ability to seek, interpret, and synthesize literature. Being able to seek and critique academic information is an obvious prerequisite for engaging in doctoral research but also has had significant utility in my day-to-day practice. Clinically, we often encounter problems that are more nuanced than the neatly delineated presentations of our textbooks. As scientists-practitioners, a key competency lies in critically consulting research to formulate responses to complex clinical problems. Throughout my research I have spent hundreds of hours reviewing literature; this experience has generalised to a skillset that I benefit from, aiding me in seeking and synthesizing information about clinical problems.

Another saliently transferable skill is interviewing. Obviously, conducting a clinical assessment and a qualitative research interview are two very different processes, with different objectives and different interviewer positioning. However, there is enough overlap for a maturing psychologist to learn from. As an example, my research interviews allowed me to practice ‘structural titration’, in which I would position more sensitive content in the middle of an interview and allow room before and after to

‘titrate’ in and out. This has obvious utility in keeping the interviewee supported, but mostly this is useful to prevent sensitive content from being addressed without first establishing a safe rapport (discussing too early) or being left unresolved (discussing too late). Of course, we have been formally trained in clinical interviewing, in which structure and prioritisation of information is paramount. In my clinical practice I often implement structural titration from my research interviews to better hold the person in front of me.

Observing Gender in Practice

I consider it necessary to reflect on how the conceptual content – questions of implicating masculinity and manhood in mental health – has emerged in my practice. Gender is most certainly evoked and examined in the therapeutic space. A clear manifestation of this emerges in interactions with clients, who I note are children and adolescents and thus perhaps more direct than socialised adults. On several occasions I have had clients query my sexual orientation or position me as ‘unmasculine’ in their language. I find myself completely understanding this. Normative masculine hegemony positions discussion and expression of emotion as a distinctly un-masculine act, which conflicts with my profession and therapeutic approach. By voicing assumptions about my sexual orientation, perhaps clients are attempting to reconcile this conflict. This of course confronts me with my own gender role conflicts. Practicing psychological therapy in a world where hegemonic masculine values continue to push against emotional expression (though my thesis questions this process) is a conflict that plays out in my life.

Another observation relates to assumptions around credibility and competence due to my gender. The primary way I have observed this dynamic playing out is colleagues jesting that clients are more likely to experience my practice favourably because “you’re a man.” As a man I can be falsely positioned through sociohistorical precedent as more credible, regardless of the fact that I have vastly less experience than female colleagues. This is of course not unique to psychological practice, with essentially all human enterprises still undergoing emancipation from these patriarchal assumptions. Fortunately, I have not observed clients overtly appraising my gender as an authentication of

competence – however I acknowledge that my own biases are likely at play here, having of course not personally experienced such gendered professional discrimination. Again, this is a deeply complicated and nuanced topic, and deserves a more dedicated examination than what can be provided in this document (see Clay, 2017)

Finally, observations of how the interplay between masculinity and mental health plays out in the presentation of male clients. Obviously, for confidentiality reasons I will not share much by way of specific details. Salient examples for me include one client whose parents expressed that the client had learnt “stereotypical” masculine views on emotions and requested explicitly a male therapist to “teach him” a more balanced gendered position. Another example is observing a male psychologist highlighting the link between depressive episodes and social withdrawal, who noted that this was “especially prevalent for us men.” In this case, he employed statistics around masculine presentation of depression to perhaps normalise the experiences of the client, situating him as ‘typical’ for men.

Epistemology and ‘Scientist-Practitioners’

There has been no shortage of attempts to study human suffering. I fully acknowledge my position as a newcomer to exploring this field, both in human history and within contemporary scientific methods. The following is accordingly not meant to deconstruct the systems of meaning we have developed around human suffering, but a collation of mindful reflections and questions I have brushed up against throughout my clinical internship.

Throughout my training, readings often point to clinical psychologists as ‘scientist-practitioners.’ This means we both practice and conduct research. This is apparent in the structure of our training – we conduct research alongside our training in clinical skills. I figure this is to make us more effective in both our skills as therapists and as researchers (Jones & Mehr, 2007). However, perhaps another interpretation is that we are practitioners who are trained in critical appraisal of the practitioners who came before us and thus are able to systematically interpret and apply existing knowledge in our work. Instead of settling into an established modal canon (such as protocol-based

cognitive-behavioural therapy), we are expected to think more deeply about the research that knowledge is predicated on and thus be better informed about how and why a certain practice works.

In examining such ‘knowledge,’ one must understand the underlying assumptions the acquisition of that knowledge is predicated on. While developing my research methodology I encountered theoretical questions of ontology and epistemology, questions that are clearly applicable to clinical practice. From a positivist lens, the primary method of verifying the effectiveness of an assessment tool or psychological intervention is through empirical evidence – that is, systematic observation of changes in measurable variables. This position assumes that with continued and rigorous study, we should approach a true and objective understanding of normal and pathological human experiences. In my research I tended to hold an epistemologically social constructionist approach, a position which has bled into my thinking when interpreting literature on applied psychological practice. From a social constructionist perspective, our criteria for pathological human experiences are defined within social context. The ‘truth’ of a given diagnostic category or a given therapeutic modality is inseparable from the social setting which gave it life. Thus, diagnostic criteria and prescribed therapies are not necessarily ‘true,’ but a shared mode of discourse which we habitually essentialize for simplicity. To ground this more in my practice, there are a number of assumptions I make when choosing to treat, for example, a patient struggling with ‘depression’ by using a ‘CBT-informed intervention.’ A view I might take is that depression and CBT are in fact social constructions situated within a particular context and point in time. Evoking these social constructions is easy, given their hegemony, and it becomes difficult not to view them as essential truths. This is obviously a significant topic with endless depth. Gergen (2001) provides a good examination of some of the ways a socially constructed lens can be applied to psychological practice. I raise this theoretical conflict as it is something I have reflected on throughout my internship.

As I am still a fledgling psychologist, I tend to work neatly within the recommendations of best practice guidelines and prescribed textbooks. I do not yet have the experience to push those boundaries with competence and safety. However, examining theory does raise a number of questions for me. I wonder what epistemology means for what ‘best practice’ looks like in therapy. In medicine, and in psychological therapies, we look to our best practice guidelines to inform us on the “best” approach to

a given problem. It is easy and practical for us to employ them at no deeper than at a surface level. Otherwise, most would view guidelines as a summary of what is statistically closest to the ‘truth’ of healing. In other words, a synthesis of our most frequently examined approaches that are *yet to be disproven*. Instead, a social constructionist might view guidelines as serviceable, provided one explicitly prescribes to the hegemonic context of our medically informed approach to mental health pathology and treatment. Indeed, within the contemporary Western world mental health appears to be primarily constructed using the language of pathology and medicine (Barrow, 2019); even the term mental *health* evokes this. Medicalisation positions mental health difficulties as a ‘condition’ that needs ‘fixing.’ I have reflected on whether this is the most appropriate way of conceptualising the experiences of my clients. Perhaps the ‘goal’ of our field should be the normalisation of distress as ubiquitous and inevitable human experience, instead of framing unhappiness and anxiety as pathological and thus disordered.

Examining my assumptions about truth opens doors to how psychologists can practice within ‘evidence.’ Perhaps more relativist ontological perspective gives license to employ whatever practices may be serviceable in an immediate context – given one has the experience to rationalize their approaches. Perhaps this is what underpins those who practice more eclectically. Furthermore, revising these assumptions might enable collaboration on an ontological level. Collaborative approaches are encouraged in our textbooks, because RCT’s have not disproved that being collaborative in a therapy is statistically more likely to produce better treatment outcomes. ‘Collaboration’ in this sense is providing the client the choice whether or not to embrace the clinicians expertise, and to make suggestions about how their expertise is employed. However, social constructionism dismantles the notion of expertise. It dismantles that a practitioners acquaintance with literature places them closer to a ‘truth’ of healing. Beyond the context of the socially constructed, the therapist has an opportunity to acknowledge their lack of knowing. Thus, collaboration would be in mutually interpreting the context and experiences of the client, as opposed to allowing the client some autonomy over the clinicians expertise. There are therapeutic approaches entirely predicated on this ‘one-down’ approach, namely that of ‘Narrative Therapies’ (White & Eston, 1990) In short, narrative therapies are typically founded on social constructionist assumptions, and facilitate therapeutic change through collaborative, non-

directive, and strengths-focused mechanisms. It would be beyond my competencies to detail the nuances of narrative approaches.

Finally, more social constructionist conceptualisations of psychological practice allows a more critical view of diagnostic labels as socio-culturally situated phenomena. Diagnoses appear to be a contemporary framework for making sense of human suffering, by grouping ‘presentations’ into boxes that are categorical and therefore understandable. This serves utility for us as practitioners, as it allows us to recognise overlapping aspects of client presentations and thus draw upon what has worked for others. It also can be validating for clients, who find an ‘explanation’ for their experiences in the diagnosis of a ‘condition’. However, I reflect that this language tends to oversimplify what is probably far more complicated and subjective. The experience of being ‘depressed’ is more nuanced than can be captured by a label of ‘major depressive disorder.’ In terms of clinical practice, I consider that diagnostic labels serve utility as outlined above; however, I continue to hold that diagnostic labels are social constructs and not necessarily reflective of client experience.

Given my position as a very new psychological practitioner, I am very tentative about how any this translates to my clinical practice. More than anything, these epistemological musings make me a little more cautious with the language I use in therapy. For example, instead of positioning theories and models as essential truths, I tend to hedge my psychoeducation using a “one way we could think about this” tentativeness. Likewise, when discussing diagnostic conditions, I often use active versus passive language; for example, “experiencing depression” as opposed to “have depression.”

In sum, the ways in which applied psychology is talked about tends to imply essentialism and clear truths – this makes sense given positivist research seems to be our primary medium of conferring knowledge about how best to help those in distress. My engagement with qualitative research has supported the development of a more relativistic and critical lens towards this. Though my position as a new and less experienced practitioner means the full implications of this might not be clear, I believe it is still incredibly valuable to consider the assumptions on which we predicate our intricate work.

Concluding Remarks

In summary, this document reflects some of the ways completing a doctoral level research project has coloured my clinical practice. These include the transference of practical skills, observations of how masculinity is implicated in the mental health space and wondering about the theoretical underpinnings of clinical practice.

In closing, writing this reflection made it clear to me why we are encouraged to conduct research whilst we train clinically. There are salient overlaps between the two processes, as outlined in the generalisability of practical skills. Most significantly for me, having an appreciation for how knowledge is produced is *integral* to being an informed and competent psychological practitioner. There are many meanings beneath the term ‘scientist-practitioner,’ but its applicability to our work is demonstrated every day. Ultimately, we practice because we want to help people. To understand how best to help, we draw upon the endless knowledge of the people who have tried before us. To me, a scientist practitioner knows how to look at that knowledge, apply a critical lens, and apply what they find to the person in front of them to the best of their ability. Engaging in doctoral research has supported me to develop this competency with intentionality.

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