Lomas, T., Cartwright, T., Edginton, T., and Ridge, D. (2012) I was so done in that I just recognized it very plainly, "You need to do something"': men's narratives of struggle, distress and turning to meditation. *Health*, **doi:10.1177/1363459312451178**

Abstract

Traditional masculinities can mean men are unable or unwilling to deal constructively with distress. However, it is increasingly acknowledged that men and masculinities (including those that subscribe to hegemonic styles) are diverse, and men can positively manage their well-being, although little research exists exploring how they do so. Uniquely, our study sought to find men who engage relatively constructively with their own well-being to examine narratives about how such engagement comes about. In-depth interviews were conducted in 2009 with thirty men who had taken up meditation practice, selected using principles of maximum variation sampling. Adopting a modified 'constant comparison' approach, the analysis explored men's journeys toward meditation, which were often fraught with difficulties. Men described crossing a threshold from boyhood into 'manhood' where they came up against traditional performances of masculinity (e.g. stoical), and most described subsequent strategies to be emotionally tough and/or disconnect from difficult emotions. While men eventually found ways to engage more constructively with their well-being through meditation, many underwent a challenging journey first, involving

considerable struggle and distress, as outlined in this paper. We discuss implications for helping men to better understand, engage with, and manage their distress.

Masculinity and distress

Gender differences are frequently noted in rates of Common Mental Disorders (CMD) (e.g. anxiety, depression), with women nearly twice as likely to experience depression (McManus, Meltzer, Brugha et al, 2009). However, there is a concern that men may express distress in other ways, with men being three times more likely to commit suicide than women, (ONS, 2011b), and accounting for two out of every three deaths from alcohol (ONS, 2011a). While distress is often ill-defined, it refers to mental suffering, representing "an unpleasant emotional state" (Gadalla, 2009). Distress is often used to denote negative subjective experiences that fall short of clinical diagnoses for mental disorders as defined by classification systems such as the Diagnostic and Statistical Manual of Mental Disorders, although there may be a degree of overlap between distress and defined disorders (Green, Emslie, O'Neill et al., 2010).

Some commentators argue that rather than 'internalising' distress as sadness, for example, men are more likely to 'externalise' it in various ways, such as aggression, risk-taking, alcohol and substance use, and suicide (Pollack, 1998). For example, in an Australian study of people who identified as being 'down in the dumps,' men were more likely to try and avoid feelings of distress, e.g. through numbing or escape behaviours, until these later culminated in a 'build-up,' including aggression towards others, and suicide attempts (Brownhill, Wilhelm, Barclay and Schmied, 2005). Men are also seen as less likely to seek help for distress and other disorders, being more unwilling than women to disclose

vulnerability, and setting a higher threshold of distress before help is sought (Riska and Ettorre, 1999).

These patterns of distress as described above have been linked to 'traditional' forms of masculinity, even to the extent that masculinity itself has been viewed as a risk factor for health (Gough 2006). Traditional masculinities often involved norms of toughness, strength, and stoicism, and adherence to these norms could contribute to how men experience and express distress: the gendered responding framework suggests that gendered socialisation encourages men to adopt maladaptive stances toward their own emotions (Addis, 2008); for example, learning to suppress negative emotions, leading to restrictive emotionality and poor emotional regulation skills (Flynn, Hollenstein and Mackey, 2010). Poor emotional regulation may then impact upon mental health, as there is an emerging view that such regulation may be a critical trans-diagnostic factor underlying various mental health problems (Aldao, Nolen-Hoeksema, & Schweizer, 2010). Additionally, traditional masculine norms around toughness and invulnerability can impose demands that exacerbate distress in other ways. For example, in the 'masculine depression framework', masculine norms are thought to create 'gender strain' as men attempt to live up to unattainable ideals (e.g. suffering in silence) (Pleck, 1995).

Despite links made between traditional masculinity and distress in the literature, relational theorists, notably Connell (1995), have proposed a more dynamic reading of gender, involving a "multiplicity of masculinities, inhabited and enacted by different people and by the same people at different times" (Paechter, 2003, p.69). Relational theory acknowledges the diversity of masculinities that are constructed and enacted through everyday practices (Connell, 1995). These different masculinities exist within hierarchical

relationships, with a particular pattern of gendered behaviour being culturally authoritative and dominant in any one setting. This 'hegemonic' masculinity – "the most honoured way of being a man" in any particular locale (Connell and Messerschmidt, 2005, p.832) – exerts power over 'marginalised' masculinities through its normalising power to frame behaviours as natural (Donaldson, 1993).

The concept of hegemonic masculinity has evolved over recent years in response to various criticisms of the original formulation. For example, initial formulations focused on power imbalances in society that upheld men's "global dominance" over women in a patriarchal social order; however, this conception was later deemed too simplistic to account for the "complexity of the relationships among different constructions of masculinity" (p847); as such, more recent formulations of the theory have sought to emphasise the historical, local, and dynamic nature of particular configurations of hegemony (Connell and Messerschmidt, 2005). These configurations have been studied at varying levels of scale, from a national level (Munn, 2008), to smaller, more specific groups, (e.g. Norwegian lumberjack workers, where hegemonic ideals shifted from "weathered" appearance to the wielding of heavy machinery (Brandth and Haugen, 2005)).The idea that particular 'communities of practice' (i.e. "groups or networks of people with shared understandings of identity, norms"; Creighton and Oliffe, 2010, 414), can encourage particular patterns of gendered behaviour, or "configurations of practice", is helpful in understanding how local forms of hegemony can emerge. However, not only can hegemony have multiple, shifting meanings, men are seen as being able to take up different subject positions in relation to these meanings according to need – rejecting essentialist ideas of a fixed, trait-like view of gender. So various enactments of masculinity represent not different

types of men, but rather the way men may flexibly and strategically "position themselves through discursive practices" according to the dynamics of the particular social situation (Connell and Messerschmidt, 2005, p841).

Recognition of the way hegemonic ideals can shift with various social configurations has led to a more nuanced conception of the relationship between masculinity and health, where contrary to the 'masculinity-as-risk-factor' model, theorists have argued against drawing a straightforward link between masculine forms and negative health outcomes (Sloan, Gough and Conner, 2009). This applies to the field of mental health, where researchers have examined ways in which men have been able to challenge or reinterpret masculine norms (e.g. around toughness) to find more constructive ways of relating to feelings of distress, and emotions more generally. Some studies have emphasised that men are not inevitably emotionally disconnected, and when given 'permission and safety to talk' can talk openly and insightfully about their emotional experiences, even around sensitive issues (Oliffe, 2005). A number of studies have explored the way in which some men have been able to respond to experiences of depression in relatively constructive ways (while depression and distress are different constructs, they overlap sufficiently to be instructive for understanding men and distress; (Green et al., 2010)). Emslie, Ridge, Ziebland and Hunt (2006) discovered that some men with depression were able to frame their illness experiences in a positive light, creating a valued sense of masculinity based on enhanced sensitivity, intelligence and independence from 'macho' norms (i.e. challenging hegemony), while others positively constructed their plight in ways that aligned with hegemony, e.g. a 'heroic struggle'.

Men have long been overlooked and under theorised in mental health research (Riska, 2009), and there have been calls for a greater understanding of men's subjective experiences of distress (Ridge, Emslie and White, 2011), particularly in terms of exploring the heterogeneity of men's approaches to their mental health (Addis, 2008). In the light of promising studies suggesting that some men are able to cope adaptively with difficult emotional experiences, more research is needed to explore how they are able to do so (Chuick, Greenfeld, Greenberg et al., 2009). Research into men's constructive engagement with their emotions and mental health is generally limited to coping with depression or physical illness (e.g. cancer), with assessment of engagement often confined to willingness to seek help (Ridge, Emslie and White, 2011). There is currently no research examining men's own strategies for engaging with feelings of distress, as well as well-being more generally. Well-being is a multidimensional construct which, in psychological terms, refers not only to the absence of disorder and distress, but also the presence of positive subjectivity (e.g. affective experiences of pleasure; cognitive judgements of life satisfaction, the realisation of potential; positive values and meaning) (Deci & Ryan, 2008).

Consequently, our study sought to find a group of men who were likely to have found at least some ways to self-manage their emotions and well-being, with the aim of exploring why and how this self-management came about. It was envisaged that men who meditate may represent such a group, since meditation is associated with positive outcomes on a wide range of mental health indicators, including depression (Mars and Abbey, 2010). Meditation can be considered to involve "training attention and awareness in order to bring mental processes under greater voluntary control and thereby foster general mental well-being and development" (Walsh and Shapiro, 2006, 229). Despite wide-spread interest in

meditation across a variety of research domains, there is currently no research examining meditation in the context of masculinity or men's mental health.

Methods

Overview

The study elicited narratives via one-to-one semi-structured interviews with a sample of 30 male adults recruited using a maximum variation sampling strategy (Marshall 1996), analysed using a 'constant comparison' approach (Strauss and Corbin, 1990). Such interviews were considered appropriate to the study of men's approaches to well-being as they facilitate exploration of the issues and complexities of the topic, and allow participants' own meanings and priorities to emerge (Emslie, Ridge, Ziebland and Hunt, 2006). The interviews analysed in this paper were conducted in 2009.

Participants

Inclusion criteria were that men must be aged over 18 and currently practice meditation in some capacity, though not as part of a clinical intervention for a mental health condition (this does not mean that they may not have first encountered meditation through such interventions). A purposive sampling design was used, specifically maximum variation, which aimed to include the widest practical range of life experiences, socio-demographic backgrounds and meditation experience (Marshall 1996). Recruitment was mainly through a meditation centre London, UK, plus a number of other talks and meditation classes. Access to participants at the meditation centre was granted through a number of gatekeepers. Snowball sampling occurred through participants and their personal contacts. Recruitment ended once saturation was reached (i.e. additional interviews did not generate any substantial new themes of interest to the project), and in total 30 male meditators were

recruited. Sampling occurred concurrently with initial stages of data analysis, with the emerging analysis suggesting the inclusion of certain men in order to increase the robustness of the analysis (Cutcliffe, 2005). A diverse sample of participants was obtained as outlined in Table 1, all of whom lived and/or worked in London, 22 men had varying levels of involvement with one particular meditation centre in London (ranging from sporadic attendance, to living there); 4 more were linked to other communities, and 4 were unaffiliated.

Table 1: Table showing demographic characteristics of the 30 male meditators interviewed

Age	Yrs meditating	Hrs/wk meditating	Ethnicity	Occupation	Education	Relations
20 – 30 yrs n = 4	0 – 5 yrs 7	0 – 2 hrs 6	White British 21	Health-care 9	Secondary 2	Single 13
30 – 40 7	5 – 10 8	2 – 4 8	Mixed British 1	Community 5	College 2	Partnered 11
40 – 50 14	10 – 15 7	4 – 6 10	White other 6	Business 5	Graduate 8	Family 6
50 – 60 4	15 – 20 4	6 – 8 3	Indian 1	Education 3	Post-graduate 6	Homosexual 9
60 + 1	20 + 4	8 + 3	Asian 1	Other 8	Professional 12	Heterosexual 21

Data collection

The interviews were semi-structured, lasting up to 2 hours, conducted by the first author. Participants chose to be interviewed in their own homes, at the University, or at the meditation centre. An interview guide was initially devised in consultation with the literature and the research team, and revised after the initial interviews. Prior to the interview, participants signed an informed consent form and completed a brief

demographic survey. The project was approved by the University Research Ethics sub committee, and an ethics protocol was in place to ensure the well-being of participants.

The interviews aimed to elicit men's narratives concerning their engagement with meditation. Narratives order events in time and reflect how people construct and represent meanings about themselves and their lives (White, 1987). The interview approach was designed to be sensitive to men (e.g. being non-judgemental, using their words as prompts), providing a safe space in which they were encouraged to tell their own story in their own words (Minichiello, Aroni, Timewell and Alexander, 1995). The first part of the interview focused on narratives regarding life leading up to, and following on from, involvement with meditation. The opening injunction ("Tell me something about life before meditation") enabled participants to begin their narrative at any point in their life history, and to include any aspects of their lives they felt to be relevant. Narratives were pursued up to the present moment, and looking ahead to the future. The second part of the interview focused on specific areas of interest, including: well-being, stress; coping; masculinity; relationships; social life; work; hobbies; spirituality and meaning. Participants received £20 for participation as a token of appreciation.

Data analysis

Interviews were professionally transcribed, identifying details redacted, and transcripts sent to participants for approval. The NVivo software package was used to help code, organise, search and analyse the data. The data was explored using a 'modified' constant comparison approach (focusing mainly on open and axial coding), in which theory is generated through a bottom-up data-driven inductive process (Strauss and Corbin, 1990), while also linking back to existing literature to clarify the emerging analysis (Cutcliffe, 2005). In an initial coding

phase, interview transcripts were examined paragraph by paragraph to identify emergent themes. This paper concentrates on the data pertaining to participants' lives before meditation (leading up to, and including, initial meditation experiences). There were around 20 prominent codes identified, such as 'crossing into manhood', 'trying to be tough', and 'fitting in'. The next stage involved generation of a tentative conceptual framework: codes were compared with each other, and grouped into four overarching categories according to conceptual similarity. The themes mentioned above created the category of 'becoming a man'. The other categories were: emotional distress; coping responses; and turning to meditation. These categories constitute the 4 main sections below. The final stage involved fleshing out the properties, dimensions, and interrelationships between these categories and codes. All the authors were involved in debating the codes and their links, and drafting the manuscript.

Results

There was considerable variation among men, however, in this paper we focus on the common themes in order to highlight issues which may have broader relevance to men and wellbeing. One overarching explanation for engaging more constructively with well-being emerged from our analysis: most men narrated their decision to begin meditating as being a response to feeling something was not right in their lives – there was something missing, they were unhappy, ill at ease, distressed or in crisis. Under this theme, there were four interlinked themes. The first concerns the hegemonic pressure men felt during adolescence to become a man and be emotionally 'tough'. The second relates to how this toughness was linked to problems regulating emotions, and a sense of inner turmoil and distress. The third is about how men responded to this distress in various ways which were ultimately

experienced as ineffectual. The fourth details how men eventually turned to meditation, at least partly as a potential solution to their problems. These themes are discussed in turn below, illustrated with interview excerpts. All names used are pseudonyms.

Crossing the threshold of manhood

> The Cure had a hit with 'Boys don't cry'. I remember it meaning a lot to me, "Oh yeah, I'm not supposed to cry.". . . This old conditioning, being a man, this idea of who I'm supposed to be (Dalton)

Many men told a story of experiencing pressure to 'be a man', especially in terms of being emotionally tough, both inwardly (not 'having' emotions) and outwardly (not showing them). These pressures were often (though not always) portrayed as emerging, or becoming particularly salient, during adolescence. Although only some men focused their narratives on their childhood, many highlighted adolescence as an important period, particularly in terms of the formation and development of their masculine identity. Many referred to a pivotal time around ages 11 to 13 where they talked about crossing a threshold from boyhood into manhood. Although this period in men's lives held positive memories, such as increased freedoms, and a few focused entirely on its benign aspects, most recalled it as a particularly difficult transition in retrospect. The transition into manhood was linked to specific social events, like parental divorce, or moving to secondary school:

> I had a very happy, stable family upbringing in suburbia . . . quite a safe, protected bubble. . . . The big change happened when I went to secondary school. That was my first experience of life as a tough, hard environment. (Steven)

This crossing the threshold was linked to a sense of vulnerability and mission. Here men recalled feeling threatened by a world that was experienced as more challenging than before, however, at the same time, they remembered having a sense that they should 'become a man'. Toward this end, participants described trying to fit with traditional forms of masculinity, for example being emotionally tough, at least partly as a way of coping with their vulnerability. Toughness involved suppressing, denying, or disconnecting from feelings like fear and sadness, as well as not showing vulnerability, e.g. keeping others at a distance.

I remember my mum talking about my grandfather, he was as tough as old boots, he didn't have 'emotions.' There was a lot of that growing up . . . "You don't want to be soft." . . . I remember a sense of, "I'm grown up now." It seemed to happen over night, "I shouldn't cry anymore." I went to a new school, had a difficult time. I thought, "I've got to face this alone." (Dalton)

Men also talked about acting tough during the threshold period because they wanted to fit in and be "one of the lads," involving displays of bravado and 'attitude.' Participants discussed how they found it hard to resist expectations about how they should perform as men. Some men linked their behaviour in hindsight to feelings of insecurity, describing it as an attempt to emulate others who appeared to possess confidence that they themselves seemed to lack.

I never quite felt like a man. . . . I was trying to emulate some kind of manhood. . . . That came from feeling insecure as a younger child. . . . Images of hip hop got more aggressive. . . . I bought into that in a real way. They have a swagger, an attitude,

they carry a confidence. To not feel anxiety, that's a lot of what it stems from.

(Earnest)

Participants' descriptions of three types of family relationships during this period had some resonance to attachment theory (Bowlby, 1973); where participants discussed three kinds of attachment: 'dysfunctional' (relative absence of care and support), 'facilitative' (a caring nurturing environment which encouraged independence) and 'constricting' attachments (caring yet overbearing support that discouraged independence). Earnest recalled a dysfunctional attachment: "At 13 I was badly beaten up by [a relative]. I left home and spent the next ten years being passed from pillar to post, not really having a sense of place." In contrast, Sam described a more facilitative bond: "[My parents] found it important that I would live my life the way I wanted. They were concerned . . . but always very, very supportive." Finally, a constricting environment was depicted by John as follows: "Very supportive family. A little bit, not claustrophobic . . . smothering." The few men who felt better able to resist hegemonic pressures also described a 'facilitative' upbringing. For those with dysfunctional families, lack of support during the threshold period was described as accentuating feelings of vulnerability, encouraging emotional blunting and toughness as a coping response – Steven recalled being "shoved sideways" when his parents divorced age 13; subsequently there was "no emotional connection with them . . . I can hardly remember leaving home, it just doesn't mean anything". For those with constricting backgrounds, lack of encouragement of agency appeared to entail less independence to challenge hegemonic expectations. Ali recalled how "engineering was something I did because my parents

wanted me to become a doctor or an engineer. [Caring] is something a girl does, that kind of attitude."

Narratives around authenticity, conflict and fragmentation

Men often described the ideals of masculinity available during adolescence as modes of behaviour which they felt did not reflect who they 'really' were. Using the language of 'inauthenticity', they described how expectations about how they should be as men created unease and conflict. As Kris explained, "I was trying to fit in . . . be one of the lads, when I'm not . . . doing things, not being comfortable with it, but not really knowing why."

For some men, this sense of conflict was not simply between a public and a private self (i.e. not being themselves around others) – some described internalising hegemonic expectations, and feeling that aspects of themselves (e.g. feelings of vulnerability) were 'wrong.' Many spoke of how they denied or suppressed their feelings by pushing them 'underground,' and how this could create internal conflict between acceptable and unacceptable aspects of themselves. This phenomenon was perhaps most evident in the domain of sexuality. Nine participants were gay, and most presented a painful story about difficulties integrating their sexuality into their identity. Although gay participants shared many themes with heterosexual participants, hegemonic norms in relation to sexuality meant these men often felt particularly marginalized, with additional burdens. Such marginalization had more severe outcomes in the narratives of older men, some of whom recalled homosexuality being illegal and frightening when they were young. Some men talked about internalising these cultural prohibitions, and feeling a sense of shame; as Henry recalled: "I was working really, really hard at 'No, it's not there'. A lot of misery. It nearly killed me."

As men entered new social worlds in adulthood, some found hegemonic norms shifting away from traditional masculine qualities, towards other variations which introduced new pressures. Michael, for example, described how he later moved within feminist circles that had differing expectations of masculinity, with new internal conflicts created by his gender strategy to become a SNAG (sensitive new age guy) which seemed to be valued in such circles:

> I'd taken on I should be more like a woman. It meant I had a much darker shadow side, which didn't come out. Not allowing myself to know it, feeling guilty. I tried to make myself this sensitive New Agey man, but that left too much of me out.

At an extreme, some men talked about the fragmentary experience of not successfully negotiating multiple social contexts, each of which appeared to them to require a particular kind of man. William recalled being "extremely blokey" with male friends who wanted "somebody to get pissed with"; for female friends he was a "good listener" and a "shoulder to cry on"; with colleagues he was "professional and competent and serious". The varied nature of these gendered performances (Brickell, 2005), and the way his identity seemed to shift according to context and expectations, often left him feeling confused and empty.

> I'd think "What am I? Who am I?" Utterly lost, a different person for different people . . . liked by a lot of people, but because I was revealing to them only . . . the bit they connected with. There would be all these different bits of me. . . . I used to feel like I didn't have very much inside me.

Other men echoed this theme of inner confusion and fragmentation. A number of men articulated how, having been encouraged to dissociate from their emotions, they experienced their internal world as a hostile and foreign territory. These men described having little means of engaging constructively with their inner life, and narrated a sense of powerlessness and bewilderment. Dustin recalled how "there was no planning to [my life]. . . . The wind took me rather than where I decided I wanted to go," and that "most of my life has been survival mode." Many men presented moving stories of experiencing considerable distress, which was frequently portrayed as connected to their perceived lack of centre and emotional control. This inability to cope was linked by men to feelings of anger, destructiveness and dying.

> I was always battling, had suicidal thoughts. It comes out of a sense of you've got nowhere to go with your own mindset. . . . The internal stuff was so strongly negative, it would be triggered and I would be, "I want to be obliterated, I want to be annihilated . . . I don't want this pain." (Colin)

Relationships, hedonism, work and hobbies

Although most participants described experiencing emotional problems of some form, they generally did not explicitly seek constructive help. Instead, they spoke of hoping that various ways of being a man in the world – relationships, hedonism, work and success – would help to "sort out" their problems in some way. As Andrew put it, "take drugs, drink, possess things, people, relationship, career, whatever." In the end though, these strategies were ultimately portrayed as being unsuccessful.

Men's narratives often turned towards to romantic relationships, for many reasons: feeling good ("Love . . . makes you feel wonderful."); self-understanding ("She helped me talk through some of my stuff."); security (". . . looking for some kind of security."); sexuality ("We stirred up lots of energy."); self-expansion ("She broadened my horizons."); avoiding negative emotions (". . . distractions from looking within."); finding happiness ("I knew I wasn't happy, but I figured a relationship would sort that out."); and romantic fulfilment (". . . looking for the one person I could put all my hopes on and we'd live together forever and it would be blissful."). Participants described how, when relationships flourished, they did indeed feel content. However, this happiness was portrayed as 'precarious', as it was contingent on the ongoing success of the relationship. Moreover, many men discussed relationships in the context of them failing, in which the consequent distress became a bigger part of their narrative than the positive impact of the relationship.

> Whenever . . . it didn't work out I'd be absolutely crushed, feeling suicidal. I used to think, "Do I have anything inside me holding me together?" I'd be utterly bereft . . . just this cold nothingness inside . . . literally like you don't have a heart. (William)

Many men discussed turning to alcohol and psychoactive substances. Like relationships, these served different functions: hedonism ("Intensifying experience with pleasure."); coping with negative emotions (". . . a subduing effect on the emotional life."); overcoming feelings of isolation (". . . relief from the pain of being a separate somebody."); and enabling a sense of exploration and freedom ("Euphoric . . . more spontaneous, more creative, more light."). However, some acknowledged, in retrospect if not at the time, that the use of these substances could also become a form of self medication. They recalled how,

lacking the skills to engage directly with their problematic emotional world, substances became an indirect way of regulating emotional states. However, although this 'strategy' was initially described as successful, men eventually portrayed it as 'maladaptive' because it tended to exacerbate their emotional problems.

> I [had] really difficult times with my mental state, depression, stress, anxiety. My self-medication was smoking far too much dope. It's hardly surprising I became hooked because it was such a strong, marked difference . . . an easy quick fix to all the pain I was carrying around. . . . [But] it end[s] up exacerbating it in the long term. . . . The comedown, all the paranoia and the neuroses, just get bigger. (Terry)

Some participants hoped to find happiness through work as a source of meaning and fulfilment. Although some discussed work simply as a functional necessity, others invested a lot in their vocations. For example, Silas recalled choosing a caring career after "a moment of vision that I just wanted to care for people." However, even for these men, the context for speaking about work was generally in terms of articulating their difficulties coping with the stresses and pressures of work. He went on to recall:

> From a process of engaging, and living from one's ideals, to a process of disengaging [was] painful. . . . The sense of resentment, the sense of lack, inability to respond in the way I used to. . . . It [was] burnout.

Alvin recalled that having initially wanted to be an investment banker, after "living in a block full of investment bankers, it's the last thing I want to do . . . They were all miserable as sin."

Men also talked about hobbies. These seemed to be the most reliable source of contentment in the narratives. Some men highlighted social aspects, such as friendships in a sporting team; others mentioned the appeal of experiencing a state of absorption, which some would retrospectively identify as a form of meditation. Robert described how, in playing the piano, "consciousness is absorbed on one thing, it becomes contemplative."

Beginning to constructively engage with distress (and finding meditation)

Although men had different reasons for turning to meditation, in each of their stories, they began meditating when they felt that whatever was wrong in their lives – unhappiness, distress, stress, a lack of meaning, or just something 'missing' – could not be addressed by the ways explored above (relationships, hedonism, work and hobbies). A few men recalled beginning to meditate after actively looking for 'meaning' in early adulthood. These men described wanting a life based on more than just relationships, hedonism and work, and actively explored various philosophies (e.g. existentialism and humanism) and spiritual practices. Here, meditation was identified as a possible vehicle for meaning, and was subsequently embraced as such. These men's narratives were less concerned with themes of emotional toughness and distressed subjectivities. These men also happened to be from facilitative backgrounds, and there was some suggestion that their freedom to explore was also helped by a favourable socio-economic background (in contrast, one man from a less privileged home spoke of being "too busy getting on with making a living" to engage in similar explorations).

> [I had a] very stable background. . . . It was like, "What am I going to do with this life? I've got an opportunity here." . . . There was definitely a strong desire for meaning

right from an early age. . . . I met someone who was a Buddhist, and it really fitted,

"This is a potential tool for meaning." (Peter)

However, most men told a story of trying and failing to find happiness or alleviate distress in the ways discussed above. Within this, some spoke of how they looked for better ways of managing their feelings of stress and distress. These men were not explicitly looking for spirituality, but had sometimes 'dabbled' with Buddhism before, remained open to it, and tried meditation when life became sufficiently difficult. Having been drawn to meditation at university, but turning away from it for various reasons ("it was all too scary at the time"), Harry re-engaged with it 20 years later, during a particularly traumatic and difficult period in his life, as a way of coping with stress.

[Meditation] took the edge off it, kept me on a reasonably even keel. [The stress] was enormous. . . . Nerve endings tingling, high blood pressure, high performance. I would meditate in the morning then . . . feel a bit calmer.

Some men began meditating as a result of difficult existential questioning. These men described feeling unhappy, with a sense that life somehow "wasn't working," and so began to question their values and priorities. Many described feeling "lost" and "lacking direction," and experiencing life as lacking meaning. Unlike those who found meditation through explorations around meaning in early adulthood, these men tended to articulate a sense of desperation and despair. For some, this story centred on a period of seeking (e.g. travel to Asia). In this mode of seeking, participants described being intrigued by meditation. After trying it, many identified it as a potential source of meaning. Dean recalled a

conversation with his wife shortly after engaging with meditation: "I remember saying . . . 'This is it . . . the furrow that I need to plough.'" He said, "I've always wondered, 'What do I base my life on?' And [this] feels like it."

Finally, around a third of the participants articulated more dramatic narrative shifts where their engagement with meditation was precipitated by an emotional crisis. They described how, despite misery, they initially did not seek to change. For example, many regarded alternative strategies such as meditation as too 'flaky' for the rational man they saw themselves as, often emphasising the impact of moving within well-educated, secular social spheres in modern day London ("I thought 'I'm not a spiritual person . . . all a load of rubbish, wishy-washy, hocus-pocus, airy-fairy.' . . . I didn't talk to people about religion, or the meaning of life. They just weren't the kind of conversations that were had."). Some remembered feeling there was "no way out". Dalton recalled how "I saw an endless life stretching ahead of me. It just seemed a bit pointless, the whole thing, and there didn't seem any relief."

These men told a story of a build-up of distress. This was depicted as leading to a tipping point, where a negative event, often a relationship break-up, was highlighted as the catalyst for an emotional crisis. Men tended to view these crises retrospectively with some gratitude as important turning points in their narratives.

I was in a relationship with someone that didn't work out. . . . I just had a really big dip . . . a breakdown. . . . Lots of things came to a head, stuff that had been stored up for years. . . . I went really down hill to rock-bottom. (Terry)

However, although those in crisis were aware change was necessary, the subsequent period was described as involving serious problems, with five of these men suggesting they actually experienced depression. These men sometimes sought the intervention of a therapist. Despite their distress, most were reluctant to seek help.

> I had a view that only people who were incapable in some way had therapy, who were weak. . . . Asking for help wasn't something I did. [However], I was so done in that I just recognised it very plainly, "You need to do something." (Silas)

Therapy was valued for various reasons, but most prominently in terms of allowing men to express and better place the emotions they had learned to suppress. One recalled needing "someone that would really, really listen and take my distress seriously." Once they were sufficiently contained in therapy, some recalled being encouraged to try meditation by their therapist as a way going forward constructively. They described how meditation helped them considerably with their emotional problems.

> I went on a retreat [and] it's a bit of a cliché, but I haven't looked back. . . . I just feel generally better in myself, more in control of my life, less anxious about things, more balanced, saner, and healthier. . . . It teaches me how to be more aware of what's going on, which then helps me in other situations, being calmer . . . more open, more spacious, more positive emotionally. (Terry)

Having traced men's journeys towards engagement with meditation, it is beyond the scope of this paper to explore narratives of how men's engagement with meditation unfolded. Nevertheless, through meditation, men sometimes found themselves in networks that

involved new local hegemonies for masculinity, for example around more freedom for physical and emotional intimacy than they had previously experienced; as Dalton said, "In this community, I can be more affectionate and more loving." Importantly, no men suggested that engagement with their new meditation networks was a universal panacea for their problems or wellbeing, and men still had ongoing distress and issues to cope with. However, on the whole, most men reported being better able to manage their distress, as well as new opportunities to redefine what it means to be a man:

> [Meditation] has been helping me to connect with a sense of love and affection . . . It's very healing . . . [Before] it didn't fit in with my idea of a man ... Man is more of a warrior, an adventurer. For a man to be loving can seem to go against some of the ideas of conditioning . . . It's a work in progress, but over time I've got more and more in touch with kindness" (Dalton)

Discussion

The value of this study is that it highlights a group of men who appear to have found ways to self-manage their distress and wellbeing. Men are capable of positive self-management. Moreover, many of these men described previously having difficulties with emotional regulation, and narrated experiences of distress linked to a form of traditional masculinity which valorised attributes such as autonomy and toughness. The results suggest that it is possible for men – even those who initially subscribed to unhelpful forms of hegemonic masculinity – to find ways to better manage their emotions, as well as redefine masculinity. Other studies have suggested that some men with mental health issues are able to find relatively constructive ways of managing their emotional problems (Ridge, Emslie and White, 2011). However, our study is unusual in focusing on men who more or less do

manage their wellbeing, and articulating how they came to do so, revealing narratives to be complex and varied, and involving considerable struggle and distress. It is noteworthy that although distress was not the original focus of this study (participants were not selected for having experienced distress), it was a prominent theme in the narratives. The findings also support the notion that this distress is linked in complex ways to traditional hegemonic masculinities and emotional regulation (Addis, 2008).

Learned emotional suppression, suggested by the gendered response framework (Addis, 2008), connects to distress in key ways in the narratives outlined in this paper, including: feelings of 'inauthenticity', de-centeredness and conflict; men losing contact with their emotions, which become a foreign territory; men finding ways to regulate emotions which can be unhelpful; and difficulties in dealing constructively with their emotional distress. The narratives around feelings of inauthenticity and conflict link to the 'masculine depression framework' (Pleck, 1995), where pressure to live up to unattainable hegemonic ideals (e.g. not 'having' emotions) creates a feeling of internal strain. Furthermore, the inability of many participants to deal constructively with their inner 'turmoil' corroborates the 'masked depression framework' (e.g. Mahalik, Good and Englar-Carlson, 2003), where inability to acknowledge and deal with negative emotions exacerbates distress while also rendering it invisible to others. This inability to acknowledge or deal constructively with distress led to many participants trying to cope through externalising, numbing and escapist behaviours, also a feature of theories of 'male-specific depression' (Pollack, 1998).

The findings also reinforce the idea that, within a given social milieu, the local form of masculine hegemony varies, yet resistance to it can be challenging (Connell and Messerschmidt, 2005). Moving away from 'traditional' behaviours (e.g. being 'one of the

lads' at school or at work), and beginning to engage constructively with well-being, was a considerable undertaking, and for many, an adolescent hegemonic masculinity involving toughness and lack of emotionality left an enduring legacy. It was also interesting to note that other non-traditional forms of hegemony – e.g. Michael's experience within a feminist milieu – were also linked to distress in various ways, creating a sense of conflict between acceptable and unacceptable aspects of self.

The findings support recent studies challenging the inevitability of emotional inarticulacy linked to masculinity (Oliffe, 2005). Moreover, not only was it possible to locate men able to articulate and begin engaging constructively with their emotional world, but many men who described being previously unable to manage their distress found ways to do so more successfully, some without professional help, some without. This affirms what social constructionist theories of gender have suggested (Paechter, 2003): that men's socialisation and gender performance are never set in stone; that the construction of gender is a fluid and ongoing process; and that locally, men can narrate and enact different, and more helpful, gendered performances (Brickell, 2005). Better emotional regulation was encouraged and facilitated by men's connections to 'new communities of practice' centred on meditation, where emotional intimacy was sometimes promoted as a new hegemony. Our analysis provides support for those who have argued against any simplistic link between hegemony and negative health outcomes (e.g. Sloan, Gough and Conner, 2009), as it shows it is possible to encounter hegemonies which promote positive emotional health.

The narratives appear to show that those who found meditation relatively early in life (e.g. through explorations around meaning in early adulthood) experienced less distress than those who found it harder to explore alternative strategies, and who only did so after

experiencing more severe problems later in life (e.g. a breakdown), where some experienced a build-up of distress culminating in actual depression (echoing the findings of Brownhill, Wilhelm, Barclay and Schmied, 2005). Those engaged in men's health promotion might capitalise on this finding, as it would seem to suggest that if men are encouraged to explore alternative masculinities and ways of regulating emotions sooner, men could avoid extremes of distress, and possible mental disorders.

Teaching emotional regulation skills could be especially important in terms of facilitating greater self understanding and control and preventing distress from leading to destructive externalising behaviours and possible mental disorders. Kilmartin (2005) argues that men with depression should be taught about the negative impact of restrictive gender norms to help them "resist the cultural pressure to be masculine" (p97). The findings here suggest that this advice could be usefully extended to other men who do not currently appear to be depressed, or suffering from distress or other mental disorders, because they might still experience distress related to masculine norms at some point in their lives. Further research is needed in terms of understanding how to promote techniques of emotional regulation to men, as well as resistance to hegemonic norms which can discourage such engagement.

There are some limitations to the study. Firstly, narratives are reconstructions of memories and experiences rather than strict factual records (Frank, 1997). Methodological reflexivity requires an acknowledgement that their telling is to some extent a performance – and a gendered one – and that the data gathering process can shape the way experiences are recalled and presented (Gergen, 1989). For example, research interactions can represent an opportunity for men to perform hegemonic masculinity as they engage in

'identity work' (Allen, 2005). However, as others have found (e.g. Oliffe, 2005), participants here spoke with candour about their vulnerabilities and difficulties. Secondly, the participants are not representative of men in general, and the findings here cannot be generalised to men at large. The sample features a relatively high number of gay participants (9 out of 30), and studies have suggested that gay men have higher rates of depression (Mills, Paul, Stall et al., 2004). Moreover, that these participants managed to find ways to engage constructively with well-being could mean they are a special group, e.g. more emotionally functional. For example, people who meditate often have relatively high levels of socio-economic status and educational attainment (Jacobs, Epel, Lin et al., 2011), which is also true of the sample here. However, the point of the study was to consider a relatively functional group, i.e. who appear to successfully self-manage their well-being, to examine the factors behind their engagement. In any case, the qualitative and exploratory nature of our research means the findings generated here are not intended to be generalised beyond this sample of men. Rather, our findings are useful to those seeking to understand and explore experiences of men, distress and well-being, and help to shed light on this poorly understood area.

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