

An interpretive phenomenological exploration of the barriers, facilitators and benefits to male mental health help-seeking.

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## **Abstract**

Barriers, facilitators and benefits associated with male mental health help-seeking are poorly understood in the context of men's gendered experiences. The present study utilised purposive sampling to recruit seven British adult males diagnosed with a mental health condition to explore their lived experiences of help-seeking. Interpretative phenomenological analysis of semi-structured interviews revealed three themes: 'denial as preservation', 'reframing masculine identity', and 'normalisation and empowerment'. While denial was found to act as a barrier to help-seeking, reframing masculine identity to incorporate help-seeking as a valued masculine enactment was a facilitator. Normalisation of mental ill health was important in developing a sense of belonging and connectedness with others and the development of a sense of purpose through an exchange of being supportive and supported were perceived benefits of help-seeking. Understanding the construction and negotiation processes of distress and vulnerability connected to gender are crucial to understanding men's help-seeking for mental health conditions.

## **Keywords**

Help-seeking; mental health; men's experiences; masculine identity; interpretive phenomenological analysis

## **Introduction**

Gender-related disparities in seeking mental health support is a major focus in research and practice (Addis & Mahalik, 2003). The complexity between social relations, and gender, acts as an influential factor in both prescribing and limiting men's health and health-related behaviours (Evans, Frank, Oliffe & Gregory, 2011). Drawing on the relationship between the social construction of masculinity and men's health beliefs may provide insight in to men's mental health help-seeking practices (Chapple & Ziebland, 2002). Male help-seeking behaviours are often viewed as the product of role socialisation, relating to learnt behaviours and cultural norms of what constitutes masculinity or femininity (Good et al, 1995; O'Neil et al, 2008). Hegemonic masculinity within western society is typically associated with the possession of traits including assertiveness, dominance, control and emotional resistance (Evans, Frank, Oliffe & Gregory, 2011). Males are knowledgeable of gender stereotypes from a young age and internalise these understandings into the self-concept (Steffens & Viladot, 2015). Men who experience greater gender role conflict are found to view help-seeking negatively (Pina, 2012; Mendoza & Cummings, 2001), resulting in a decreased likelihood of seeking the necessary support (Good, Dell & Mintz, 1989).

Health professionals frequently report issues in the detection of illness and communication with men (Heru, Strong, Price & Recupero, 2006), suggesting men may express emotional distress in other ways or fail to adequately recognise symptoms (Cotton, Wright, Harris, Jorm & McGorry, 2005). Men may view recognition and support-seeking for mental health threatening for their self-perceptions of masculinity (Emslie, Ridge, Ziebland & Hunt, 2006), as masculinity is linked to competence and achievement, requiring men to demonstrate self-reliance and strength. In contrast, emotional expressions linked with depression such as crying may kindle feelings of powerlessness, lack of control and vulnerability (Emslie, Ridge, Ziebland & Hunt, 2006; Good et al, 1989). Emotional control and the denial of vulnerability are argued as important aspects of displaying hegemonic masculinity. Therefore, the denial of

mental ill health may be one means as to protect the masculine self, avoiding possible assessment of a lower-status position (Courtenay, 2000) and stigmatisation (Bereger et al, 2005). Furthermore, fear of stigma is commonly cited as a key attitudinal barrier to accessing services and seeking support for mental health concerns (Vogal & Wade, 2009; Corrigan, 2004; CALM, 2016), closely followed by an unwillingness to disclose issues due to feelings of shame (Topkaya, 2015). Internalisation of negative stereotypes associated with mental ill health often results in self-stigmatisation and low self-esteem (Rusch, Corrigan, Todd & Bodenhausen, 2010).

However, unlike traditional views of a single idealised male prototype, there is now common consensus that men enact multiple masculinities (Connell, 2005; Connell & Messerschmidt, 2005). Recent findings have demonstrated that seeking support may be redefined as signifying autonomy, strength or courage (Roy, Tremblay & Robertson, 2014), whereby men may prefer to take an active, pragmatic or problem -solving approach to help-seeking (Emslie et al, 2007). Indeed, some have reported that a minority of men interpret their experiences of depression as signalling a positive difference from other men and traditional masculine norms (Emslie et al, 2006). Attributes such as sensitivity (Emslie et al, 2006) and emotional communication are reconstructed and become valued aspects of the masculine self (OliFFE et al, 2011). The gender role paradigm cannot explain why some men, under certain conditions will actively seek help for mental distress (Addis & Mahalik, 2003; O'Brien, Hunt and Hart, 2005). Utilising the concept of masculinity to capture all characteristics expressed by men creates a false notion that all men share specific, innate behaviours to a greater or lesser extent. A more adequate conceptualisation of masculinities avoids strict adherence to essentialist notions and instead recognises that male identity can be fragmented, multiple and fluid in both the formation and expression of masculinity (Connell, 1995; Robertson, Williams & OliFFE, 2016). Recognising this is important in fully understanding different health practices amongst men (Robertson,

Williams & Oliffe, 2016) and can further aid understandings of how men change and contradict practises related to health or illness.

Viewing masculinity solely through a traditional lens, underestimates the complexities of men's mental health needs, particularly in relation to their problematic ambivalence and mistrust in mental health treatment (Johnson & Repta, 2012; Pederson & Vogel, 2007). Current mental health care approaches are argued to be inadequately prepared to provide engaging, appropriate and effective support for men presenting with mental ill health (Calear, Griffiths & Christensen, 2011; Harris et al, 2015; Morrison, Trigeorgis & John, 2014). Therefore, a comprehensive and paradigmatic shift is necessary in the way male mental health is both viewed and treated (Seidler, Rice, River, Oliffe & Dhillon, 2017). Other mediating factors such as the availability of service information, location, confidentiality policies and financial implications, have also been shown to aid the decision -making process regarding support seeking in males (Setiawen, 2006).

There is a paucity of qualitative research exploring men currently seeking support and the motives or influences encouraging support seeking (Topkaya, 2015). Further exploration of the barriers, facilitators and benefits associated with the decision-making processes of help-seeking in men (Galdas, Cheater & Marshal, 2005) and the role of masculine beliefs in relation to the similarities or differences between men requires attention (Galdas, Cheater & Marshal, 2005). The present study aimed to explore adult men's gendered experiences of current help-seeking for a diagnosed mental health condition. The research asks the question: What are the barriers, facilitators and benefits of male mental health help-seeking?

## **Method**

### **Design**

As male gender identity is proposed to emerge through a range of gendered practices within social interactions, exploration of male gender in relation to men's experience of mental health-related concerns (Courtenay, 2000) was central to the current study. The interpretive phenomenological approach (Smith, 1996) offered an adaptable and accessible method of providing an in-depth account that aimed to privilege the individual (Pringle, Drummond & Hendry, 2011) and enable exploration of the lived experiences of adult males currently seeking mental health support.

### **Participants**

Purposive sampling was utilised to recruit 7 male participants, aged between 24 and 46 years, currently seeking support for a diagnosed mental health condition (depression = 6; anxiety = 2; post-traumatic stress disorder = 1). The small sample size allowed for the retention of original meanings from each participant narrative account (Pringle, Drummond & Hendry, 2011) and location of emerging themes within the data (Smith, Jarman & Osborne, 1999). Participants were recruited via a male mental health group based in the North East of England. The North East of England retains one of the highest rates of male suicide in the UK (ONS, 2017). Time since diagnosis ranged between 2 and 13 years. No compensation or incentives were issued for taking part.

### **Materials**

Pressures to enact cultural ideals of masculinity may serve as a function to conceal key issues faced by men (Broom, 2004) and therefore interview questions were developed to facilitate sense making of participants experiences beyond any potential gender enactments displayed during interview discussion. This included: minimising of vulnerability, non-disclosure of emotions and avoidance of clarification (Schwalbe & Wolkiomir, 2001). This incorporated the reduction of emotionally loaded questions and the use of specific language

to allow participants a sense of control during discussion (e.g. Can you help me understand?), to be recognised as the expert of their experiences (Schwalbe & Wolkiomir, 2001; Smith, 2015). This also allowed for consideration and observation of novel or interesting features and facilitated rapport building. A pilot interview was undertaken to ensure questions best captured participants lived experiences, with little need for additional prompting (Smith, 2015).

### **Procedure**

Ethical approval was obtained from Teesside University Research Ethics committee. Participants attended an individual one-to-one interview, lasting between 45 minutes and one hour. Interviews were carried out in a private room on the University campus. Participants were provided with an information sheet, detailing the aims of the present study and given the opportunity to ask any questions prior to engaging in discussion. Participants indicated their consent using provided consent forms. Upon completion of the interview, participants received a full debrief and information relating to relevant support services. Interviews were recorded on a Dictaphone.

### **Data analysis**

Interpretative phenomenological analysis provided a dynamic and detailed exploration of the individual's life-world, personal perceptions and experiences of help-seeking (Smith, 2015). An idiographic approach was utilised throughout the transcription and analysis phases to ensure each theme was firmly grounded in participant's individual narratives and addressed the wholeness and uniqueness of the individual (Malim, Birch & Wadeley, 1992). By utilising a step by step method of analysis, the potential for biases or incorrect interpretation was decreased (Ryan & Bernard, 2000).

Each transcript was read on several occasions to generate a good understanding of individual narratives and experiences and analysis was undertaken by two members of the research

team. Initial notes were made in the left- hand margin of any significant or interesting concepts and preliminary interpretations. Once completed, the right- hand margin was used to document any emerging themes, with frequent checks against the raw data to ensure initial comments and interpretations remained grounded in the participant's narrative. Pseudonyms were used to preserve participant's autonomy and maintain confidentiality.

Emerging themes were identified and listed in chronological order, before being organised into connecting clusters or subordinate concepts. Quotes representing emergent themes were organised into an initial table of themes. The process of searching for and connecting themes was repeated with each additional transcript, whilst identifying any convergences or divergences. A master table of themes was produced, detailing the conceptual nature of each theme. Data at this stage was reduced, smaller themes which were limited in a strong evidence base were excluded. A case within theme approach was taken to complete a written narrative of findings, moving between levels of both description and interpretation. Convergences and divergences of participant narratives were documented to provide a holistic representation of the range of experiences.

To ensure trustworthiness of the study, the researcher engaged in reflexivity and produced a record of thoughts, preconceptions and any potential biases (Carlson, 2010; Roberts, 2013). Careful documentation of all components of the study was kept in the form of an audit trail (Smith et al, 2009). Findings were reviewed by participants at a member checking meeting for accuracy, verification and to ensure authentic representation of individual experiences (Carlson, 2010).



## Results

Three themes were identified relating to participants experiences of the barriers, facilitators and benefits of male mental health support seeking: Denial as Preservation, Reframing Masculine Identity, Normalisation and Empowerment.

### *Theme 1: Denial as preservation*

Denial of mental ill health was identified as a theme impeding participants' ability to seek professional help prior to accessing services or groups. Health-related beliefs and behaviours were described by participants to demonstrate hegemonic masculinity, including the denial of weakness and vulnerability. This was a conscious perception, acting to preserve a sense of self and normality. Masking their mental health concerns assisted participants in the avoidance of uncomfortable thoughts or feelings and enabled the minimisation of identifiable symptoms.

*"...you know mental health was just something that happened to other people I think..."*

*(Harry)*

Harry describes having a mental image of the self that struggled to accept mental illness. Referring to 'other people' suggests that perceptions of mental ill health existed which may have links to socially constructed, stereotypical expectations of mental health challenges. There are temporal referents whereby Harry moves between the past 'was' and present tense 'I think.' This hints to a possibility that initial views of mental ill health are still active in Harry's current self-perceptions regarding his own identity. Through rejecting the reality of the situation, there remains scope to retain or preserve a sense of self or identity that may otherwise become fractured. This form of denial appears to be a coping mechanism which enabled the avoidance of reality and facilitated a false feeling of security. Denial

appears to function as a defence mechanism to protect a sense of self in relation to the social world.

*“I think the problem with men and mental health is that because of that, because mental health is sadness and its hopelessness it brings guilt and it brings denial and it brings a lot of negative connotations. Which is why I think it’s difficult for men to seek help.” (Richard)*

Identification of mental ill health involved the potential for multiple insults to Richards’s sense of masculinity and associated values. Emotions such as sadness and hopelessness appear incongruent to his sense of self. Guilt is experienced as a form of self-blame, suggesting feelings of responsibility regarding his experiences of mental health challenges. Richard appears to find it difficult to claim his feelings and articulate his problems. Beliefs regarding masculinity and societal expectations or perceptions are apparent and expectation of ‘negative connotations’ represent anticipated social consequences of non-conformation to prescribed gender roles.

*“It’s like putting a plaster on something, you cut yourself and you put a plaster on. But it’s like putting a plaster on something that need’s stitches. It’s going to do the job for a bit but eventually it’s going to bleed through and you should probably get it looked at.” (Richard)*

Denial in Richards’s example involves the need to conceal or mask his mental health issues, conjuring visual representations of pain and torment. The concept of an injury or ‘cut’ suggests underlying feelings of weakness, vulnerability and exposure. ‘Bleeding out’ can be interpreted as the perception of emotions or feelings escaping without an ability to control this occurrence. This indicates the need for control in managing his condition, achieved through the suppression of negative thoughts and feelings. The ‘plaster’ acts as the mask in

keeping emotions concealed, even there is a partial realisation that challenges cannot be permanently obscured. Having provided a temporary solution, mental health masking is recognised as unsustainable. Acknowledging that the mental wounds will ‘eventually bleed through,’ indicates the possibility of exposure and this marks the initial realisation that support is needed.

Managing denial and obscuring mental ill health presented an unsustainable challenge to participants. Ultimately, this was acknowledged and participants felt compelled to regain a sense of control over their individual challenges.

## **Theme 2: Reframing Masculine Identity**

A facilitator of support seeking for mental ill health was the reconstruction of a valued masculine sense of self. Factors associated with hegemonic masculinity were reinterpreted and adapted to allow for active help-seeking. Traditional masculine values and terminology were integrated into the context of help-seeking, providing a space for men to accept their mental health concerns. Masculinity was perceived as fluid and less ridged. Resisting hegemonic masculinity and stigma associated with male mental ill health further allowed for the incorporation of help-seeking behaviours within perceptions of masculinity.

*“So, it actually took three months from actually thinking about it to being brave enough to actually do it.” (Paul)*

Paul describes a conscious cognitive appraisal of the costs and benefits of actively seeking support. A battle of will occurring within the self is evident, conflicting what is perceived to be acceptable and what is considered unknown. Control and action is taken, silence is resisted and seeking help is no longer perceived as a weakness. ‘Being brave enough to actually do it,’ suggests that a significant amount of courage and personal strength

was required. Terminology such as 'brave' is incorporated, enabling help-seeking to be reframed as a valued characteristic of masculinity.

*"You realise just to get through it, you realise how strong you have to be in, you don't feel it at the time, but coming through the other side, I know how much strength that takes." (Rob)*

Similarly, Rob describes his experiences of mental health as a journey requiring personal strength. The acknowledgement of 'strength' whilst working towards recovery is retrospective, suggesting that regaining control played a role in drawing together valued masculine traits and 'coming through the other side.' Finding strength in this situation enabled a sense of leadership, power to make a change and the perception of support seeking as a strength rather than a weakness or vulnerability.

*"I look at other people in the group and kind of think oh I love this about them and you know, you see the things that you would like to have as part of your makeup as a man maybe." (Jeff)*

Jeff's experience of the group situation facilitated the reinforcement of traits once considered incongruent to masculinity, to now be admired and respected. This admiration resulted in a desire to incorporate new characteristics within the self-concept. Characteristics such as compassion, understanding and caring viewed in other men also receiving support for mental ill health, become normalised and valued aspects within masculine ideals. A process of creating and re-creating gender identity in relation to current beliefs, values and expectations emerged through meaningful interactions.

*"So, in terms of... in terms of masculinity, of being a man, it actually says it's (displaying sensitivity) alright." (Paul)*

Paul associates the rejection of stigma as enabling a new perspective regarding his sense of self and identity. Accepting a more fluid perception of masculinity facilitated a deeper understanding, a holistic sense of being and removed the need for restriction. Embracing multiple masculinities and movement away from rigid portrayals is evident, reflecting Paul's willingness and capacity to accept help-seeking, through the rejection of stigma.

Reframing ideals and values associated with masculinity, whilst rejecting stigmatisation acted as a facilitator to men's acceptance of mental health support.

### **Theme 3: Normalisation and empowerment**

Normalisation relating to the experience of mental ill health amongst men was found to be paramount to increasing men's willingness and capacity to actively attend mental health groups or services. The possibility of multiple masculinities was accepted and incorporated within the self. A sense of community was expressed as a direct result of interacting with other men experiencing similar challenges. This included a powerful sense of connection, belonging and shared understanding.

*"I think it says it's alright to be a man and have emotional, mental health issues. Cause actually there's lots of blokes who do. And it's okay." (Paul)*

Paul describes a sense of normality relating to the experience of being a man with mental ill health, addressing the concept of emotional expression between men. A concept previously assumed unacceptable is now integrated within a sense of masculinity. Regarding emotional expressiveness Paul states, 'there's a lot of blokes who do. And that's okay.' This illustrates aspects of relief and reduction of pressure normally associated with conformation to ridged masculine roles. An increased sense of relatedness and connection is established,

contributing to elements of acceptance. Feelings of belonging increase the ability to shift negative thoughts and facilitated changes in attitude.

*“...it is a point of hope in each month where – it’s almost like it’s a reference point so no matter how I’m feeling I will get to go...” (Jeff)*

Mental health support groups are described as a ‘point of hope in each month,’ suggesting an association with positive outcomes, including increased optimism. The ability to speak openly about emotional difficulties without restriction contributes to the fulfilment of needs, such as feeling valued and respected. It seems this also provides a sense of emotional security and safety. Involvement in a community of shared understanding is evident in the maintenance of Jeff’s well-being.

*“Erm to be able to just to talk about whatever’s on my mind. Er and I think that’s refreshing for the guys that come. He’s just one of us, kind of thing.” (Harry)*

The benefit of emotional openness is discussed and regarded as ‘refreshing,’ implying such behaviour is welcoming and aids the reduction of associated pressures. Harry describes men who attend the group as ‘one of us,’ which suggests feelings of membership and belonging. This appears to provide a basis for Harry’s self-definition and sense of identity. Through relatedness and shared understanding of the experiences of other men, Harry begins a journey of sense making in to his own mental health challenges.

*“I think that was quite, that was quite eye opening and empowering for me, is to be able to see that there are other people that care even if it’s in different ways.”*

*(Nabeel)*

Nabeel refers to his experience as ‘eye opening,’ unexpected and enlightening. Exposure to other men facing similar difficulties aided self-awareness, a sense of normality and belonging and inspired broad mindedness and acceptance.

It was clear that some participants felt their experiences of mental ill health had empowered them and provided a renewed sense of purpose. Men recreated masculine enactments by positioning themselves as powerful in the context of providing this support for others and raising awareness.

*“It’s like, like I said for me, it is, it is a coping mechanism. It’s how I find motivation to do things. And it’s how I feel valued because I know I can help people in this way and I’m good at it.” (Alex)*

Alex describes supporting others as a ‘coping mechanism, resembling a positive exchange of being supported whilst being supportive. The act of supporting others is considered a ‘motivation,’ indicating a sense of purpose or meaning is gained. Feeling ‘valued’ contributes to an increased sense of self-esteem and self-worth, providing further motivation to spread further inspiration and awareness regarding male mental health. He identifies he is ‘good at it,’ which reinforces a sense of being knowledgeable and having purpose.

*“...I suppose I have a sense that there’s a bigger meaning and purpose to my life.”*  
*(Rob)*

Rob was explicit in his account referring to a renewed feeling of purpose and meaning is attributed to the experience of mental ill health and the challenges faced were purposeful in generating a realisation regarding his ultimate purpose.

## **Discussion**

Findings from analysis revealed three prominent themes relating to men’s experience of barriers, facilitators and benefits of mental health help-seeking.

The concept of denial was found to be a key factor relating to the preservation of self-identity, particularly in relation to masculinity and acted as a pertinent barrier to active help-seeking amongst participants. Similar, to findings from Emslie, Ridge, Ziebland and Hunt (2006), men initially perceived help-seeking as threatening to their sense of masculine self. Expression of emotion incongruent to perceived masculine ideals or norms were feared to involve the potential for multiple insults to the masculine self (Steffens & Viladot, 2015). Findings from the current study suggest that men felt compelled to initially mask their mental distress, supporting the view that male role socialisation and masculine ideology can act as a detrimental influence on men's help-seeking practices (O'Neil, 2005; Good & Wood, 1995). In line with previous literature, denying mental ill health was used to avoid possible devaluation, rejection (O'Neil et al, 1995) or assessment of a lower-status position (Courtenay, 2000). And may allow for the maintenance of a former sense of self, whilst concealing vulnerability (Coles & Coleman, 2010). As observed in previous research, the desire to conceal emotions incongruent to normative gender roles appeared to be perpetuated due to fear of stigmatisation (Clement et al, 2015; Emslie et al, 2006; Rice, Telford, Rickwood & parker, 2018) and feelings of shame (Topkaya, 2015).

Whilst negative practises surrounding men's experience of psychological distress may be conceptualised as a way of 'doing' gender (Connell, 1987), in line with previous evidence, findings from the present study suggest that renegotiating gender ideals may be influential in men's positive help-seeking behaviours (Emslie et al, 2005). Perhaps the most interesting finding of the current study was the concept of reframing masculine identity in increasing men's ability to reject stigma and incorporate help-seeking as a valued masculine enactment. Participants reinterpreted dominant definitions associated with masculinity within the context of help-seeking, allowing for an acceptance of psychological issues and support. The act of



seeking help was reframed as a masculine enactment, whereby the self-concept remained intact.

Although participants in the current study initially expressed a large endorsement or recognition of hegemonic masculinity in relation to help seeking (O'Brien, Hunt & Hart, 2005), this was discussed as a past concept and participants instead challenged conventional notions. Men in the current study found incorporation of help-seeking aided the preservation or restoration of other more valued enactments of masculinity. In line with previous findings by Emslie, Ridge, Ziebland & Hunt (2006), participants' narrative accounts reveal the reconstruction of a valued sense of self. Traditional hegemonic masculine values were incorporated within the context of help-seeking to emphasise feelings of control and responsibility. Help-seeking was redefined as signifying autonomy, strength and courage (Roy, Tremblay & Robertson, 2014). As suggested by Farrell, Seager and Barry (2016), reframing help-seeking as being something a man does may indeed reduce the social expectations of men. Rather than perceiving help-seeking as a sign of failure or weakness, instead it was conceptualised as being a 'strength' and making the seeker 'brave' and emerging as a stronger individual.

Creating a sense of normalisation regarding experiences of mental ill health was described as a prominent facilitating factor and benefit for participants in relation to help-seeking. In line with previous literature connectedness, belonging and feeling one has a place within society acted as important factors for integration (Solomon, 2004), maintaining well-being and increasing self-esteem (Verhaeghe, Bracke & Bruynooghe, 2008). The concept of shared understanding was particularly important for encouraging normalisation (Cutcliffe McKenna, Keeney, Stevenson & Jordan, 2013), reducing negative self-evaluations and moving beyond the condition (Dudley, 2000).

There remains little existing research regarding the associated benefits of normalisation and sense of community within the context of male mental health. Further understandings within this area may assist the reduction of marginalisation or devaluation and allow for individuals with psychological challenges to integrate into groups, acting as agents of their own recovery (Townley & Kloos, 2009).

An unanticipated finding was the sense of empowerment and purpose men experienced due to their ability to offer support to other men in similar situations. This may be related to men's preference to taking an active or problem-solving approach to help-seeking (Emslie et al, 2007), achieved through a dynamic process of being supportive, whilst being supported. Participants conceptualise this as effectively taking back control and being personally accountable for the choices they now make. Prior research exploring peer support have highlighted the benefits of constructing mutual understandings to both the giver and receiver of support (Mead, 2003). Evidence suggests that re-establishing an active and effective sense of self as a social agent may play a crucial role in helping individuals recover from mental illness (Davidson, Haglund & Stayner, 2001).

### **Study reflections**

Previous research has been criticised for a lack of focus regarding male gendered experiences within data collection and analysis (e.g. Emslie, Ridge, Ziebland & Hunt, 2006) and accordingly this was central to the present study. This research explored the experiences of men diagnosed and currently seeking support for mental health challenges with men who were both willing and motivated to speak about their personal experiences of mental ill health. Therefore, a study limitation may be that the sample under-represents those who are reluctant to seek help. Additionally, it could be argued that interviews can be fundamentally shaped by the gender of the researcher (Broom, 2004; Oliffe & Mroz, 2005) and may

influence the emergent narratives offered by participants (Manderson, Bennett & Andaiani-Sutjahio, 2006). As the present study was conducted by a female researcher, it is possible that narrative accounts may alter if accessed by a male. Yet, gender of the researcher can be perceived as both a resource and delimiting factor (Broom, Hand & Tovery, 2009). The current study aimed to eliminate issues in power dynamics during interviews by developing a strategic question design, aimed to provide the participant a sense of control, whilst maintaining control as the researcher (Schwalbe & Wolkomir, 2001).

### **Future Research**

Future research would benefit from focusing on how men talk about depression in more naturalistic settings amongst peers and without researcher's presence (Gough, 2016) and may provide an opportunity to examine how men offer support to each other (Bennett & Gough, 2013). Men's ability to reframe, renegotiate and reject traditional masculine ideals to incorporate help-seeking within their perceptions of masculine self would benefit from further investigation. Employment of a narrative analysis may aid exploration into how men's sense of self and identity is developed and maintained in relation to their experiences of mental health.

### **DECLARATIONS**

Conflicting interests: The authors declare no conflicts.

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Ethical approval: The ethics committee of Teesside University School of Social Sciences, Humanities & Law approved this study.

Contributorship: HE researched the literature and conceived the project with KS, carried out data collection, and analysed the data. KS supervised HE's dissertation research, conducted a second analysis of the data and supervised the production of this paper. All authors wrote the paper. All authors edited, reviewed and approved the final version of the manuscript.

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