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THE IMPACT OF SOCIAL RELATIONSHIPS ON MEN'S MENTAL HEALTH AND WELLBEING

Section A: The Impact of Social Relationships on Depression in Men:

A Systematic Search and Narrative Review

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Section B: A Grounded Theory of Contemporary Men's Talking Groups

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Summary of the MRP Portfolio

Section A: Presents a systematic search and narrative review of research into the association between social relationships and depression in men. Social relationships are defined with reference to three key areas of research, and some proposed causal links with depression are outlined. A review of relevant studies identifies some patterns in findings, but also substantial limitations of the extant literature. Implications for clinical practice are considered, including a need to consider the quality of men's relationships during the assessment of depression and as a target of therapeutic interventions. Recommendations for future research include the need for well-designed longitudinal studies, and qualitative research exploring how men draw on relationships to maintain their emotional wellbeing.

Section B: Presents a study in which grounded theory methodology was used to generate a model of contemporary men's talking groups. The model first describes the experiences leading men to seek out and attend a group. Processes operating in the group are defined, with an emphasis on creating a safe space for men to self-disclose, interrogate the concept of manhood, and create authentic, deep relationships with one another. The perceived benefits of these processes beyond the group are described. The model is linked to theories of group psychotherapy, social identity and social relationships. Implications for practice and research are considered.

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Major Research Project: Section A

The Impact of Social Relationships on Depression in Men:

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Abstract

Research shows that men tend to have smaller social networks than women, and that they are less likely to seek emotional support from others. Given sex and gender differences in the prevalence and causal pathways to depression, mental health professionals are likely to benefit from understanding the specific association between men's relationships and the likelihood and severity of depression. A systematic search of relevant subject databases conducted in February 2020 identified 14 papers for inclusion in a narrative review. A high degree of heterogeneity was encountered in the conceptualisation and measurement of relationship variables across the included studies. Findings are mixed: though men tended to benefit less from relationships than women, this varied across studies, and particularly with the nature of social support. Clinical implications include the need to consider loneliness and support reciprocity when treating depression in men. Future research should make greater use of longitudinal designs to establish causality and employ qualitative methods to capture the affective content of men's relationships in a specific context.

Keywords: Human males, social support, social relationships, social networks, depression.

The Impact of Social Relationships on Depression in Men: A Systematic Search and Narrative Review

Research examining sex and gender differences in social relationships has commonly found that men's social networks are smaller than women's (Ajrouch et al., 2005; McLaughlin et al., 2010). In the UK, men are more likely than women to have low contact with friends, low neighbourhood attachment and low social support (Pevalin & Rose, 2003) with a recent survey finding that 1 in 5 men say that they have no close friends at all (Dinic & Walden, 2019). Although men express higher expectations of their friendships in terms of instrumental benefits, such as assistance in achieving goals and access to resources and information (Hall, 2011), women are more likely to actively seek emotional support from those close to them (Tamres et al., 2001). Men's relationships are therefore often described as less supportive and emotionally intimate in comparison with women (Bank & Hansford, 2000). The differences between men's and women's relationships may in part be attributable to a conflict between intimate, supportive relationships and traditional masculine norms (Mahalik, Good and Englar-Carlson, 2003; Blazina et al., 2007). Rigid and restrictive aspects of male gender role socialization, such as stoicism and heterosexism, are indeed negatively associated with men's willingness to disclose their problems to their male friends (Lane & Addis, 2005).

Quality and quantity of social relationships are commonly found to be associated with severity and prognosis in depression (Teo et al., 2013; Gariépy et al., 2016; van den Brink et al., 2018; Visentini et al., 2018). Worldwide, women experience depression at twice the rate of men (Piccinelli & Wilkinson, 2000; Kessler & Bromet, 2013; Salk et al., 2017), while in England approximately 30% more women than men experience depression at any point in time (NHS Digital, 2016). However, men account for approximately 75% of suicides (Office for National Statistics, 2017a), with suicide being the leading cause of death in men aged between 20 and 49 years (Office for National Statistics, 2017b).

Sex and gender differences in prevalence and outcomes of depression are thought to be explained by a combination of biological, psychological and social factors (Nolen-Hoeksema, 2001; Parker & Brotchie, 2010), including differences in the extent to which relationships underpin causal pathways (Kendler & Gardner, 2014). Given the apparent weaknesses in men's social networks described above, mental health professionals are likely to find value in better understanding how men's relationships impact upon their depression. This review therefore set out to summarise research examining the impact of social relationships on the onset, severity and outcomes of depression in men.

Definition of Terms and Context

Sex, gender, and men.

It is commonly, though not universally, accepted that sex and gender are related but distinct concepts (Morgenroth & Ryan, 2018). While sex is "an anatomical, and largely physiological, given" based on chromosomal combination (Pilgrim, 2018, p. 309), gender comprises "the social, environmental, cultural, and behavioral factors and choices that influence a person's self-identity and health" (Clayton & Tannenbaum, 2016).

The words *men* and *women* in the context of this review refer to any persons who identified with these descriptions for the purposes of participation in the included studies and are therefore best understood as designations of gender. However, following American Psychological Association guidelines (APA, n.d.), the phrase *sex and gender differences* has been preferred throughout the text when referring to differences between men and women, in acknowledgement of the fact that such differences may stem from both biological and acculturative factors.

Depression.

Depression is a common mental health condition usually diagnosed on symptoms of low mood, anhedonia, lethargy and reduced activity (APA, 2013; World Health Organization, 2018). Lifetime prevalence is estimated to be 10-15% (Lépine & Briley, 2011). Depression is thought to be the world's leading cause of disability, with 322 million people living with the condition globally (World Health Organization, 2017). This review defined depression as congruent with the diagnostic criteria referenced above.

Social relationships.

Santini et al. (2015) identify three domains of research in the area of social relationships: social support, social networks and social connectedness. This review drew on all three areas in defining the scope of the literature search.

Social support.

Taylor (2011) identifies three types of social support: *informational support* is help in understanding and assessing a stressful event in order to better manage it; *instrumental support* is the provision of tangible goods or services, such as financial aid or transport; *emotional support* is warmth, nurturance, and the reassurance that one is of value to others.

A distinction has been made in psychological literature between *perceived* support, denoting the cognitive appraisal of the availability of support, and *received* support, denoting the acts of support that individuals report or are observed to receive (Wills & Shinar, 2000). The support one provides to others, *donated* support, has also been proposed as an important determinant of wellbeing (House, 1987).

In the context of depression, research has found that people with lower perceived social support tend to have more severe symptoms, less chance of recovery and poorer functional outcomes (Wang et al, 2018), but this effect is far from universal: Gariépy et al. (2016) found

evidence for emotional and instrumental support as protective factors against depression in 50% of the studies they reviewed.

Social networks.

While social support refers to the functional or behavioural content of positive relationships, the study of social networks seeks to describe the formal structure of those relationships in terms of such dimensions as frequency, density and reciprocity (House, 1987). The two concepts are related in that networks may be said to be more or less socially endowed, that is, having a greater or lesser potential to provide social support (Litwin, 2011). Litwin and Landau (2000) found larger networks of diverse family members, in which a high percentage of relationships were considered intimate, to offer the most support, while smaller networks consisting mostly of adult children of the index person offered the least support.

Very limited research has examined the association between depression and the size and structure of social networks (Visentini et al., 2018), though one study found that people with a diagnosis of depression had fewer friends prior to the onset of their condition than healthy controls (Cornelis et al., 1989). Rosenquist et al. (2010) found that a person's score on a measure of depression was strongly correlated with the scores of their friends and neighbours, and that people were more likely to be depressed when they were more peripheral to (had fewer ties with) their social network.

Social connectedness.

The concept of social connectedness is rooted in the writing of Kohut (1984), who saw "a feeling that one is a human being among other human beings" (p. 200) as a major human need and related this to everyday experiences of sharing skills and activities. Hagerty et al., (1993) saw connectedness as occurring "when a person is actively involved with another

person, object, group or environment, and that involvement promotes a sense of comfort, well-being and anxiety-reduction" (p. 293). Perhaps because of its phenomenological emphasis, connectedness remains a more nebulous and contested concept than either social support or social networks. Townsend and McWhirter (2005) identified shifting definitions in the extant literature and an overlap with a multitude of similar concepts, including embeddedness, belongingness, engagement, companionship, and affiliation.

Research suggests that in environments where people feel mutual proximity and belonging they are at decreased risk of depression (Santini et al., 2015). Williams and Galliher (2006) demonstrated a role for connectedness as a mediating variable in the association between social support and depression. Loneliness has been conceptualised as a *lack* of social connectedness (Hawkley & Cacioppo, 2010), and has been found to increase sensitivity to threat and thus the activation of physiological stress responses (Cacioppo et al., 2015). In a longitudinal study of older adults, Holvast et al. (2015) found that higher loneliness scores were associated with more severe depression and a lower likelihood of remission at 2-year follow-up.

Social support and depression.

Given that support is the most comprehensively studied aspect of social relationships, some proposed causal links between support and depression will now be summarised.

The stress-vulnerability model of schizophrenia (Zubin and Spring, 1977) first proposed that vulnerability to mental "disorder" (p. 103) is a trait present in all humans, and that in each individual a greater or lesser amount of stress is necessary to induce a crisis. The model has since been applied to a range of mental health conditions, including depression, and found to be helpful in explaining both precipitating and protective factors (Agius & Goh, 2010; Kinser & Lyon, 2014).

The stress-buffering hypothesis (Cohen & Wills, 1985; Alloway & Bebbington, 1987) posits that social support may intervene in a causal chain between stress and illness at two points. First, in the face of a demanding situation, social support may bolster perceived coping abilities and thus attenuate a stress-response. Second, once stress is experienced, social support may trigger re-appraisal of a situation, inhibit mal-adaptive responses and facilitate adjustive counter-responses. A major prospective study of Norwegian adults found a weak but significant buffering effect, which was stronger for women than for men (Olstad et al., 2001). A direct effect of social support on wellbeing has also been hypothesised, in which "feelings of stability, predictability, and self-worth" influence wellbeing independently of improved ability to cope with stressful events (Cohen & Wills, 1985, p. 348). This direct effect would appear to closely approximate the definitions of social connectedness described above.

Some acts of support may increase rather than reduce stress, and the term *negative* support is often used when this is the case. The *reciprocity norm* refers to the expectation found in nearly all cultures that acts of help will be repaid (Gouldner, 1960). When recipients of support feel that they are unable to repay the provider, this can result in feelings of indebtedness that increase stress (Ingersoll-Dayton & Antonucci, 1988; Lu, 1997). In contrast, *donated* support, the experience of providing support to others, has been found to engender feelings of meaning and control that some studies suggest are as valuable in alleviating depression as support received (Wilson & Musick, 1999; Taylor & Turner, 2001).

Finally, research into men's help-seeking suggests that support is highly likely to interact with masculine norms and expectations, which vary across age, culture (Mahalik et al., 2003) and geographical location (Hopkins & Noble, 2009). For men, the positive or negative impact of support may therefore be highly specific to the context in which it is transacted.

Aims of the Review

To summarise, the study of social relationships comprises multiple overlapping concepts, the impact of which on depression is likely to vary between men and women. This narrative review employed a systematic search to address the following questions:

- How do aspects of social relationships impact on the onset, severity and outcomes of depression in men?
- How do men differ from women in the impact of social relationships on depression?

The review will summarise and critically evaluate the extant literature with respect to these questions.

Methodology

Inclusion Criteria

Feminist theory has emphasised that gender characteristics are performative and vary across time and place in response to historical and cultural forces (Butler, 1988). As chronological fluctuations in masculine norms may affect the ways in which men understand their distress, and express and cope with symptoms (Haggett, 2015), this review was limited by publication date. A conservative cut-off of the year 2000 was set as a criterion for inclusion, in order that results remain relevant to contemporary readers. For the same reasons, limiting the review to studies conducted in the UK and countries similar in their conception of masculinity would have been preferable; however, as no "map" of masculinity allowing these countries to be accurately identified was known to exist, the review was not limited geographically.

Preliminary searches revealed that the phenomena of interest have frequently been examined in specific social groups, for example, Latino men or gay men, while studies of community samples are less common. Following the example of Santini et al. (2015), studies of specific

target groups were excluded to avoid bias, with the exception of heterogenous groups exposed to a common stressor, such as an illness.

Given that the role of social support changes rapidly throughout childhood and adolescence (Chu et al., 2010), studies of these groups, including samples consisting exclusively of college students, were excluded. It was possible that findings would also differ for men in later life due to changes in health and occupation; however, older males were not excluded due to the fact that studies of community samples had varying upper age limits, and because doing so would have removed some large-scale studies, diminishing the overall quality of the findings available for synthesis.

Complete inclusion criteria are given in Table 1.

Table 1

Inclusion criteria for systematic search

Inclusion criteria
Examines the impact of social relationships on some aspect of depressive illness
Participants are male, or male and female with gender comparisons made
Average age of participants no younger than 25 years
Published between January 2000 and February 2020
Published in a peer-reviewed journal
Available in English

Literature Search

It was anticipated that articles of interest may have been published in journals pertaining to psychology and related disciplines, therefore a search of the following databases was conducted in February 2020 using the terms in Table 2, with terms mapped to subject headings where possible:

- PsycINFO,
- ASSIA,
- CINAHL,
- and MEDLINE.

Table 2

Terms used in search of subject databases

Search terms
male OR males OR men OR masculin* OR gender OR sex AND social relationship* OR social support OR informational support OR instrumental support OR emotional support OR perceived support OR received support OR donated support OR providing support OR social network* OR social bonds OR social integration OR friend* OR community OR connectedness OR belonging* OR affiliation OR companionship OR social engagement OR embeddedness OR loneliness AND depression OR depressive disorder* OR depressive episode*

Further articles of interest were identified by reviewing reference lists and manually searching major journals. The process of identifying included articles is illustrated in Figure 1.

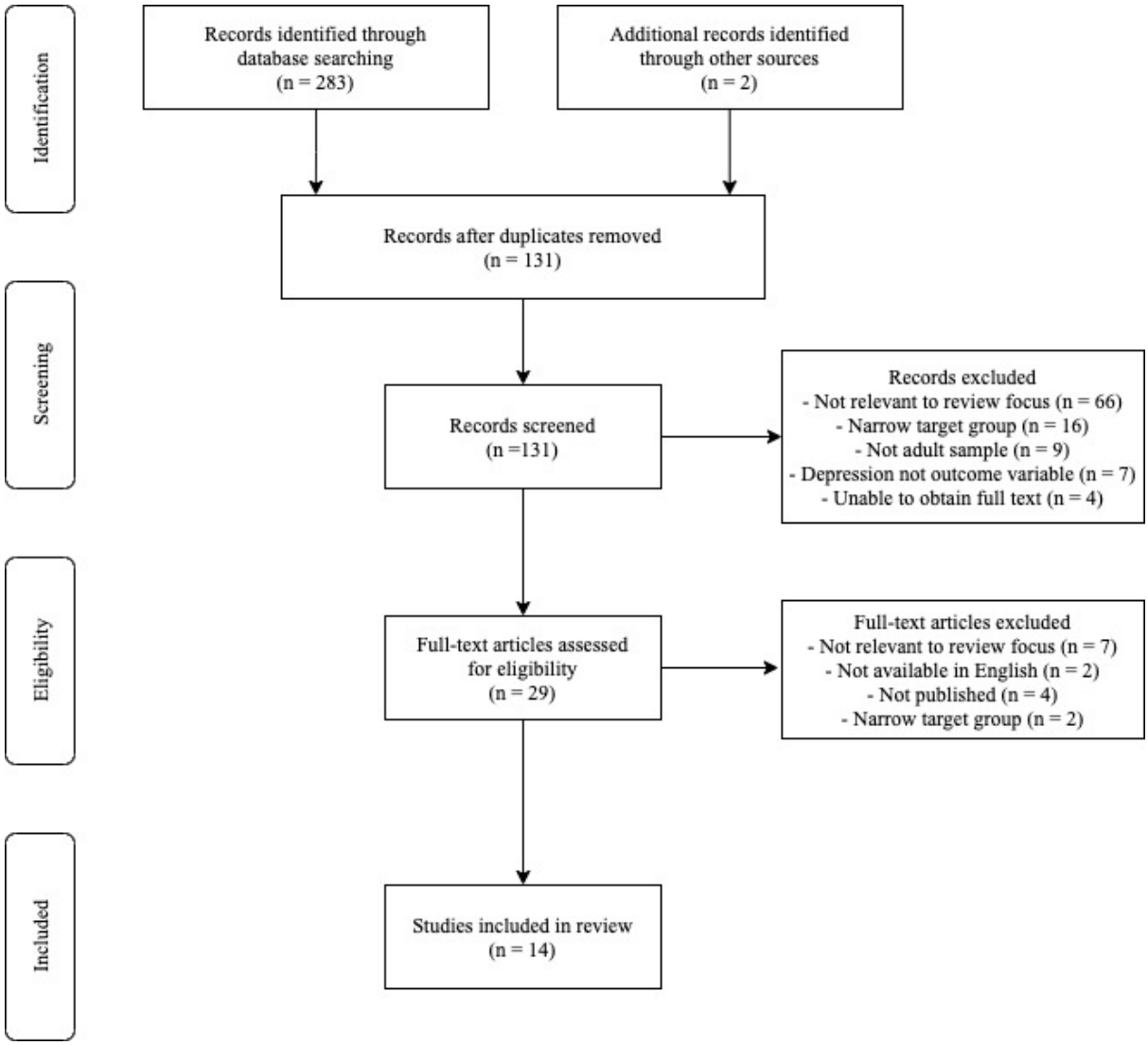

Figure 1. A flow diagram illustrating the systematic search process, adapted from "Preferred Reporting Items for Systematic Reviews and Meta-Analyses: The PRISMA Statement" by D. Moher, A. Liberati, J. Tetzlaff, D. G. Altman, and The PRISMA Group, 2009, *PLoS Medicine*, *6*, p. e1000097.

Results

14 studies were identified satisfying inclusion criteria. Table 3 presents details and main findings of included studies.

Table 3

Details and Main Findings of Included Studies

Study	Authors (year), location	Sample size, waves if longitudinal (time lag)	Sample age range (mean), % male	Social relationship measures	Depression measures	Type of analysis	Main findings
1	Alpass & Neville (2003), New Zealand	217	65-89 years (*M* = 75.4), 100% male	*Emotional social support and satisfaction* - six-item Social Support Questionnaire (SSQ6; Sarason et al., 1987) *Loneliness* - 12-item form of the revised UCLA Loneliness scale (Maxwell & Coebergh, 1986)	Geriatric Depression Scale (GDS; Brink et al., 1982)	Spearman correlations and hierarchical regression	Network size and satisfaction with support negatively associated with depression. Loneliness positively associated with depression. In hierarchical regression, network size became non-significant after entering loneliness.
2	Bielawska-Batorowicz & Kossakowska-Petrycka (2006), Poland	80	24-37 years (*M* = 31.18), 100% male	*Satisfaction with received support* - evaluation of received support scale from 14-item Social Support Questionnaire (Nieland, 1992)	Edinburgh Postnatal Depression Scale (EPDS; Cox et al., 1987)	Group comparisons and hierarchical regression	Depressed fathers scored significantly lower on social support. Social support did not significantly predict depression scores after controlling for partner's depression.

3	Beutel et al. (2019), Germany	10,036, two waves (5 years)	35-74 years (*M* = 54.3), 53.9% male	*Perceived instrumental and emotional-informational support* - six-item Brief Social Support Scale (BS6; Beutel et al., 2017) *Loneliness* - a single item, rating agreement with and perceived suffering from the statement, "I am frequently alone/have few contacts"	Patient Health Questionnaire (PHQ-9; Kroenke, Spitzer, and Williams, 2001)	Multivariate logistic regression modelling	Depressed men at T2 less likely to live with a partner at T1. High loneliness and low social support at T1 predictive of new-onset depression in men at T2.
4	Dalgard et al. (2006), multinational (Finland, England, Ireland, Spain, Norway)	6,247	18-64 years (*M* = NS), 47% male	*Perceived (general) support* - Oslo 3 Support Scale (Meltzer, 2003) *Emotional support in connection with negative life events* - 2 questions asking amount of support received and source	Beck Depression Inventory (BDI; Beck et al., 1961)	Group comparisons and multiple logistic regression	In men and women rate of depression decreased with an increase in any indicator of perceived social support. Men who received some or no emotional support with negative life events more than twice as likely as those who had received a lot of support to experience depression. Men less vulnerable than women to a lack of emotional support with negative life events.

5	Fowler et al. (2013), Canada	6,112	20-64 years, 34% male	*Perceived emotional/informational, tangible and affectionate support, and positive social interaction* - The Medical Outcomes Study (MOS) Social Support Survey (Sherbourne & Stewart, 1991) *Sense of belonging* - a 4-point Likert item asking participants to rate the strength of their sense of belonging to the local community	Subset of items from the Composite International Diagnostic Interview (CIDI; Anthony, Warner, & Kessler, 1994)	Stepwise multiple regression analyses	In men, positive social interaction negatively associated with depression severity. In men, positive social interaction and sense of belonging to community negatively associated with depression duration. Sense of belonging negatively associated with depression severity in women but not men. Tangible social support positively associated with depression severity in women but not men.
6	Hann et al. (2002), USA	338	18+ (M = 59.4), 29% male	*Perceived (general) social support* - Multidimensional Scale of Perceived Social Support (MSPSS; Zimet et al., 1988) *Network size* - two items assessing number of friends and number of relatives	Centre for Epidemiologic Studies Depression Scale (CES-D; Radloff, 1977)	Between-group comparison of Pearson correlations	In men and women, social support negatively associated with depression. Network size negatively associated with depression in women but not in men.

7	Kendler et al. (2005), USA	2,114, two waves (19 months)	21-58 years (*M* = 36.4), 50% male	16-item idiosyncratic interview measure assessing frequency of social contact, emotional and instrumental support from six sources, and presence and number of confidants	Interview to establish presence of symptoms of major depression	Standard and paired logistic regression	There was a strong, significant interaction between gender and social support. None of the individual social support factors predicted the likelihood of a depressive episode in men in the year prior to T2. In women, social support showed a strong negative relationship with risk of depression.
8	Mechakra-Tahiri et al. (2011), Canada	379	65+ (*M* = NS), 23% male	*Social network* – four indicators: marital status, having children, having siblings, having friends *Social integration* – three indicators: participation in leisure activities, volunteer work and religious services *Social support* – three indicators: availability of a confidant, instrumental support and emotional support	Consultation with a health professional in the last 12 months for symptoms of depression	Bivariate and multivariate logistic regression analyses	All social support measures positively associated with consultation in men, but not in women. The strongest predictor of consultation for men was presence of a confidant. Men with family relationships consulted significantly less than those without, an association not found in women.

9	Park et al. (2015), China, South Korea, Malaysia, Singapore, Taiwan, Thailand	547	18-65 years (*M* = 39.58), 36% male	*Perceived (general) social support* - Multidimensional Scale of Perceived Social Support (MSPSS; Zimet et al., 1988)	Montgomery-Asberg Depression Rating Scale (MADRS; Montgomery & Asberg, 1979) Mini-International Neuropsychiatric Interview (MINI) suicidality module (Sheehan et al., 1998)	Multiple regression and path analysis	Social support was a direct significant predictor of suicidality in women, but in men, this relationship was indirect and mediated by hostility. Poor social support predicted depression severity in women, but not in men.
10	Perkins et al. (2018), Uganda	1,499	18+ (*M* = NS), 45% male	*Social network* - Five "name generator" used to calculate various numerical measures of social network, structure and composition	Modified Hopkins Symptom Checklist for Depression (HSCL-D; Derogatis et al., 1974)	Linear and logistic regression	Men experienced greater depression when more centrally embedded in their network. The greater a proportion of men's contacts were poor, the weaker the strength of the association between food insecurity and depression. Neither of these interactions found in women.

11	Schieman & Meersman (2004), USA	1,167	18+ (*M* = NS), 45% male	*Perceived emotional support* - Five items rating agreement with statements about availability of emotional support from a friend or relative. *Donated emotional support* - Four items rating agreement with statements about extent to which participant is relied upon to support others.	Seven questions asking about depressive symptoms in the past week.	Least-squares regression	Perceived emotional support did not predict depression in men, nor did the effect of neighbourhood problems on depression vary with level of support. Perceived emotional support did moderate the association of neighbourhood problems on depression in women. Donated support predicted depression in neither sex, nor did it moderate the impact of neighbourhood problems on depression.
12	Takizawa et al. (2006), Japan	3,132	40-69 years (*M* = 54.9), 46.4% male	*Perceived instrumental and emotional support, and perceived donated instrumental support* - 10 items from the Measurement of Social Support - Elderly scale (MOSS-E; Sakihara & Harada, 2000)	Centre for Epidemiologic Studies Depression Scale (CES-D; Radloff, 1977)	Two-way ANOVA	Depression scores lower for men in response to stressors when they reported increased perception and provision of support. This effect not found in women. Main effect (negative association) found for emotional support, but not instrumental or donated support, in both men and women.

13	Ward et al. (2018), Kazakhstan	1,342	18-55 years (*M* = 26), 100% male	*Perceived instrumental and emotional support* - 6 items from ENRICHD Social Support Instrument (ESSI; Vaglio et al., 2004)	Brief Symptom Inventory (BSI; Derogatis & Melisaratos, 1983)	Structural equation modeling	Perceived social support negatively associated with depression. With low perceived social support, there was a positive association between traumatic life events and depression, while this association was not present in men with high social support.
14	Wareham et al. (2007), Canada	6,316	20-64 years (*M* = NS), 35% male	*Perceived emotional/informational, tangible and affectionate support, and positive social interaction* - The Medical Outcomes Study (MOS) Social Support Survey (Sherbourne & Stewart, 1991)	Subset of items from the Composite International Diagnostic Interview (CIDI; Anthony, Warner, & Kessler, 1994)	Stepwise multiple regression analyses	In men: positive social interaction negatively associated with depression severity; emotional/informational support positively associated with depression severity; positive social interaction and tangible social support negatively associated with depression duration; affection positively associated with depression duration. Affectionate support associated with decreased depression duration in women.

Note. NS = not specified; T1 = time 1; T2 = time 2

The Joanna Briggs Institute checklists for critical appraisal of analytical cross-sectional and cohort designs were used to assess the quality of the included studies (Moola et al., 2017). These tools are reproduced in Appendices A and B, and details of the assessment can be found in Appendix C.

Although all of the identified studies used quantitative methods, studies frequently assessed multiple aspects of social relationships, and a high degree of heterogeneity was encountered in the conceptualisation and measurement of these variables. Results were therefore non-comparable in statistical terms, and, following the guidance provided by Booth et al. (2016) a narrative synthesis was thought to be appropriate to summarising these disparate and sometimes contradictory findings. Studies will first be presented according to their design and sample, with results then summarised in the discussion section according to their relevance to the review aims.

The phrase "general support" is used where a measure does not specify the type of social support being asked about, or where a measure combines multiple types of support. Where possible, terms in brackets map the study variables to concepts encountered in the introduction.

Cross-Sectional Studies

Twelve of the fourteen studies selected for inclusion in the review utilised a cross-sectional survey design and a correlational analysis.

Association between social relationships and depression in community samples.

Three cross-sectional studies examined the association between depressive symptoms and social relationship variables in a community sample.

A pair of studies by Wareham et al. (2007) and Fowler et al. (2013) used secondary analysis of data from a public health survey in Canada to look at the relationship between social support and the duration and severity of depressive episodes. The use of a large probability sample and a weighting phase increases the generalisability of findings; however, it is possible that bias was introduced in the extraction of data for the two studies, as only those respondents who filled out relationship variables were included. Social support was measured using the Medical Outcomes Study (MOS) Social Support Survey (Sherbourne & Stewart, 1991), which gives sub-scales for emotional and informational support, scored together; tangible (instrumental) support; affectionate support, referring to expressions of love and affection, including touch; and positive social interaction, referring to opportunities for enjoyment and relaxation with another person.

In the study by Wareham et al. (2007), increased positive social interaction was related to less severe depression in men, while increased emotional/informational support was associated with more severe depression. Increased positive social interaction and tangible social support were both associated with decreased length of depression in men, while increased affection was associated with an increase in duration of depression. Effect sizes for all of these variables, judged by proportion of variance explained, were small. The experience of affectionate support predicted increased depression duration in men, but decreased duration in women.

Fowler et al. (2013) added sense of community belonging (connectedness) as a predictor variable in their analysis of data from the same survey. This was assessed using a single item: "How would you describe your sense of belonging to the local community? Would you say it is *very strong*, *somewhat strong*, *somewhat weak* or *very weak*?" (E90). In this analysis, increased positive social interaction predicted less severe depression in men, and higher sense of belonging to the local community and positive social interaction were associated with a

shorter duration. Tangible support was positively associated with depression severity in women, while this effect was not found in men.

Alpass and Neville (2003) focused on older men in a community sample. They used the six-item Social Support Questionnaire (SSQ6; Sarason et al., 1987), which gives variables for network size and satisfaction with support. Participants also completed the 12-item form of the UCLA loneliness scale (Maxwell & Coebergh, 1986).

The analysis found that having a larger network of support and expressing greater satisfaction with support were both associated with lower scores on a measure of depression, but that these two variables became non-significant after entering loneliness as a predictor variable, which explained 35% of variance in depression. The authors therefore suggest that loneliness may mediate the relationship between network size and depression. The results of this study are qualified by the use of the SSQ6, which considers emotional support only and does not take into account source of support. A measure with greater discriminatory capability may have found a greater positive impact on depression.

In summary, cross-sectional studies of the association between social relationships and men's depression in community samples have found that greater support tends to predict less severe depression, though this association may be mediated by loneliness.

Association between social relationships and depression in clinical populations.

Two cross-sectional studies examined the association between depressive symptoms and social relationship variables in samples drawn from a clinical setting.

Bielawska-Batorowicz and Kossakowska-Petrycka (2006) examined the relationship between satisfaction with social support received during the postnatal period and depression scores in men whose partners gave birth to their first child 3-6 months prior to the research.

Participants rated satisfaction with support received from 14 sources, and responses were combined to form a single scale, with the authors reporting good internal consistency. The authors do not report the specific question used in the social support survey, and the original reference could not be obtained, so it is not possible to define the type of social support being measured in this study

The study found that increased satisfaction with support predicted a higher likelihood of men being depressed only before controlling for their partner's depression. The authors hypothesise that men's partners may be their primary source of support during difficult periods, and that if they experience postnatal depression they will be unable to provide this. It is also possible that when a man's partner is depressed, his caring responsibilities will increase and he will be less able to engage with other forms of support.

Hann et al. (2002) examined the relationship between social support and depression severity in men and women diagnosed with cancer. They used the Multidimensional Scale of Perceived Social Support (MSPSS; Zimet et al., 1988), which produces a total score and sub-scales for perceived support from friends, family and a significant other. Individual items are mostly related to emotional support, though some also appear to tap informational and practical support. Respondents also gave the number of friends and relatives they had, resulting in two variables for network size.

In men, the study found that all sources of social support had a weak negative association with depression severity, while network size variables were statistically unrelated to depression. In women, the study reported the same findings regarding perceived support, but found a weak negative association between both network size variables and depression severity. The authors suggest that, for men, the type of support available may be more

important than network size. It is therefore unfortunate that support type is not clearly defined in the MSPSS.

To summarise, cross-sectional studies of the direct association between social relationships and men's depression in clinical populations have found that greater support tends to predict less severe depression. Questions remain as to the type of support most important to men, and how men's partners' depression may interact with support.

Social support as a moderator of the relationship between stress and depression.

Five cross-sectional studies considered whether the relationship between stressful life events and depression varied according to available social relationships. Two studies looked at a specific source of stress.

Schieman and Meersman (2004) set out to examine the degree to which social support moderates the relationship between neighbourhood problems (such as noise and vandalism) and mental and physical health (including depression) in adults over the age of 65. The study used a stratified approach to recruiting a large sample and demographic variables were statistically controlled for.

Participants rated agreement with five statements about availability of intimate relationships. Examining the contents of the items leads to a conclusion that the resulting scale is best considered a measure of perceived emotional support. This measure did not predict depression in men, nor did the effect of neighbourhood problems on depression vary with level of support; however, women who perceived higher levels of support experienced less severe symptoms of depression in response to neighbourhood problems.

Participants also rated their agreement with four statements about the degree to which others depend on them for emotional, instrumental and informational support. The researchers

report good internal consistency for these items and analyse responses as a single variable for donated social support. This variable did not predict depression in men or women, nor did it moderate the impact of neighbourhood problems on depression.

Perkins et al. (2018) carried out a study of the relationship between food insecurity, social network factors and severity of depression in a single parish in rural Uganda. Participants were asked to name up to six other adults with whom they spent time, engaged in emotional support, discussed practical matters and shared or exchanged food. From these names, the researchers calculated several variables representing the individual's social network position, structure and composition. This unique approach to data measurement allowed the researchers to calculate and analyse social network variables based not only on a person's perception of their social network, but on the number of times they were nominated by others, reducing the individual subjectivity of the measurement.

In men, regression analyses indicated a significant interaction between food insecurity and closeness, a measure of the distance in social ties between participants and every other individual in their village. Men experienced greater depression when they were more centrally embedded in their village network. A significant interaction was also found between food insecurity and the number of contacts men had who were poor: the greater a proportion of men's contacts were poor, the weaker the strength of the association between food insecurity and depression. Neither the social network closeness or poverty interactions were found for women.

Three studies considered stress from a wider range of sources.

Takizawa et al. (2006) examined the moderating effect of social support on the association between any source of stress and depressive symptom severity in Japanese men and women living in a town with a high suicide rate. Although demographic characteristics of the sample

were collected, they are not reported in full, compared to the whole population or controlled for in the analysis. The researchers measured social support using the Measurement of Social Support – Elderly scale (MOSS-E; Sakihara and Harada, 2000), which contains sub-scales for perceived instrumental support, emotional support, and providing (donated, instrumental) support.

Among men, the analysis found a significant interaction between all social support sub-scales and level of stressors. Depression scores were lower for men in response to stressors when they reported increased perception and provision of support. This effect was not found in women. A main effect (negative association) was found for emotional support, but not instrumental or donated support, in both men and women.

Dalgard et al. (2006) studied the relationship between social support and likelihood of experiencing depression in a randomly selected, multinational European sample of men and women, controlling for country and age in analysis. Variables included three indicators of perceived support (Oslo 3 Support Scale; Meltzer, 2003): number of confidants (network size), perceived level of concern shown by others (emotional support) and perceived availability of practical help (instrumental support). Participants were also asked to rate the amount of emotional support they had received in relation to specific negative life events in the last six months.

In men, as in women, there was a negative association between rate of depression and all three indicators of perceived social support. In those exposed to negative life events, men who had received some or no emotional support were more than twice as likely as those who had received a lot of support to experience depression. However, men were less vulnerable than women to a lack of emotional support with negative life events. 23.9% of men who

reported a negative life event but no support experienced depression, compared to 42.9% of women.

Ward et al. (2018) studied the moderating impact of perceived general support on the relationship between traumatic life events and depression in a sample of male market vendors in Kazakhstan, 32.4% of whom had been exposed to life-threatening incidents. Social support was measured using the six-item ENRICHD Social Support Instrument (ESSI; Vaglio et al., 2004), asking participants to rate the amount of time someone is available for various emotional and instrumental support purposes.

There was a direct, medium to large effect of perceived support on depression: when controlling for demographic variables, depression severity decreased as general perceived social support increased. Furthermore, social support was a significant moderator of the association between traumatic life events and depression. With low perceived social support, there was a positive association between traumatic life events and depression, while this association was not present in men with high social support.

To summarise, findings from cross-sectional studies examining the extent to which social relationships moderate the association between stress and men's depression vary, but on the whole suggest that increased social support can reduce the impact of stress on depressive symptoms. The structure of men's social networks, and the degree to which they are able to offer support to others, may also be important.

Correlation between social relationships and likelihood of consultation.

Mechakra-Tahiri et al. (2011) examined the association between social relationships and likelihood of seeking professional support in a sample of older adults meeting criteria for a diagnosis of depression, using data from a large-scale public health survey employing

random sampling. Relationship variables comprised dichotomous indicators capturing the presence of a social network (living with a partner, having children, having siblings and having friends), social integration (regular participation in social and cultural activities, volunteer work and religious services) and social support (availability of a confidant, instrumental support and emotional support).

All social support measures were positively associated with consultation in the last twelve months in men, but not in women. The strongest predictor of consultation for men was presence of a confidant, that is, "a friend or family member to whom the person could talk freely about their problems" (translated from the original French, Institut de la Statistique du Québec, 2001, p. 503). The study also found that men with family relationships consulted significantly less than those without, an association not found in women.

Correlation between social support and suicidality.

Park et al. (2015) examined the relationship between negative life events, social support, symptom severity and suicidality in an Asian multinational sample of men and women experiencing depression. The MSPSS (Zimet et al., 1988) was used to assess perceived general social support, also used by Hann et al. (2002) and described above. Suicidality was assessed using the Mini-International Neuropsychiatric Interview (MINI) suicidality module (Sheehan et al., 1998), which comprises six questions about ideation, plans and past behaviour. All of the study measures were completed in the presence of a study coordinator, and the authors acknowledge that under-reporting of suicidality due to embarrassment may have influenced the results.

Social support was a direct significant predictor of suicidality in women, but in men this relationship was indirect and mediated by hostility. Hostility is an attitudinal construct indicating a devaluation of the worth and motives of other people and related to cynicism,

mistrust and denigration (Eckhardt et al., 2004), in this case measured by a sub-scale of the Symptom Checklist-90-Revised (Derogatis, 1974). Anger and aggression might be considered a product of hostile cognitions. The study also found that poor social support predicted depression severity in women, but not in men.

Prospective Longitudinal Studies

Two prospective longitudinal studies examined whether social relationships at baseline were predictive of depression at follow-up.

In the USA, Kendler et al. (2005) studied opposite-sex twins, in data gathered in two waves an average of 19 months apart. A sample of twins allowed the researchers to control for their shared genetic and environmental background, making it more likely that gender differences in the sample can be explained by gender socialisation and biological factors relating to sex than in studies of separately recruited men and women.

Social support was assessed at wave 1 by a 24-item idiosyncratic measure assessing frequency of social contact and activities, emotional and instrumental support from six sources, and presence and number of confidants. Principal component analysis was used to derive a single variable from these items that the researchers termed “global social support”, and which they say reflected “the general tendency to have infrequent and nonsupportive versus frequent and supportive social contacts” (p. 251). They also derived variables reflecting the quality of relationship and frequency of contact with various sources of support, and social integration.

The results of the analyses revealed a strong and significant interaction between gender and global social support. In men, the relationship between global social support and risk of depression was modest and non-significant. Furthermore, none of the individual social

support factors predicted the likelihood of a depressive episode in the year prior to wave 2. This was contrasted with women, for whom global social support showed a strong negative relationship with risk of depression, as did all of the social support factors except support from children.

Beutel et al. (2019) examined the value of social support in predicting future depression in a study of German men and women. The study took place in two waves, five years apart. The six-item Brief Social Support Scale (BS6; Beutel et al., 2017), measured perceived tangible (instrumental) and emotional-informational support, although only the total scale was included as a variable in the analysis. Loneliness was also measured, using a single item indicating that participants perceived themselves to suffer from a lack of social contact. A major strength of the study is that participants fulfilling criteria for depression or with a history of depression or anti-depressant prescription at baseline were excluded. Sub-clinical symptoms of depression were also statistically controlled for.

Comparison of baseline data revealed that men who were depressed, but not women, were less likely to live with a partner at the time of the first interview. High loneliness and low social support were predictive of new-onset depression in both men and women. After controlling for baseline subclinical depression, social support remained significant for men as protective against new-onset depression but was only marginally significant for women.

To summarise, two prospective longitudinal studies give valuable data shedding light on a proposed causal relationship between social relationships and the likelihood of developing depression. The results of these studies are contradictory, though the highest quality evidence (Beutel et al., 2019) indicates that men with lower levels of support are at greater risk of depression.

Discussion

This review now briefly summarises the key findings of included studies according to the review aims, and with respect to aspects of social relationships set out in the introduction.

How do Social Relationships Impact on the Onset, Severity and Outcomes of Depression in Men?

The ability of the literature to answer questions about the association between social relationships and depression is compromised by a reliance on cross-sectional, correlational research, which may hint at but never conclusively demonstrate causation (Clark-Carter, 2010). The question of causality is further complicated by the fact that diminished interest in or engagement with social activities could be considered an indicator of depression according to both major diagnostic systems (APA, 2013; World Health Organization, 2018). Cognitive models of depression also suggest that depressed individuals develop negative beliefs about themselves and the world that interfere with social engagement (Beck, 1976). Any causal relationship may therefore be bi-directional.

Perhaps due to the historical assumption that relationships are important in the aetiology of depression, the authors of the included studies frequently over-interpreted findings, especially with respect to the stress-buffering theory of social support. The following summary is conservatively worded, but the limitations of the research should nevertheless be kept in mind throughout. Implications for research will be discussed in more detail below.

Social support.

Where studies utilised a single variable representing general social support, this was found to be protective against depression. When men perceived the total amount of support available to them to be higher, and when they expressed greater satisfaction with that support, they experienced less severe symptoms of depression (Bielawska-Batorowicz and Kossakowska-

Petrycka, 2006; Beutel et al., 2019), and this was true regardless of the source of that support (Hann et al., 2002). Men with higher levels of support were also less likely to develop depression in response to trauma (Ward et al., 2018). It is possible that general social support reduces the likelihood that men will experience suicidal ideation, if that support reflects or leads to reduced hostility (Park et al., 2015).

Consistent with the stress-buffering hypothesis, emotional social support is associated with reduced susceptibility to depression in response to stressful life events (Dalgard et al., 2006; Takizawa et al., 2006), and is associated with a greater likelihood of men seeking professional consultation for their symptoms (Mechakra-Tahiri et al., 2011). Emotional social support may also protect against depression by reducing feelings of loneliness (Alpass & Neville, 2003), consistent with a theoretical direct effect.

However, two studies found no association between emotional support and depression in men (Schieman & Meersman, 2004; Kendler et al. 2005), and one found that where men reported greater emotional support they experienced more severe symptoms (Wareham et al., 2007). Similarly, expressions of love and affection, which we might expect to be closely correlated with emotional support, were found to be associated with increased duration of depression (Wareham et al., 2007). We might therefore hypothesise that depressed men draw greater emotional support from those around them, or that, in some contexts, emotional support can have a negative effect.

Similarly to emotional support, increased instrumental support was associated with reduced symptom severity in response to stress (Dalgard et al., 2006; Takizawa et al., 2006) and an increased likelihood of men seeking professional support for their symptoms (Mechakra-Tahiri et al., 2011). In contrast to their findings for emotional support, the study by Wareham et al. (2007) found that instrumental support had a positive impact: men who reported

increased instrumental support also reported decreased duration of symptoms. These findings are more consistent than for emotional support, and support the conclusion that, if there is a causal relationship between social support and depression in men, it varies with the type of support being received.

Providing instrumental support to others, such as by shopping, doing housework or caring for them in illness, may reduce the negative impact of stress on symptoms of depression in men (Takizawa et al., 2006). However, no such positive impact was found when donated support was predominantly emotional in nature (Schieman & Meersman, 2004), again suggesting that the nature and context of support are important to consider.

Two studies of the same data measured positive social interaction, assessed by asking participants how much of the time they have someone with whom they can engage in enjoyable and relaxing activities (Wareham et al., 2007; Fowler et al., 2013). Positive social interaction had a negative association with both severity and duration of depressive symptoms in men. Though only one data set measured this variable, the range of activities that men find enjoyable and relaxing is likely to be very broad, and presumably may coincide with more usual definitions of social support, for example, helping a friend with DIY while chatting about each other's work. It may also be the case that activities undertaken with a primary purpose of gaining pleasure, for example team sports, support men's mental wellbeing, either at a physiological level or by providing feelings of connectedness.

Social networks.

Two studies found that a larger social network was associated with reduced severity of depression in men (Alpass & Neville, 2003; Dalgard et al., 2006), while another found no such effect (Hann et al., 2002). Detailed findings suggest that the quality of men's

relationships, particularly the extent to which they feel they can confide in others and reciprocate support, is more important than the size of their network per se.

In a context of food insecurity, men suffered less from depression when they were more peripheral to their community and when their immediate social contacts experienced greater poverty (Perkins et al., 2018). We might hypothesise that being more centrally embedded in a social network can increase men's sense of obligation to others and therefore their levels of stress, while having a greater number of poor contacts decreases or modifies social comparison and impacts positively on self-image (Gibbons, 1986).

Social connectedness.

One study found that men experienced a shorter period of depression when they expressed a greater sense of belonging to their local community (Fowler et al., 2013). Results concerning loneliness were limited but consistent. Loneliness was associated with a higher likelihood of experiencing a first episode of depression in a longitudinal study (Beutel et al., 2019) and explained a large proportion of variance in depression scores in a cross-sectional study (Alpass & Neville, 2003). Given the specific items used to measure loneliness in these studies, a lack of opportunities for simple, pleasurable social interaction may be more of a risk to men's mental health than either a small network or a lack of support in stressful situations.

How do Men Differ from Women in the Impact of Social Relationships on Depression?

Key differences in the findings of the included studies for men and women are now summarised.

Social support.

In general, studies found that men are less vulnerable than women to a lack of social support. Higher levels of general perceived support were found to be directly associated with reduced suicidality in women, but not in men (Park et al., 2015). Women are more likely than men to be depressed when they report experiencing a lack of emotional support with negative life events (Dalgard et al., 2006), and also seem to benefit more than men from the presence of support in a stressful environment (Schieman & Meersman, 2004). Wareham et al. (2007) found that expressions of love and affection are associated with increased depression duration in men, but decreased duration in women. They attempt to explain these findings with reference to the reciprocity norm, hypothesising that men are more likely to experience a negative effect of some types of support because they perceive it to be outside of their capabilities to reciprocate.

Some findings are apparently contradictory. One longitudinal study found that increased social support was of benefit to women, but not men (Kendler et al., 2005), while another found the opposite (Beutel et al., 2019). Given that these studies were conducted in the USA and Germany respectively, the findings point to cultural specificity in the impact of social support.

Social networks.

The number of friends and relatives women report is negatively associated with depressive symptoms, an effect not found in men (Hann et al., 2002). However, men may be more vulnerable than women to some characteristics of their networks, such as not living with a partner (Beutel et al., 2019). The findings of Perkins et al. (2018), that men but not women were more vulnerable to depression when more centrally embedded in their social network contradict those of Rosenquist et al. (2010), who found network centrality to be protective in a study in the USA that did not carry out separate gender analyses. Similarly to the comments

above regarding social support, Perkins et al. (2018) point out that the influence of social network variables is likely to be determined by gender roles in a specific cultural context, for example, whether men or women feel judged, burdened or supported by those around them.

Social connectedness.

A sense of belonging to one's local community was found to be associated with reduced severity of depression in women, but not in men, although a negative relationship with duration of depression was found in both genders (Fowler et al., 2013). Women may also be more vulnerable than men to the effects of loneliness (Beutel et al., 2019).

Drawing on the findings of Berry and Welsh (2010), Fowler et al. (2013) suggest that a general tendency towards greater *social cohesion* may explain women's greater sensitivity to variables related to connectedness. Social cohesion has been conceptualised as representing a community's propensity for trust, shared values and an expectation of mutual help (Harpham et al., 2002). This may be true, but it is not then clear why the mean sense of belonging score was nearly identical between men and women.

Clinical Implications

The relevance of men's social relationships in the assessment and treatment of depression.

The findings of the included studies suggest that social relationships are likely to play a smaller role in the development and perpetuation of depressive symptoms in men than in women; however, specific aspects of men's relationships should be attended to.

Men are likely to be at increased risk of developing depression when they do not live with a partner or if their partner is depressed. They are also at greater risk when they express

loneliness, specifically that they are dissatisfied with a lack of social contacts. Reduced social support in the form of a confidant and practical help is also a risk factor.

When men are depressed, the strongest evidence suggests that increasing opportunities for enjoyable and relaxing activities with others, which may also be expected to reduce loneliness, should be a target of treatment. Hostile cognitions, thoughts that others are untrustworthy or motivated by self-interest, may need to be addressed before this can take place.

Clinicians should be aware that emotional and affectionate support have in some studies been found to be correlated with higher levels of depression. There is therefore a risk that psychological therapy, if it causes men to feel dependent and guilty, could exacerbate rather than relieve depression. It may be particularly important for men to be able to provide support to others, and to reciprocate help where it is given.

These findings are likely to be particularly relevant to psychological therapies that encourage clients to identify and engage with valued activities, such as behavioural activation (Veale, 2008) and acceptance and commitment therapy (Hayes et al., 1999).

Designing interventions to support men during depression.

Providing interventions that directly support men's social relationships may help to reduce the severity of depression and its duration. It is possible that environments that allow men to gain positive social interaction while exchanging practical support with tasks will be most acceptable to them.

The Men's Sheds model is one example of such an environment. Men's sheds originated in Australia and provide an informal community space where men can socialise while sharing practical skills such as woodworking (Culph et al., 2015). There is emerging evidence to

suggest that engagement in men's sheds can contribute to an increased sense of meaning and purpose and decreased depression (Kelly et al., 2019). Similarly, the Imagine Your Goals project provided a football-based intervention reaching 2,912 people with experience of mental health problems, 82% of whom were male, across the UK (Time to Change, 2012). Participants anecdotally reported decreased social isolation and increased confidence.

These interventions both take place outside of statutory mental health services. Mental health professionals may wish to consider whether their own services can partner with third-sector organisations to provide such interventions, and whether other activities may serve as the basis for similar projects, appealing to men with different interests.

Research Implications

Design.

The studies included in this review were found to be of a good methodological quality, but, due to a high prevalence of cross-sectional designs, provide low quality evidence for the effects they are intended to test. Many of the studies examining the moderating effect of social support on the association between stress and depression claimed to be testing the stress-buffering theory, but such language strongly implies a causal relationship that cannot be demonstrated in correlational analysis. As a result, we cannot with certainty say whether men's social relationships are an important factor in the onset of depression, or whether they help them to recover.

A valuable longitudinal study would assess social relationships and related variables alongside depression at baseline and multiple follow-up points, to determine whether changes in men's social relationships precede or follow the onset and recovery from depression, and would control for possible confounding variables. Qualitative research may also be valuable

in understanding how men understand the contribution of relationships to their experience of either depression or good mental health.

Sample.

Few of the studies encountered addressed how interactions between masculine norms and expectations may interact with acts of support to produce a positive or negative effect. Replication of well-designed studies in the UK and across international boundaries is needed to better understand the cultural factors impacting on the relationship between social support and depression in men.

Constructs and predictor variables.

This review encountered substantial heterogeneity in the conceptualisation and measurement of social relationship variables, with some studies neglecting to define the type of social support being measured. Idiosyncratic measures were frequently utilised, and validity and reliability were rarely attended to beyond internal consistency. Future research should pay particular attention to the use of validated measures that allow specificity in the interpretation of findings.

Social support research has historically been criticised for failing to capture the relational context of support (Taylor & Turner, 2001). This review concludes that research into the association between social support, social networks and depression continues to neglect the emotional content and meaning of transactions, such as gratitude, guilt, frustration, and helplessness, relevant to the aetiology of depression. Social connectedness research captures this emotional aspect to a degree but lacks a focus on action. Future studies, including qualitative research, should contribute to a more nuanced understanding of the affective content and function of men's relationships in the context of emotional wellbeing.

Analysis.

One included study utilised principal component analysis to derive an underlying variable accounting for variation in men's relationships (Kendler et al., 2005). Although this made direct comparison with other studies more challenging, social support variables were empirically derived from study data rather than based in potentially dated literature, lending weight to their contemporary validity. This and other factor analytical approaches may help researchers to develop variables that are relevant to contemporary male populations.

Limitations of the Review

The review did not include studies limited to specific populations of men, for example gay men or men from a minority ethnic background, and so application to these populations is unknown. It was also not possible to fully explore differences in findings across age and cultural groups due to the small number of studies identified.

Due to the search strategy, it is possible that studies which did not make sex and gender differences an explicit concern, but which nevertheless contained relevant separate gender analyses in their results sections, were not included.

Conclusion

This review set out to collate research examining how men's social relationships impact on depression. Substantial limitations were encountered, including a reliance on cross-sectional research and heterogeneity in conceptual frameworks and measures. The results suggest that men are less vulnerable to a lack of available relationships than women, but that it is important to consider the type of support received and its context. In order for mental health professionals to better understand and treat men's depression, future research should seek to

understand the affective content of supportive relationships and how this can impact on mental health.

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Major Research Project: Section B

A Grounded Theory of Contemporary Men's Talking Groups

Word Count: 7,967 + 428

Abstract

Men's groups, a space for men to openly discuss their gendered experiences, have existed in various forms since the late-1960s, but have so far been neglected by psychological research. A recent resurgence in the format in the context of continued low uptake of psychological services by men suggests that they are worthy of study. The present research undertook a constructivist grounded theory of men's groups based on interviews with men who attend them (n = 10). The resulting theory states that men have frequently accessed other sources of support for emotional distress, including psychological therapy, and found that these insufficiently address a need for self-exploration and meaningful relationships. In a men's group, a safe space is created in which men are able to share and compare emotionally-charged experiences, leading to validation and normalisation of these experiences. Men may also examine and revise their conceptions of manhood, allowing them to affirm this aspect of their identity. Perceived benefits include feelings of general wellbeing, strength in the face of challenge and a sense of belonging. These findings emphasise the need to adapt psychological interventions appropriately for men and conduct further research into the nature of men's supportive relationships.

Keywords: Human males, social support, belonging, mental health, group psychotherapy.

A Grounded Theory of Contemporary Men's Talking Groups

Reluctance in seeking help is a major theme in research into men's health behaviours (Galdas et al, 2005; Yousaf et al., 2015; Vogel & Heath, 2016). In the area of mental health, men are less likely than women to seek support from their GP (Oliver et al., 2005; Mental Health Foundation, 2016) and less likely to endorse professional sources of psychological support in general (Nam et al., 2010; Holzinger et al., 2012). This lack of engagement with services is commonly invoked to explain the fact that men account for approximately 75% of suicides in England and Wales (Office for National Statistics [ONS], 2017a), with suicide being the leading cause of death in men aged between 20 and 49 years (ONS, 2017b).

A large body of work has examined the relationship between positive attitudes to help-seeking and the endorsement of traditional masculine norms such as self-reliance and stoicism, finding a consistent, negative relationship between the two (Vogel et al., 2011; Wong et al., 2017). Indeed, men frequently articulate a fear of the loss of masculine image in accounting for their decision not to seek help for emotional difficulties (Chapple et al., 2004; Johnson et al., 2011; Tang et al., 2014). In the UK, House et al. (2018) identified a view among men that seeking help exposes an unacceptable weakness contradicting expectations of male behaviour. Exemplifying this view, one participant quoted by Lynch et al. (2016) said, ""I should be able to take care of myself … if you've [got] to go see a mental health service … then you can't" (p. 142).

Such findings have provided support for the assumption that, in order to improve men's mental health and reduce suicide rates, men's attitudes must change. In line with this assumption, national campaigns have sought to target men's beliefs about mental health and to encourage them to speak more openly about their problems (Campaign Against Living Miserably, 2020; Movember, 2020). Prominent public figures have increasingly spoken about

their own struggles in an effort to encourage others to do the same (Fifield, 2019; Barr, 2020), and brands have incorporated similar messages into advertising (Arrigo, 2017; Chiudioni, 2019). Despite such efforts, the latest figures for completed suicides in the UK show a statistically significant increase in the number of men taking their own lives (ONS, 2019), and men now account for a smaller proportion of referrals to primary care mental health services in England than they did four years ago (NHS Digital, 2020).

It may be that psychological services remain unappealing to men precisely because of a persistent message that "the problem is in men's heads" (Elder & Griffith, p. 1557). This message is reflected in research literature relating to men's social and emotional lives, which has been critiqued for being overly focused on "the deficits of and difficulties created by men" (Englar-Carlson & Kiselica, 2013, p. 399). Whitley (2018) has argued that such an approach is tantamount to "victim-blaming": "a tendency for health researchers and clinicians to place sole responsibility for an illness on the individual attitudes, behaviours, and lifestyle choices of the illness-bearer" (p. 577). In health services, this message may be compounded by a lack of men in service provision and an insistence on psychotherapeutic approaches that run directly counter to traditional masculine norms (Morison et al., 2014). Thus, while there may be an important role for attitude change, services must also find ways to become more "male-friendly" (Wilkins, 2015, p. 21), addressing barriers to help-seeking without stigmatising their male clients.

An alternative approach would be to ask, "What's right with men?" (Cole et al., 2019, p. 1), attempting to better understand the traits and environments contributing to good mental health, otherwise known as a *salutogenic* orientation to research (Antonovsky, 1987). Such an approach would pay particular attention to activities that men say support their wellbeing, whether or not they fall under the purview of conventional mental health services. This study

aimed to provide a preliminary investigation of one non-conventional, relationship-based intervention to support male wellbeing: contemporary men's talking groups.

Men's Talking Groups

Emerging in the late-1960s, "consciousness-raising" men's groups met with the purpose of examining the masculine gender role and its effect on members' lives and the lives of others (Stein, 1982). In the early-1980s, the "mythopoetic" men's movement developed groups with a greater emphasis on emotional social support, centred around a common set of symbols and rituals, such as drumming and the use of a "talking stick" (Barton, 2007). Over the last ten years, a number of new UK men's group organisations have emerged, attracting national media attention describing them as "straight-talking therapy" (Delaney, 2019) and an opportunity for "regular connection and community" (Nikolov, 2020). One such group, Andy's Man Club, was founded in 2016 in direct response to male suicide statistics, with the intention of providing a space for men to talk about feelings without fear of judgement (Ough, 2016). Another, MenSpeak, places less emphasis on mental health, but promotes groups as a place to "test drive who we want to be, taking the best of ourselves out into the world." (MenSpeak, 2020).

There is good reason to think that contemporary men's talking groups may be worthy of psychological study. Groups are an established context for psychotherapeutic work, with an evidence base for the treatment of depression (McDermut et al., 2001). Recent research in the UK has found that men express a greater preference for group support than do women (Liddon et al., 2018), and that all-male groups are especially helpful for those experiencing social isolation (Cramer et al., 2014). However, this research concerns groups conducted by a professional facilitator, usually in a healthcare context. As outlined above, many men choose not to present to traditional mental health services, and many people who complete suicide

have not been in contact with mental health services in the year before their death (Walby et al., 2018). There is therefore a need to investigate group support contexts for men outside of conventional settings.

For the purposes of this research, a "men's talking group" was defined as a group of no more than 15 men meeting together on a regular basis with the express purpose of providing mutual support, outside of a health or psychotherapeutic context. The study that follows is not presented as a theory of all men's groups, but sought to answer the following questions with respect to men attending such groups in England at the time of the research.

- How and for what reasons do participants reach the decision to enter a men's group?
- What are the perceived processes of change in a men's group?
- How do participants understand the benefits, or any negative outcomes, of attendance at a men's group?

Method

Grounded Theory

Grounded Theory (GT) is way of systematically generating theory from data (Glaser, 1978). Rather than attempting to verify an existing hypothesis, the researcher "begins with the empirical world and builds an inductive understanding of it as events unfold and knowledge accrues" (Charmaz, 2008).

This study chose to adopt the constructivist grounded theory approach outlined by Charmaz (2014). Rather than assuming that the workings of men's groups can be objectively translated into theory, I acknowledge that both I and the participants in this study are actively engaged in constructing the experience of attending a group, and we do so within a social context and through individual interpretive processes. Charmaz (2008) writes that constructivist GT is

particularly appropriate for studying "uncharted, contingent, or dynamic phenomena" (p. 155). Contemporary men's talking groups were thought to be uncharted, in that they have so far been neglected by the discipline of psychology, and contingent and dynamic in that they are founded upon a construct, masculinity, that varies across dimensions of diversity such as race and class (APA Boys and Men Guidelines Group, 2018), as well as across time (Anderson, 2018).

Ethical Considerations

Ethical approval was granted by the ethics panel of the Salomons Institute for Applied Psychology (Appendix A). Ethical guidance for interview research given by King and Horrocks (2010) was consulted and considered in planning the research, with particular attention paid to keeping participants' confidentiality in relation to other members of men's group organizations, including those group facilitators who had agreed to circulate study information. It was anticipated that interviews may touch on sensitive content, particularly in exploring men's reasons for joining a group, therefore a model of "continuous consent" was adopted (Allmark et al., 2009, p. 48): as well as participants being informed of their right to withdraw at any time or decline to answer a question, permission to explore new topics was sought during the interview itself.

Recordings were transferred from a dictaphone to a password-protected computer immediately following interviews and deleted once transcribed. Transcription documents were also password-protected and labelled with a unique number, linked to participant details in a separate document to preserve anonymity.

Participants

All but one of the participants identified themselves as White British. Table 1 gives further characteristics of interviewees.

Table 1

Participant Characteristics

Participant	Age	Length of attendance	Sexual orientation
1	55-64	1-5 years	Other
2	55-64	1-5 years	Straight
3	45-54	1-5 years	Gay
4	25-34	1-5 years	Straight
5	55-64	1-5 years	Prefer not to say
6	55-64	Over 5 years	Straight
7	35-44	1-5 years	Straight
8	35-44	Over 5 years	Straight
9	45-54	Over 5 years	Straight
10	55-64	Over 5 years	Straight

Procedure

Recruitment.

Eleven men's groups were identified through online research or personal contacts and approached via email. Six agreed to circulate details of the research to members. Men were

eligible to participate if they identified as male, were over 18, and able to give informed consent.

Data generation.

Interviews were conducted using computer voice-calling software. Three initial interviews were conducted using the guidelines for "intensive interviews" given by Charmaz (2014), with an emphasis on encouraging detailed, open-ended responses to general questions about engagement with men's groups, following up on unexpected topics. Subsequent interviews employed theoretical sampling (Charmaz, 2014), refining the interview questions in order to gather data that would assist in the elaboration of the emerging theory. The development of the interview protocol is outlined in Appendix I. Interviews lasted between 37 and 81 minutes (mean = 59 minutes). Theoretical sufficiency (Dey, 1999) was considered a realistic aim in data collection given the scope of the research.

Data analysis.

Data were analysed using the software package NVivo 12.

The primary technique employed in data analysis was that of constant comparison (Glaser & Strauss, 1967). Constant comparison is a process of simultaneous data coding and analysis, in which data and the codes applied to them, "are constantly compared with all other parts of the data to explore variations, similarities and differences" (Hallberg, 2006, p. 143). This comparison leads the researcher to the discovery of categories, and of the properties and relations between those categories (Glaser, 1992).

Analysis began with *open coding* (Glaser, 1978), in which data is "fracture[d] into separate pieces" (Charmaz, 2014, p. 147). This proceeded line-by-line and used gerunds, for example, "connecting to ideas in books", remaining as close as possible to participants' own words.

This method of coding encourages a focus on social processes and participants' meanings and perspectives (Charmaz, 2014). Sorting and clustering of initial codes led to the discovery of the most significant and frequent codes, then utilised in the second phase of the analysis: focused coding (Thornberg & Charmaz, 2014). Focused coding marks a tentative step away from immersion and towards a level of abstract analysis (Charmaz, 2014).

Memos were kept throughout the analysis, acting as a detailed journal of decisions made. Charmaz (2014) writes that memoing provides "an interactive space for conversing with yourself about your data, codes, ideas, and hunches" (Charmaz, 2014, p. 162). Memos were used to describe emerging categories, forming the basis of the final written presentation of the theory. Diagramming (Buckley & Waring, 2013) was viewed as a special form of memoing and used to concretise nascent ideas about the connections between codes and categories.

In the *theoretical coding* stage (Thornberg & Charmaz, 2014), data-driven codes were conceptualised and raised to a further level of abstraction, and the links between codes analysed in order to generate a coherent theory. Glaser's (1978) "coding families" (p. 73) were valuable in sensitizing the researcher to the possible underlying structure of theories, such as conditions, stages, and dimensions.

The theory was finalised through further diagramming, memoing, and the revision of categories and their properties. The process of analysis is demonstrated in Appendices J through N.

Quality Assurance Methods

The Critical Skills Appraisal Programme checklist for qualitative research (CASP, 2018) was referred to in the design of the study. A bracketing interview, following a protocol adapted

from guidelines provided by Ahern (1999), was completed prior to data collection, and used to develop a positioning statement (Appendix G). A condensed version of this statement is given below to assist the reader in forming their own interpretation of the study findings. The positioning statement and a reflective diary kept throughout the research process (Appendix H) helped me to maintain critical awareness of my own subjectivity, particularly at the stage of focused coding, where it would be possible to privilege viewpoints that concurred with my own. A principle of openness in the development of theory was also adhered to, with regular discussion of data, codes and categories with study supervisors.

Positioning Statement

I am a white, heterosexual, middle-class man in my 30s from the south of England, conducting this research as part of a Doctorate in Clinical Psychology. I have not had traditionally masculine interests throughout my life, but I have also not felt marginalized because of this, and I have always identified as male. I became interested in conducting research into male psychology because I perceived much media coverage of men as a group to take a negative tone, and problems disproportionately affecting men to be minimised. I hoped that the research might identify new models for helping men experiencing mental distress.

Results

Core Category and Overview of the Model

A core category emerged during data analysis that was central, frequently re-occurring and related meaningfully to all subordinate categories (Glaser, 1978). This was, "Finding a safe space to be myself around others". The core category accounts for men's reasons for joining a group, which are related to self-exploration and a need for meaningful relationships; it

reflects the over-riding importance of safety in order for men to disclose emotional experience; and it connects to the perceived benefits of men's groups, including an increased sense of authenticity and the acceptability of the self.

The complete theory is illustrated in Figure 1, and categories and sub-categories are summarised in Table 2.

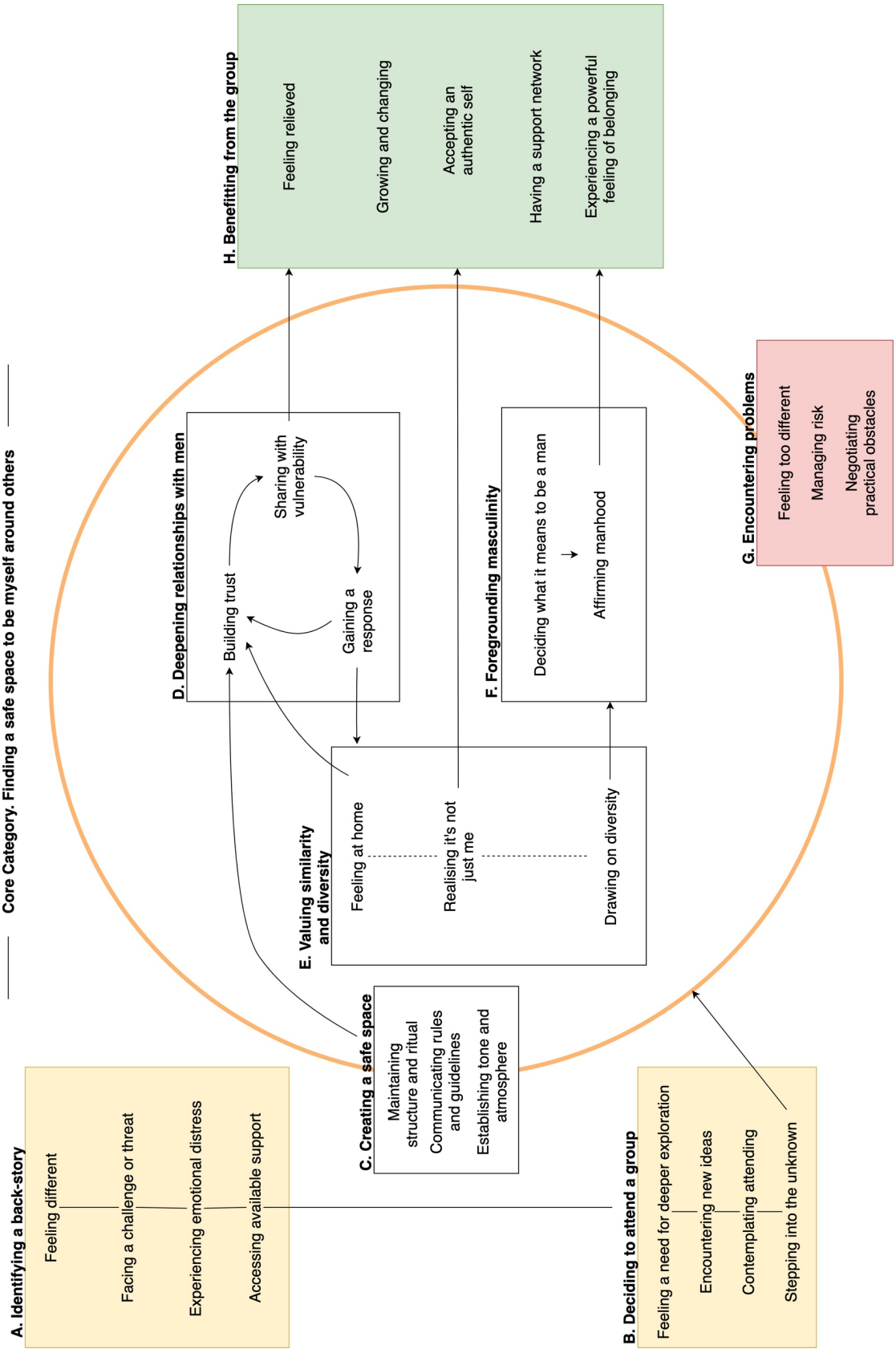

Figure 1. Finding a safe space to be myself around others – a visual representation of the model of contemporary men's talking groups.

Table 2

Categories and Sub-Categories in the Theory of Men's Groups

Category	Category description	Sub-categories
A. Identifying a back-story	Reflecting on their decision to join a group, men identify personal characteristics and major life events as creating the conditions for their attendance. This is a staged progression taking place over a period of years.	1. Feeling different 2. Facing a challenge or threat 3. Experiencing emotional distress 4. Accessing available support
B. Deciding to attend a group	Breaks down the process of finding out about men's groups and beginning to attend. This is a second staged progression taking place over a period of months.	1. Feeling a need for deeper exploration 2. Encountering new ideas 3. Contemplating attending 4. Stepping into the unknown
C. Creating a safe space	Describes the actions, carried out by a facilitator or men collectively, that allow men to risk sharing. Safety is a necessary condition for the group process and has multiple contributors.	1. Maintaining structure and ritual 2. Communicating rules and guidelines 3. Establishing tone and atmosphere
D. Deepening relationships with men	Describes a positive feedback loop in which men self-disclose, receive validating responses and feel increasingly safe in doing so. The reciprocity this entails creates authentic and deep relationships that men may not previously have experienced.	1. Sharing with vulnerability 2. Gaining a response 3. Building trust
E. Valuing similarity and diversity	Describes a dual-process of attending to group similarities and difference. Recognising that one has emotional challenges in common with others, despite differences in background and opinion, leads to a powerful recognition that one's	1. Feeling at home 2. Drawing on diversity 3. Realising it's not just me

	experiences, and one's self, are normal.	
F. Foregrounding masculinity	Describes the explicit and implicit ways in which groups address masculine norms and identity. The experience of spending time with other men and reaching a personal definition of masculinity can result in a new confidence in claiming "I am a man".	1. Deciding what it means to be a man 2. Affirming manhood
G. Encountering problems	Summarises some difficulties encountered during men's groups, connected to the theory so far described.	1. Feeling too different 2. Managing risk 3. Negotiating practical obstacles
H. Benefitting from the group	Summarises the perceived benefits of attending a men's group, manifested in men's personal lives beyond the group.	1. Feeling relieved 2. Growing and changing 3. Accepting an authentic self 4. Having a support network 5. Experiencing a powerful feeling of belonging

Category A. Identifying a Back-Story

When asked how they came to attend a men's group, many men recounted a "long-distance back-story" (P6). This story encompassed aspects of the self and major life events seen as providing the conditions for group attendance.

Nearly all participants described historically **feeling different** to others, and several identified themselves as experiencing self-doubt because of this. A common experience was of being "a peculiar man" in some way (P8). Participant 5 said, "I've never considered myself an alpha male. I've never felt at home in the typical male culture." Participant 4 related this to homophobic bullying at school: "I wasn't sporty or anything, so got called gay,

poof, and various other stuff." Others identified same-sex attraction or being from a minority culture as personal characteristics shaping their back-story.

In the period immediately preceding their engagement with a group, all of the participants described **facing a challenge or threat** such as illness in the self or others, the break-up of a relationship or loss of a job. Such "lightning bolts" (P1) precipitated a period of upheaval and uncertainty. For participant 5, this was an "existential crisis" in which "everything by which I'd defined myself was stripped away". Participant 9 described an "identity crisis" linked with a radical shift in values: "What seemed important to me wasn't important anymore". Although often associated with distressing events, men retrospectively evaluated their crises as a necessary step towards authenticity. Beforehand, Participant 3 was "constantly second-guessing myself and censoring myself and filtering", while Participant 8 was "wearing this mask".

Some men identified **experiencing emotional distress** as either an example of a challenge they faced or a consequence. Participant 3 said he "had a lot of mental health issues, like depression, anxiety, panic attacks, insomnia … and suicidal thoughts." Other men used more colloquial language for emotional distress, such as having a "breakdown" (P2) or being "low" (P7). Participant 6 saw "depression" as "a kind of clinical official description of something wider and bigger that has been ongoing and there all along". Similarly to external challenges, these struggles were often positively evaluated as heralding a period of "deep looking inside and questioning" (P8).

In response to the challenges they faced, six participants described **accessing available support**, including therapy and counselling, peer support groups, church and medical consultation. Two had experienced traditional mental health services and evaluated them negatively. Participant 6 said, "They put me onto citalopram, and all that did was destroy my

libido, and turn life grey, and send me to sleep." In therapy he was "always the one going asking for help of the person that was paid to give it," which was "disempowering". Participant 3 found that in therapy he lacked "space to be my full self," meaning that "I got good at therapy, but I didn't exactly bring it into daily life afterwards". He also noted that therapists tended to be female and of a similar background to one another.

Category B. Deciding to Attend a Group

This category represents a second staged progression following on from the back-story, but operating on a shallower time scale, often of months rather than years.

Having been through a period of struggle captured by their long-distance back-story, men frequently reported **feeling a need for deeper exploration** of the self in relation to others. This need often began with dissatisfaction with existing social networks, which did not allow men to "express [themselves] and be met at some depth" (P10). For some participants, this lack of opportunity for self-expression resulted in a feeling that they were "role-playing" (P6) and must become more "authentic" (P6, 9). For Participant 8, this necessitated getting to grips with "what makes me tick". The need for something new could be difficult to articulate and integrate with the existing self. Participant 1 felt that "something wise" in him was "crying out for something," while Participant 9 describes this feeling as an "inner GPS". For all of the men interviewed, there was a sense that "more than just support" (P3) was needed and that introspection and growth must occur.

Once men identified this need, there followed a period of openness to **encountering new ideas**, particularly about masculinity and the concept of an authentic self. Men frequently read books or listened to podcasts and felt that something "resonated" with them (P5). When they responded positively to ideas from these sources, they were likely to seek out more opportunities to connect with similar material, attending men's health festivals where they

saw men's group facilitators speak, or "going down the Google wormhole" (P2). Men's groups were just one idea encountered in a broader journey of discovery around identity and self-development, attractive because they promised "a great space for … personal growth" (P3) and "men coming together and joining together and sharing" (P5). This promise addressed the needs identified in the previous category.

Two men reported a discrete period of **contemplating attending** a men's group, during which they felt uncertainty and even fear. On the one hand, they felt "this is important … you need to explore this" (P1), on the other hand, they had questions about "what really happens at these men's groups" (P3). Several acknowledged a perception that there was something "weird" (P1) or unfamiliar about the idea of the group. Ultimately, these men described "**stepping into the unknown"** (P2) as an active decision to try a group despite continuing ambivalence. Ambivalence was finally resolved through the experience of safety described in categories C and D.

Category C. Creating a Safe Space

This category describes the norms and activities that collectively distinguish the group from other, more familiar contexts.

Some men's groups make use of a facilitator; others, usually where all participants have previous experience in groups, share or rotate this role. The facilitator or group's first task is to create a foundation for safety by **maintaining structure and ritual**, **communicating rules and guidelines**, and **establishing tone and atmosphere**. The importance of safety was emphasised by nearly all participants and seen as a prerequisite for what followed. As Participant 9 said, "There's no intimacy, there's no vulnerability, there's no experimentation, there's no risk, there's no deep behavioural change without that foundation of safety and trust".

Participants described the ways in which **structure and ritual** create a clear boundary between the group and other contexts. Rituals that open a group act as temporal markers that facilitate "joining" (P5), aiding the transition between the norms of the everyday world and the group, signalling, "we're in a different zone" (P10). A period of silence or drumming are common opening rituals that "[break] the continuity of the day" (P8) and allow time for reflection. There may also be a check-in round in which each man is encouraged to speak briefly about how he is "honestly feeling at that moment" (P8), establishing norms of spontaneity and authenticity. When men enter the group, they may experience an inner voice that asks, "What am I expected to be? What am I expected to do?" (P6). Simple rituals provide an answer to this question and so reduce anxiety.

Rules and guidelines described by participants commonly encouraged brevity, honesty, spontaneity and turn-taking in those speaking. In listeners, they encourage non-judgement and a promise of confidentiality. Offering unsolicited advice is discouraged. Rules vary between groups and may be negotiated by members: what is most important is that they are understood by all in attendance. They may be circulated before the group or described at the outset by a facilitator, who will also reiterate during the session if necessary. This enables participants to engage with the group's task of sharing openly. In other words, "if you know the rules of the game … you're free to play" (P7). Together, structure and rules create "a set space for you to talk about how you're feeling" (P3). Men know that they have permission to talk about themselves and will not be attacked or judged for doing so. However, saying "pass" (P10) or remaining silent are also accepted.

Tone and atmosphere can vary markedly between men's groups but remain important contributors to safety. Facilitators provide a warm welcome to new members and establish rapport, then set the tone for the group meeting. In some men's groups, fun and humour are valued tools in managing emotional engagement with sensitive material. Laughter allows

men to "go very deep into subjects, and then you can laugh afterwards and kind of release that tension" (P3). It also provides safety by making the group environment feel closer to everyday life. In other groups, a calm and quiet atmosphere is created through the choice of a rustic, remote location and use of soft lighting. This is viewed as "softening the ground for openness" (P4).

Category D. Deepening Relationships with Men

This category describes the central task of the men's group, which takes place through a recursive, reciprocal process of self-disclosure. It was through this process that participants said they arrived at deeper, more intimate relationships than they had previously had with other men, founded on true expressions of inner experience, rather than a façade.

Where there is a facilitator, this person may begin the process by speaking about their own recent experiences or immediate feelings, or by asking the whole circle to engage in a simple "check-in" one-by-one. Whether or not facilitators actively prompted sharing and responding, all participants described them as equal group members, expected to disclose in the same way as others: this contributes to the creation of a "non-hierarchical space" (P3), where no single individual is present solely to provide help to another. The first act of sharing "give[s] permission" (P3, 9) for other participants to do the same, establishing a norm and communicating that sharing is "the whole point of [the] meeting" (P8).

Sharing with vulnerability describes the disclosure of emotionally-charged experiences that would usually be regarded as "personal stuff" (P1) and not spoken about with male friends. All participants described sharing in this way, but what they shared variously concerned relationships, work, family, transitions and other challenges. Sharing was most valued when it was not prepared but rather allowed to "come up, rise up" spontaneously (P4), giving a quality of authenticity. Very often participants described the experiences shared as those

prompting feelings of inadequacy, fear and sadness, though some also valued having a space to share joy and success. Because acknowledging or attending to emotions, particularly in front of other men, contradicts traditional masculine norms, many men described a feeling of risk in doing so. They feared that what they said would be "trampled all over" or called "a load of crap" (P5). Most viewed this anxiety as normal and indicative that what is being shared is important: "vulnerability is just a complete factor of the whole thing … it's almost a problem if it's not in pride of place for everybody" (P6).

Gaining a response describes three ways in which men positively experienced the contributions of other group members as validating and normalising what they have shared. First, other men may simply "witness" or "honour" contributions (P5) providing an experience of "talking and being listened to" (P2). Second, men may signal recognition of an experience, either verbally or by raising a hand. Participant 1 described this recognition as powerful in itself: "I was flabbergasted that every man had experienced what I'd shared. I was like, you are kidding me. And that made me feel so safe." (P1) Finally, other group members may respond by sharing their own similar experiences, letting the participant know that they are "not the only one" (P2), an experience described further in Category E.

Nearly all participants noted that one type of response was actively discouraged in their group: this was "fixing," defined as "sorting the problem out" (P4) or "looking for a solution" (P3) and experienced as reductive. For Participant 6 fixing "doesn't equate to a fullness of humanity," while Participant 3 said, "It feels that my feelings have been trivialised and that I'm a kind of robot … I just need to press this button and then I'll feel better". However, this did not mean that group members could not ask for advice when needed, or that others should not offer contrasting experiences. The value of such exchanges is explored further in Category E.

When positive responses to sharing were received, men experienced **building trust** with one another and were encouraged to engage in more acts of sharing. Participant 7 captures this positive feedback loop: "If I trust someone, then I can be vulnerable, be honest, and be met, in the sense that they're gonna do the same." The reciprocity of sharing and responding commonly resulted in participants experiencing "intimacy" (P4, 8), "authentic, deep connections" (P9) and "real encounter" (P6); hence, the group fulfils a common desire in joining the group to "expand and deepen [the] quality of connections with men" (P6).

Category E. Valuing Similarity and Diversity

This category describes a dual process of identifying similarities between group members, and acknowledging diversity of background and life experience, giving equal weight to the two dimensions.

Participants commonly described a powerful experience of **feeling at home** when they joined a group. This experience was often in contrast to feelings of difference identified in their back-story and constituted a further contributor to safety. Participant 1 describes this experience in remembering his first group:

> I remember feeling, these are good men. These are not jocks. … [One guy] wanted to talk about my relationship, he wanted to talk about my feelings, he wanted to talk about my desires in life. And I was like, I've never met men in such number that want to do this before. I felt very, very at home.

Participant 5 experienced the quality and content of conversation in the group as being in opposition to typical masculine interactions, or "male crap", that tends to remain at a superficial level. Meeting men with similar aims and desires to their own was "new and refreshing and different" (P2) and encouraged men to return.

However, many participants described this feeling as most powerful when accompanied by the presence of difference. Men described **drawing on diversity**, valuing the potential for others' life experiences to offer "a different angle" (P5) on what has been shared and help with "seeing the problem in a different way" (P4). Difference could bring benefit at the immediate level of mood: Participant 8 said he valued "bouncing off some of the things that are going on in each guy… I tend to be lifted by other people if they're positively sharing something." It could also extend to disagreement and conflict about the issues at hand: Participant 10 said that the group "needs to be safe enough to get unsafe. Because that's life." According to Participant 6, difference can be tolerated in a men's group because membership itself unites those present: "the fact of showing up to a group means that the divide is not a divide." (P6) The facilitator can also guide discussion back to underlying commonalities of feeling and concern.

When both similarity and difference were acknowledged, men described **realising it's not just me**. Similarity and diversity act like figure and ground, each bringing the other into awareness. As Participant 5 said, "despite the diversity … the superficial differences, you get underneath, and there's … the commonality of experience". Participant 3 captures the experience of finding similarity across difference and its powerful normalising effect:

> The facilitator said, "Can anyone else relate?" And maybe five or six guys of completely different ages and backgrounds put their hands up. … I really felt like my life just changed a lot from that moment, because I suddenly felt like I wasn't alone. I wasn't some abnormal kind of freak who had something seriously wrong with him. … I felt a lot better. I felt a lot more … ok, and normal.

When similarity was acknowledged by group members older than the person sharing, the experiences of the latter became stories of "survival" (P2), reassuring the man that what he

was going through could be endured, even if painful. The effect of this realisation will be described further in Category H.

Category F. Foregrounding Masculinity

There was a common, though not universal, theme in men's reasons for attending groups concerning "confusion around what is being a man and what does masculinity mean" (P9). This category describes how men's groups explicitly and implicitly bring masculinity to the fore, allowing men to analyse, perform and affirm their identity as a man.

When men's groups took up the concept of masculinity as an explicit topic of concern, participants described a process of **deciding what it means to be a man**, examining male expectations and norms and revising them as necessary. For some men, this entailed a recognition of masculinity as a social construct or an "evolving thing" (P7), a "hard-wiring" (P6) that had been experienced as restrictive. Diversity among group attendees assisted such conversations because it allowed men to consider a wider, more inclusive definition of manhood, "collapsing and broadening out the whole concept" (P6). Several participants described discarding aspects of masculinity, "undoing man" (P10) in order to access the authentic self. For others, defining manhood entailed the belief that there is an essential masculine energy or set of traits that can be identified in the self and developed: Participant 1 said, "there's something primal about being a man. Something about, you know, the fire inside me" (P1). In most cases, the definitions of manhood arrived at were positively framed, and in this respect perceived as in opposition to dominant societal narratives. Where manhood was not discussed explicitly, it could still be implicitly examined through the fact that conversations concern men's roles in relation to everyday tasks and challenges.

For many participants, arriving at a positive conception of masculinity while enjoying the company of other men resulted in the possibility of **affirming manhood**, seen as a core

aspect of personal identity. For some, masculinity had been an uncomfortable aspect of the self since childhood. Group membership allowed them to both desire to be a man and to have that identity validated by membership in the group, contributing to self-acceptance: "What makes it a men's group is that it's men" (P2). Participant 1 said, "I can look you in the eye right now and say to you, 'I am a man,' and be completely strong and steady and focused. I couldn't have done that 7 years ago."

Category G. Encountering Problems

Participants were encouraged to talk about any difficulties encountered in the groups they had attended. This category summarises some problems that arise, connected to the theory already described.

Although diversity was generally valued in men's groups, nearly all participants viewed it as secondary to the experience of feeling at home. If men experienced **feeling too different** to other group members, they failed to form bonds of trust and left the group. For this reason, two participants had tried several groups before finding one which they felt comfortable sharing in and wished to continue with. Participant 1 said of his first group, "I didn't see a kindred spirit in humour that I could have some fun with". Participant 2 said that, for him, the right group contained "enough gay men … to not feel excluded".

Because men's groups are peer-facilitated and take place outside of wider health structures such as the NHS, one participant commented that he felt they lacked a policy or process for **managing risk** and addressing the needs of men who others worry will harm themselves. Such situations can conflict with the group guideline of not attempting to intervene in the lives of others by offering solutions. Participant 8 said,

> I'm sometimes a bit fearful about how people are really feeling in the group, in the mood that they come in. 'Cos they can be quite sort of suicidal … So sometimes you come up against the limits of what the group can do for people, I suppose.

Some participants also described **negotiating practical challenges** arising from the need to bring men together from across a wide area. When men travelled long distances to attend a group, attendees tended to vary with each meeting, impacting on the development of trust. Participant 4 said, "the lack of continuity and consistency in people coming means that you can't get any momentum in the story." However, groups overcame this challenge by negotiating a regularity and location that worked for as many members as possible, sometimes agreeing to run a group online.

Category H. Benefitting from the Group

Participants in this research described a wide range of benefits of attending groups. This category summarises five themes in perceived benefits flowing directly from the group processes described above.

As an immediate consequence of sharing with vulnerability in the group, men commonly experienced **feeling relieved,** having had their thoughts and feelings heard and validated. This relief could be hard to articulate but was commonly conceptualised as having got something off one's chest. Participant 8 said "no matter what we've come with, you almost always find that you're in a better place just from a time of sharing." For some men, regular experience of this relief comprised one element of self-care, encouraging them to attend to their wellbeing and mental state even in the period between groups. Participant 2 said, "the men's group has been a part of my recovery and putting myself back together again … I'm more stable now and have more of a routine".

Accepting an authentic self describes the ways in which men explored and came to terms with their own identity as an outcome of self-disclosure and validation by the group. This is often in opposition to previous feelings of shame, of needing to hide or cure the self. Several men described becoming "more honest in life, and more honest with myself" (P8). For some, self-acceptance was in opposition to a narrative of mental health recovery. Participant 9 identified a societal message that "if we're not feeling content, if we're not feeling happy, if we're not feeling joyful … that it's wrong." In contrast to this message, personal struggle was claimed as a valuable and common aspect of human experience. Participant 6 said, "there's something about not having it fixed and sussed and achieved and mended that not only is acceptable, it's bloody good."

Growing and changing describes the positive changes men saw in themselves as a result of group attendance. Feeling relieved can "create space for new things and new ideas" (P7) helping with problem-solving and progress towards goals. Though men may come to the group to share problems that they come to see as insoluble, they leave feeling better equipped to cope internally with such difficulties. Participant 5 said "I can feel it in my body. … The word that's coming to mind is 'strength'. There's something empowering." Some men also learned external skills such as the ability to manage conflict and actively listen to others.

Men commonly described **having a support network** to draw on in times of difficulty. Emotional support was one aspect of this, but there were also times when information and advice were asked for. As Participant 7 said, "it's not all heavy emotion stuff. It might just be, 'Here's a cool restaurant to check out whilst you're in Lisbon.'" Some men described keeping in touch via a text message group as a valuable extension of members' time together, allowing them to draw on this support whenever it was needed.

Finally, several men described **experiencing a powerful feeling of belonging**. This belonging included access to the emotional and practical support described above, but it also implied the ability to provide support to other men, attending the group "to give as much as to receive" (P4). Participant 7 adapted a traditional image of manhood to express the feeling: "There's a force there … as if we're going to war. But we're maybe going to war on some of our own stuff for the better of one another." Participant 6 used a metaphor similarly emphasising equality of contribution and benefit: "The only other place in my life where I've experienced that in such fulfilment has been as a player in an orchestra. … You don't matter more than anybody else. And you matter hugely." Belonging was therefore a feeling of both being supported and providing support to other men, conferring a sense of value and self-worth.

Discussion

This grounded theory study of contemporary men's talking groups sought to find out why men enter a group, what they perceive as the processes of change in the group, and how they perceive the benefits, or any negative outcomes, of group attendance. The resulting theory states that men have frequently accessed other sources of support for emotional distress, including psychological therapy, and found that these insufficiently address a need for self-exploration and meaningful relationships. In a men's group, a safe space is created in which men are able to share and compare emotionally-charged experiences, leading to validation and normalisation of these experiences. Men may also examine and revise their conceptions of manhood, allowing them to affirm this aspect of their identity. Perceived benefits include feelings of general wellbeing, strength in the face of challenge and a sense of belonging. Some links with existing theories will now be explored.

Relation to Existing Literature

Yalom's group therapeutic factors.

Yalom's (2008) theory of the therapeutic factors in group psychotherapy has multiple links to the experiences of participants in this study, most notably in the discovery of universality. Yalom writes that, "Many individuals enter therapy with the disquieting thought that they are unique in their wretchedness, that they alone have certain frightening or unacceptable problems, thoughts, impulses and fantasies" (Universality, para. 1), but that in group therapy the disconfirmation of this thought through hearing others recount similar experiences is "a powerful source of relief" (para. 3). This process aligns with participants' shift from the perception that they are a "freak" or "misfit" to realising "it's not just me". A key difference is that, while Yalom describes this as a "welcome to the human race" experience (para. 3), for many of the men in this study it is a "welcome to being a man". While this may not be a complete realisation of universality, it has the benefit of affirming a key part of men's identities.

Yalom writes of the discovery of universality as being interwoven with catharsis and group cohesiveness: group members share their inner world, have this accepted by the group and so gain a sense of belonging, enabling trust. The self-reinforcing nature of this process is also very close to the theory derived in this research.

Theories of social relationships.

The theory sheds light on the specific qualities of relationships valued by men, and how they relate these to wellbeing. In terms of social support (Taylor, 2011) emotional support accounts for the largest part of the theory, aligning with men's respectful listening to and validation of each other's experiences, though some participants also described the benefits of informational support in the form of advice when explicitly sought.

An often overlooked aspect of social relationships literature is *donated* social support. In this research, men spoke of the importance of being part of a network of mutual support which they can both give to and receive from. For some participants, this was in stark contrast to a conventional one-to-one therapeutic encounter. Provision of support has been found to offer a sense of meaning and purpose, related to both physical and mental wellbeing (Taylor and Turner, 2001). The knowledge that one will be able reciprocate support may also decrease feelings of indebtedness associated with receiving it (Ingersoll-Dayton & Antonucci, 1988; Lu, 1997). Previous findings regarding the value of donated support to men have been mixed (Schieman & Meersman, 2004; Takizawa et al., 2006). The present study suggests that, by some men, support reciprocity is constructed as contributing to general wellbeing.

Closely related to support reciprocity is connectedness, a state of active involvement with others contributing to wellbeing through feelings of safety and comfort (Hagerty et al., 1993) and the knowledge that one "matters" (Matera et al., 2019)). The theory of men's groups emphasises "a powerful feeling of belonging" as one benefit of attendance, a feeling that participants found difficult to describe but saw as conferring emotional strength and confidence. Townsend and McWhirter (2005) suggest that while research has tended to imply that connectedness is a more central organising feature of women's relationships than men's, it may be that men and women simply differ in the types of relationships that contribute to this feeling. The current study provides support for the assertion that connectedness is a valued aspect of men's lives which can be supported by the provision of a safe context for emotional intimacy.

Male identity and role.

Several participants in this research described their perception of a negative societal attitude towards men and masculinity, a perception supported by survey findings exploring

expectations of different social groups (Kellner, 2015). Perhaps this is related to the emergence in popular consciousness of *toxic masculinity*, a set of behaviours and values including sexual predation and competitiveness viewed as damaging to women, children and men themselves (Kimmel & Wade, 2018) and frequently connected in news media with extreme political views and violence (Salter, 2019). This development in public discourse follows sustained change in the domestic sphere: in 1988, within the lifetime of nearly all of the men interviewed for this research, around half of the British public agreed with the statement "a man's job is to earn money, a woman's job is to look after the home and family", while this had fallen to 8% in 2017 (Phillips et al., 2018). In this context of changing expectations and evaluation, it should not surprise us that the men interviewed felt a pressure to adapt or abandon notions of masculinity internalised in their youth.

Social identity theory (Tajfel and Turner, 1979) proposes that individuals' self-concepts are in part determined by their membership of social groups, and that they strive for a positive self-concept by engaging in favourable comparison of the in-group against certain relevant out-groups. In a men's group, it may be that mutually supportive interactions with other men and the opportunity to co-construct a positive conception of manhood allow men to rehabilitate and affirm this aspect of their identity. According to social identity theory, this is likely to have a positive impact on self-esteem and may account for men's descriptions of increased self-acceptance. Although the premise of a men's group may imply that men are motivated to engage in comparison of the genders in order to improve self-concept, participants in this research did not endorse such a process, and a more common comparison was of the group members against other males conforming to rigid, traditional behaviours perceived as destructive.

These findings also have relevance to theories examining the tension between more and less adaptive aspects of the male role. O'Neil (2008) developed the theory of gender role conflict

(GRC), "a psychological state in which socialized gender roles have negative consequences on the person or others" (p. 362). O'Neil states that GRC restricts human potential and may cause men to struggle with role transitions and developmental tasks. Moments of challenge and transition were common reasons for men deciding to attend a group and key points of discussion in the group. Participants' descriptions of revising definitions of manhood are consistent with a decrease in aspects of GRC, particularly restrictive emotionality and restrictive affectionate behaviour between men, which some research suggests may impact positively on wellbeing (O'Neil, 2008).

Clinical Implications

Designing services that appeal to men.

Participants in this research valued a male-only context because it allowed them to speak openly, form reparative relationships with other men, and develop a positive male identity. Services may wish to pilot male-only versions of existing group interventions and monitor whether this improves uptake. It should be noted that participants spoke positively of extending group membership to anyone who identified with the male gender, regardless of their biological sex, and that diversity in terms of background and sexuality was also welcomed.

None of the men's groups attended by participants in this research were offered exclusively for men facing mental health difficulties, and men varied in whether they conceptualised their distress in this way. Requiring a diagnosis of mental "illness" may be a necessary regulator of service demand, but it reinforces the message that people who attend services must be fixed in some way, a message that participants in this research actively rejected. It also inevitably excludes those people who view themselves as primarily in need of informational and practical support rather than treatment by an expert. Framing interventions as opportunities

for self-exploration and development may be more acceptable to men than a mental health focus, although the challenges of providing such an intervention in an NHS context are acknowledged.

Male-friendly psychological therapy.

Some men in this study described experiencing conventional psychological therapies as offering a uniform, didactic approach that did not adequately acknowledge their distress, and placing them in a position of weakness relative to the (usually female) therapist. They valued the opportunity in men's groups to examine masculinity and its relevance to their life, without stigmatising the male identity. These comments may partially explain the fact that fewer men than women present to primary care mental health services (NHS Digital, 2020) and reinforce the need to make reasonable adaptations to psychological therapy to accommodate the preferences of male clients.

Reviews of existing literature providing recommendations for engaging men in psychological treatment have identified the importance of therapist knowledge of male gender role socialization, the adaptation of techniques and materials and awareness of the therapist's own assumptions and biases (Mahalik et al., 2012; Seidler, 2018). These suggestions are consistent with existing notions of cultural competence, "the ability to understand, appreciate and interact with people from cultures or belief systems different from one's own" (DeAngelis, 2015, p. 64). Respectful curiosity and cultural naiveté can provide a starting point for acknowledging and extrapolating differences between therapists and their clients (Dyche & Zayas, 1995). This may entail practitioners actively asking their clients about what being a man means to them and the effect of male expectations and relationships on their lives. The positive psychology/positive masculinity framework (Kiselica and Englar-Carlson, 2010; Englar-Carlson and Kiselica, 2013) offers a framework for such conversations and a

strengths-based approach to psychotherapy with men. These suggestions are not only relevant to female therapists working with male clients, but may be equally important for male therapists who differ from their clients in their conception of masculinity and its importance to their identity.

Limitations and Future Directions for Research

This research was limited by the relatively small number of participants involved, most of whom lived in the South East of England, and who may not be representative of men's group participants elsewhere in the UK. The study encountered substantial heterogeneity in men's group practices, but focused on common ground, aiming to provide a broad account of groups' utility and processes. The theory may not provide sufficient detail for practitioners wishing to hold a men's group in their own service, but links to existing psychological theory of groups have been noted.

Future research may seek to differentiate between men's groups, their underlying philosophy and methods. Men's groups may also be formally evaluated, and their applicability to a clinical population assessed. This study has also reinforced the need for further, likely qualitative, research into the nuances of men's supportive relationships, whether or not they occur within a group context.

Conclusions

This study provides a grounded theory of contemporary men's talking groups, a context that has attracted considerable media attention but been neglected by psychological research. The resulting model states that groups provide a safe space for self-exploration and the development of meaningful relationships with other men, leading to self-acceptance, an increased sense of resilience to emotional distress and a valued sense of belonging. The

research emphasises the need to adapt psychological interventions appropriately for men and conduct further research into the nature of their supportive relationships.

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Section C: Appendices of Supporting Material

Appendix A: JBI Critical Appraisal Checklist for Analytical Cross Sectional Studies

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Appendix B: JBI Critical Appraisal Checklist for Cohort Studies

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Appendix C: Quality Appraisal of Section A Studies by JBI Criteria

Table C

Quality Assessment of Included Studies

Cross-Sectional Studies	Were the criteria for inclusion in the sample clearly identified?	Were the study subjects and the setting described in detail?	Was the exposure measured in a valid and reliable way?	Were objective, standard criteria used for measurement of the condition?	Were confounding factors identified?	Were strategies to deal with confounding factors stated?	Were the outcomes measured in a valid and reliable way?	Was appropriate statistical analysis used?
Alpass & Neville (2003)	Yes: males aged 65+.	Yes: age, marital status, income and health described. Community sample from small NZ city.	Unclear: established scales used for social support and loneliness, but reliability statistics for the sample not reported.	Yes: "condition" is age and sex (no reason to suspect likely to be misrepresented).	No: no attention given to whether sample characteristics are representative of the population. Also, participants were recruited through personal social networks of Age Concern volunteers, meaning less well-connected men may not be represented.	No.	Yes: established scale used and justification for cut-off given.	Yes: Spearman correlations as non-parametric variables, and hierarchical regression to assess whether social support and loneliness predicted depression over and above demographic variables.

Bielawska-Batorowicz & Kossakowska-Petrycka (2006)	Yes: by status of relationship and pregnancy.	Unclear: Participant characteristics described appropriately (age, education and economic situation); however, as recurited via Polish-language websites, may be located across Poland or internationally (not reported).	Yes: Established scale used and Cronbach's alpha reported, although received support falls in questionable range.	Yes: "condition" is gender and fatherhood status (no reason to suspect likely to be misrepresented).	Yes: number of children, complications in pregnancy, relationship stability.	Yes: Inclusion criteria reflect this.	Yes: Established scale used and reliability and validity fully reported, with consideration given to issue of translation.	Yes: appropriate parametric and non-parametric comparison tests to compare depressed and non-depressed men, and hierarchical regression to assess whether social support predicted depression over and above partner's depression.
Dalgard et al. (2006)	Yes: community sample, recruitment described. Some possible sampling bias due to some participants being more likely to return mail surveys?	No: setting described as multi-national rural and urban, but proportion of participants from each setting and by age not described, or other demographic variables.	Unclear: Measure of received support in relation to life events has face validity but no details of reliability/validity given. Limited consideration of type of social support being measured by Oslo 3 scale.	n/a	Yes: unreliability of sampling frames.	Yes: data excluded.	Yes: Well-validated measure used.	Yes: appropriate group comparisons and multiple logistic regression to measure association of nominal variable (depression) with social support measurement variables.

Fowler et al. (2013)	Yes: by age.	Yes: setting was across Canada, and although demographics not reported, weighting phase applied to ensure sample representative of population.	Unclear: established scale for social support used with reliability and validity information available; however, sense of belonging item not validated.	n/a	No: it is possible bias was introduced at the stage of data extraction, as only those respondents who filled out social support items were included. This would not be corrected for by sampling weight.	No: no analysis of whether study data differs from the whole sample.	Yes: established scale used with reliability and validity information available, though not reported in this study.	Yes: stepwise regression analysis appropriate to assess relationship between severity of depression and social support variables. Could hierarchical regression have been used, entering social support after demographic factors?
Hann et al. (2002)	Yes: by age and neuropsychiatric health.	Yes: setting is outpatient oncology clinics and participants demographics given in full.	Yes: reliability statistics for social support measure are available, though not reported in this study, and it has been cross-validated in a sample of cancer patients.	Yes: status as patient at clinic and self-report (no reason to suspect misidentification).	No: No consideration of prognosis or type of treatment, which may confound by impacting on depression and availability of social support.	No.	Yes: established scale used with validity in this sample considered. Reliability information available and found to be good, though not reported in this study.	Yes: Pearson correlations between each social support sub-scale and depression, then comparisons between male and females.

Mechakra-Tahiri et al. (2011)	Yes: by age, language, cognitive status and depression diagnosis.	Yes: detailed demographic information referred to and setting described (community-dwelling Quebec residents, interviewed at home).	Unclear: Simple dichotomous measures for social relationships used with justification in references. Unclear convergent validity of these with scales used in other studies.	Unclear: Validity and reliability of depression measure developed by research team not reported, although based on valid and reliable measures. Limited effect of this on outcomes of interest, however.	Yes: demographic variables such as income and area of residence.	Yes: inclusion of these variables in logistic regression.	Yes: self-report of simple closed questions. Confirmation by medical records may have been more reliable, though ethically problematic.	Yes: Chi-squared tests for comparisons between characteristics of men and women according to consultation, and logistic regression to examine association between social relationship variables and consultation.
Park et al. (2015)	Yes: age and psychiatric status.	Yes: demographic details given in full and settings described.	Yes: established measure used and information about reliability and validity in the sample given.	Yes: neuropsychiatric interview used to determine depression.	Yes: abuse, impairment and other psychiatric conditions.	Yes: accounted for in exclusion criteria.	Unclear: difficult to confirm reliability and validity of suicidality measure, especially given completion in front of researchers.	Yes: appropriate parametric and non-parametric comparison tests to compare groups, and multiple regression for association of dependent variables with suicide risk.

Perkins et al. (2018)	Yes: all adults within a clearly defined geographical area. Very high response rate.	No: demographics were not described in full.	Yes: social network variables were calculated using standard procedures, justified with reference to the literature.	n/a	Yes: including age, marital status and economic status, justified.	Yes: included as explanatory variables in regression model.	Yes: a validated measure of depression was used, translation process described, and reliability statistics reported.	Yes: multiple linear regression as continuous independent and dependent variables.
Schieman and Meersman (2004)	Yes: age and location.	Yes: age, gender and race fully described and compared to population. Setting described.	Unclear: Measures designed by the researchers were used, based on a thorough conceptual review. Reliability reported and was acceptable.	n/a	Yes: variables related to distress and social support in previous research identified.	Yes: Controlled for in analysis.	Unclear: A measure designed by the researchers was used. This was based on symptoms of depression so may be valid, but unclear why an established measure not used. Reliability reported and was acceptable.	Yes: simple linear regression (OLS), with separate models for men and women, justified by the authors.
Takizawa et al. (2006)	Yes: all middle-aged adults within a clearly defined geographical area, selected due to high suicide rate.	Unclear: setting is described and gender, residential status of Ps given. Other characteristics not reported.	Yes: established measure of social support is used. Reliability and validity information is referred to and alpha given for the sample.	n/a	Yes: possible negative support and sociocultural factors are considered – useful points for future research to consider.	No: these factors are highlighted in the discussion, and demographics are not included in the model as control.	Yes: established scale used. Reliability information available and found to be good, though not reported in this study.	Yes: two-way ANOVA appropriate for analyzing effects of two dichotomous variables on depression.

Ward et al. (2018)	Yes: inclusion criteria described (age, employment, citizenship). Potential for sampling bias due to recruitment method, but high response rate.	Yes: Setting very clearly described and participant characteristics also given.	Unclear: established measure of social support used and reliability and validity information are given, although authors acknowledge scale has not been validated in diverse samples or the participants' languages.	n/a	Yes: age, income and marital status identified.	Yes: included as control variables.	Unclear: established measure used which has been shown to be reliable and valid in multiple populations, though not in the participants' languages.	Yes: SEM is used to test the relationship between latent variables. Authors see this as a test of buffering hypothesis, neglecting cross-sectional nature.
Wareham et al. (2007)	Yes: age and completion of relevant variables in large-scale survey.	Yes: Setting described and demographic variables given. Weighting phase applied.	Yes: established scale used with reliability and validity information available, though not reported in this study.	n/a	No: it is possible bias was introduced at the stage of data extraction, as only those respondents who filled out social support items were included. This would not be corrected for by sampling weight.	No: no analysis of whether study data differs from the whole sample.	Yes: established scale used with reliability and validity information available, though not reported in this study.	Yes: stepwise regression is appropriate, but the model does not allow authors to test whether support explains depression severity over and above demographic variables.

Prospective Longitudinal Studies	Were the two groups similar and recruited from the same population?	Were the exposures measured similarly and in a valid and reliable way?	Were confounding factors identified and were strategies to deal with these stated?	Were the participants free of the outcome at the start of the study?	Were the outcomes measured in a valid and reliable way?	Was the follow up time reported and sufficient to be long enough for outcomes to occur?	Was follow up complete? If not, were reasons for this explored and strategies to address this utilized?	Was appropriate statistical analysis used?
Beutel et al. (2019)	Yes: prospective study, so recruited from same population.	Unclear: whole sample assessed for exposure at baseline and social support measure is validated; however, unclear that loneliness measure is valid, especially as self-reported.	Yes: sociodemographic, behavioural and somatic factors identified, and these were included in the statistical model.	Yes: baseline PHQ scores reaching caseness were excluded.	Yes: using validated and reliable measure of depression.	Yes: five years is long enough, but may be too long – could participants have been depressed between baseline and follow-up? Is baseline social support still relevant?	Unclear: 82.8% included in follow-up and characteristics of those lost to follow up are described; however, no statistical strategy to deal with this described. Were those lost to follow-up more likely to be depressed?	Yes: multiple logistic regression as one nominal dependent variable and many independent variables.
Kendler et al. (2005)	Yes: prospective study, so recruited from same population.	Unclear: whole sample assessed for exposure at baseline; however, an idiosyncratic measure of social support is used.	Yes: age, gender, and genetic and environmental backgrounds identified, and controlled for both statistically and by use of a twin study.	No: but history was controlled for in analysis.	Yes: interviewed by qualified individuals blind to status of co-twin.	Yes: one year is sufficient and interview looked for symptoms in intervening year. Further follow-up points may have shown increased effect of support.	No: 82.6% successfully interviewed at wave 2, and no exploration of characteristics or reasons. No strategy to deal with this described.	Yes: paired logistic regression is described and justified.

Note. n/a = not applicable. Some questions for longitudinal studies combined for economy of space.

Appendix D: Participant Information Sheet

Version 2.2
18th April 2019

Information about the research

An investigation of how men access and benefit from men's groups

My name is Russell Woodhead and I am a trainee clinical psychologist at Canterbury Christ Church University. I would like to invite you to take part in a research study. Before you decide whether to take part, it is important that you understand why the research is being done and what it would involve for you.

Part 1 of this information sheet tells you the purpose of this study and what will happen to you if you take part. Part 2 gives you more detailed information about the conduct of the study. Please feel free to talk to others about the information below before making a decision.

Part 1: The study and your involvement in it

What is the purpose of the study?
It is important for psychologists to understand the kinds of services that benefit different groups, and the experiences these groups report having. We have known for some time that men are less likely than women to access psychological help. Many people who attend men's groups report that they feel better as a result, and this makes the groups a useful setting for us to study. Perhaps if we can understand why groups appeal to men, we could create NHS services that are more helpful. I would like to understand how and why men decide to come to a group, what they see as the benefits of attending, and how they think these benefits come about.

Why have I been invited?
You have been identified as someone who attends a men's group and has shown an interest in participating in research. Initially I plan to interview five group attendees, before recruiting more participants based on the results of these initial interviews.

Do I have to take part?
It is entirely up to you whether you wish to join the study. If you agree to take part, I will ask you to sign a consent form. You are also free to withdraw at this stage without giving a reason for your decision. Your participation in the group you attend will not be affected, whether or not you agree to take part.

What will happen to me if I take part?
If you would like to take part and are selected for participation at this stage, I will make contact to arrange a convenient time to interview you. The interview may take place in person, or it may be conducted using an internet calling service or telephone. The interview will last up to one hour and will be audio-recorded.

The interview will take the form of an informal conversation based around a series of questions about your experience of group attendance. I will ask about

- how and why you chose to attend a group;

- what happens in a men's group;
- the impact of attending a group; and
- the relationship of the group to mental health and wellbeing.

If at any time you are asked a question that you feel uncomfortable answering, you will be free to decline to answer, without giving a reason.

I will transcribe your interview and then analyse it alongside others, looking for common themes or differences between individuals. The ultimate aim is to identify a topic of concern to participants and build a theory to help psychologists in their work. When an anonymised draft analysis is available, this will be sent to you for your comments in a password-protected file. If you wish to contribute comments, these will help to shape the final version of the analysis.

Expenses and payments
If you travel to meet me for an interview in person, you will be offered £10 in cash towards the cost of doing so.

What are the possible disadvantages and risks of taking part?
It is possible that you may find it distressing to talk about some of the topics outlined above. If this is the case, you will be free to take a break if you wish. The interviewer will also ensure that adequate time is given to return to a neutral topic towards the end of the interview, and you will be provided with details of possible further sources of support. If you have any concerns after the interview has taken place, you are encouraged to contact the researcher.

What are the possible benefits of taking part?
We cannot promise that taking part in the study will help you, but the information we get from this study will be used to help improve the provision of support for men.

What if there is a problem?
Any complaint about the way you have been dealt with during the study or any possible harm you might suffer will be addressed. Detailed information on this is given in Part 2.

Will information from or about me from taking part in the study be kept confidential?
Yes. We take your privacy seriously and will follow ethical and legal practice in handling your information. There are some rare situations in which information would have to be shared with others, details of which are included in Part 2.

If the information in Part 1 has interested you and you are considering participation, please read the additional information in Part 2 before making any decision.

Part 2: The conduct of the study

What will happen if I don't want to carry on with the study?
You have the right to withdraw from the study at any time before or during the interview, and up until one week following the interview. Any personal information and existing data in the form of audio recordings and transcripts will be destroyed if you request this.

What if there is a problem?

If you have a concern about any aspect of this study, you should ask to speak to me and I will do my best to address your concerns. You can contact me by leaving a message on the 24-hour voicemail phone number 01227 927070. Please leave a contact number and say that the message is for me (Russell Woodhead) and I will get back to you as soon as possible.

If you want to complain formally, you can do this by contacting Dr Fergal Jones, Research Director for the Doctorate in Clinical Psychology, Salomons Centre for Applied Psychology – fergal.jones@canterbury.ac.uk, tel: 01227 927110.

Will information from or about me from taking part in the study be kept confidential?
Information collected about you will be kept confidential and secure. The only time when I would be obliged to pass on information from you to a third party would be if, as a result of something you told me, I were to become concerned about your safety or the safety of someone else. Participants have the right to check the accuracy of data held about them and correct any errors.

Both the audio recording and transcript of your interview will be stored securely, either on a network provided by the Canterbury Christ Church University, or on an encrypted USB drive in my possession. The interview transcript will be anonymised at the earliest opportunity. Participant contact details will be kept in a separate location to recordings and transcripts, linked to the latter by a code known only to the researcher. The data will only be used only by the researcher and only for the purpose of this study. It will then be retained for 10 years as required by the Medical Research Council before being destroyed.

What will happen to the results of the research study?
The results of this study will be submitted to examiners at Canterbury Christ Church University. It is also hoped that the results will be published in an academic journal. Please note that the results will contain anonymous quotes from participants to illustrate findings. A digested form of the results will be circulated to participants after completion of the study, if they request this.

Who is organising and funding the research?
This research is being organised by Russell Woodhead as part of a doctorate in clinical psychology. It is being funded by Canterbury Christ Church University.

Who has reviewed the study?
All research in the NHS is looked at by an independent group of people, called a Research Ethics Committee, to protect your interests. This study has been reviewed and given favourable opinion by the Salomons Ethics Panel, Salomons Centre for Applied Psychology, Canterbury Christ Church University.

If you have any questions about the study, you can leave a message for me on a 24-hour voicemail phone line at 01227 927070. Please say that the message is for me (Russell Woodhead) and leave a contact number so that I can get back to you.

If you have decided to go ahead and take part in the study, please sign and date the

accompanying consent form (version 2.1). You will then be given a copy of the form to keep.

Appendix E: Participant Consent Form

Version 2.1
18th April 2019

CONSENT FORM

Project: An investigation of how men access and benefit from men's groups
Name of Researcher: Russell Woodhead

Please read the following statements and initial in the boxes on the right.

1. I confirm that I have read and understand the information sheet dated 18th April 2019 (version 2.2) for the above study. I have had the opportunity to consider the information and ask questions and have had these questions answered satisfactorily. ☐

2. I understand that my participation is voluntary and that I am free to withdraw my data for up to one week following the interview without giving a reason. ☐

3. I consent to participation in an interview about my experiences, and to the audio-recording of that interview. ☐

4. I agree to the transcript of my interview being analysed for the purposes of research, and that anonymous quotes from my interview may be used in published reports of the study findings. ☐

5. I agree for my anonymous data to be used in further research studies on the same or similar topics by the lead researcher. ☐

6. I understand that data collected during the study may be read by the study supervisors (Ms Linda Hammond and Dr Luke Sullivan). I give permission for these individuals to have access to my data. ☐

7. I agree that the researcher may contact me with questions regarding my interview data during the process of analysis, using the email address I have provided. ☐

8. I agree to take part in the above study. ☐

Name of participant _____ Date_____
Signature _____
Name of person taking consent _____ Date_____
Signature _____

Appendix F: Ethical Approval

This has been removed from the electronic copy.

Appendix G: Positioning Statement

This statement was written following a bracketing interview conducted with a colleague.

The bracketing interview helped me to think about my own beliefs about men and masculinity, and how they might impact on my analysis of the data I collect.

My view of men has undoubtedly been coloured by my experiences of the men in my family, who I have a great deal of respect for. This extends to their relationships with women, which I have always perceived to be respectful and equitable. Some of these men have experienced depression, and so I was drawn to research that might shed light on how we can create spaces where men can talk openly if it helps them.

My own relationship with masculinity has evolved over my life so far. I did not have traditionally boyish interests growing up and spent a lot of my time taking part in musical theatre, but I also did not suffer for this through bullying or ever doubt that I was a boy. I think I am lucky in that I have relationships with male friends who I can confide in about difficult issues, but it is also probably true that these relationships are not as intimate as my wife has with her female friends. I am much more likely to engage in activities with my male friends than just chat, perhaps running or listening to music, so I am curious about what goes on in the groups.

In recent years, I have perceived much media coverage of men as a group to take a negative tone, and problems facing men, such as a high suicide rate, to be minimised because the group as a whole is privileged. I have also noticed that individual men sometimes outwardly adopt and support these negative attitudes, distancing themselves from “men” as group. This has made me wonder about their relationship with their male identity, and whether they feel

ashamed of it. These observations and questions made me keen to embark on the research and support an intervention that may help men whose voices may not otherwise be heard.

However, I am slightly concerned that I might encounter men who have developed beliefs that I find strange, such as very essentialist beliefs about sex and gender or even negative beliefs about women. I hope that in this case I would be able to hold these beliefs both compassionately and critically, and report them honestly. It is fair to say that I am hoping that the research will show the value of men's groups, but I also need to keep listening for difficulties and limitations, and maintain an observing stance.

Appendix H: Abridged Reflective Diary

The following excerpts from my reflective diary have been selected to show my journey as a researcher through key parts of the process. The theoretical memos in Appendix M are similar to these entries but are more concerned with my engagement with the data and categories themselves.

15/07/19 I conducted my first interview today and was very pleased by how open and honest the participant seemed to be. It was very clear that he thinks attending a men's group has had a big impact on his life, and this gives me confidence that the research will be worthwhile. In particular he talked about re-defining terms like "integrity" which can be restrictive, and this made me think of masculinity of a social construct that he seemed to be moulding to create a better fit. I was also pleased that he was able to talk about some of the problems he encountered in groups, as I had been worried that it would be challenging to talk about what groups don't do so well. I found at times that I began to "think about" the material rather than actively listening, at which points I began to miss things and not follow the conversation. I need to remember that there will be plenty of time for thinking later!

02/09/20 I have begun "open" or "initial" coding of the manuscripts, having finally transcribed my first three interviews. This is a long process, and I'm finding it difficult at times to capture what the participant has said with a gerund, especially going line-by-line. Sometimes the "gist" seems to lie over several thoughts or lines, though I can see how working at that level might make me more likely to jump to conclusions or apply my own preconceptions about the data. Sometimes I also think there is a decision to be made about whether to code for what the participant is *talking* about doing in group, e.g. "feeling more safe without women", or for what they are doing to me in the interview, e.g. "justifying excluding women". I think the former is preferable, but having the latter as an option is

helping me to make some sense of passages where men are not directly discussing their experience in the group. For example, coding “struggling to find the right words” when participants say that it is hard to describe an experience shows that a concept or feeling is nebulous or elusive.

28/10/19 I encountered a good example of how a bracketing interview is helpful today. In the interview I remember talking about how, if I came across attitudes I found uncomfortable, particularly towards women, I might unconsciously minimise this strand. Today, I had decided not to code some sections of an interview, as they seemed to be largely didactic, the participant “educating” me in men’s issues, and not relevant to the groups directly. I later changed my mind however, as I realised that my desire to minimise this more radical aspect of the groups, e.g. empathising with “men’s rights activists” may have influenced my decision. I have coded the section now as it does seem relevant to his reasons for being in the group. However, in the interviews themselves I think there is a balance to be struck between the participants’ interests and my priorities as clinical psychologist/researcher

05/12/19 I’ve spent the morning writing a new protocol for interviews, based on my open coding and clustering of those codes. I’ve designed the new protocol in order to further interrogate areas that seemed important to participants, being consistently coded, but were not adequately addressed previously. For example, engagement with a wider men’s movement seemed to come up consistently in men’s stories of how they came to attend the group, even though I didn’t ask about specifically, so I haven’t felt the need to include it as a new question. Conversely, the amount of difference/diversity that can be tolerated or valued in a group seemed to be something more under the service, running through responses, but not directly addressed by our conversation. I have a hypothesis that this question of sameness/difference is important to participants, and I need to seek evidence to support or

refute this, so I've included it as a question. I've also included a list of topics to remain "sensitised" to, i.e. ask further about, if they come up.

13/12/19 Met with Linda and reviewed progress. I showed Linda the code clusters as they currently stand, and she had some helpful thoughts on which areas could be further explored. We also discussed some ideas that have come up in the three interviews I have conducted since we last met but have not yet transcribed. For example, the idea of "exploring the middle" between polar opposites, for example, touching/no touching, masculine/feminine. We also talked about how my/our position as CPs might affect how we view what is happening. For example, we want to describe the men as developing "emotional range", but I'm not sure this is how they themselves would put it. Although emotions would seem to be involved, emotions are not being described often in my interviews.

16/01/20 I now have previous codes pinned up, comparing these as I go through new manuscripts, deciding whether to create a new one, or apply a previous code for later comparison. If any doubts, I'm adding a memo. In particular during this process I've developed a "relationships" category - previously men had talked about listening and sharing, but not so specifically about relationships with other men in the group. It now seems important to separate out this element of experimenting with different types of relationships. Where sexuality is concerned this also relates to reconstructing/reclaiming a masculine identity.

13/02/20 I met with Luke today and talked him through the theory diagram as it stands. It was very helpful to speak my thoughts aloud and have them interrogated a bit, and certainly heartening to hear that they make sense. He also said that he could tell I knew the data inside out, which I think shows how valuable it has been to transcribe the interviews myself. Luke was keen to think about the links between the experiences described by the research

participants and radically open dialectical behaviour therapy. RO DBT aims to combat inhibited and disingenuous emotional expression which are seen as getting in the way of social connectedness. I can certainly see the relevance of this, and it makes some interesting links between my Part A literature review and the men's group theory. I disagreed with him on the point that group members necessarily learn to *name* their emotions, working against alexithymia. Although research has shown an association between alexithymia and emotional distress/suicide, I'm not sure it follows that learning to name emotions using conventional terms is the only way to reduce that distress. Several of the participants in this research focused far more on practical support, information and advice, adopting a more business-like tone in describing the benefits they saw. I see that this conflict relates to an earlier conversation I had with Linda about the way we as CPs might be tempted to frame what is going on in the data.

03/04/20 I conducted my final interview today, and though there were times where it confirmed much of the theory I have developed, there were also a few spanners thrown in the works! It was interesting though to notice how wedded I had become to the theory, and that I was a little irritated to hear it contradicted. The theory attempts to account for very diverse experiences in groups, so such contradictions are inevitable, and they are not so great that they cannot be incorporated into what I have already developed. It makes me wonder if "theoretical saturation" would ever be a feasible goal, though, unless one was researching a very small and homogeneous population. I am looking forward to finalising the model now and beginning to link it to existing theory.

06/04/20 In writing my discussion section I have reviewed Yalom's (2008) theory of group therapeutic factors and been stunned at how close this comes to my grounded theory in places. In particular, Yalom writes of a "positive, self-reinforcing loop", very similar to the one the participants and I have described. It is very possible that I have read this section of

Yalom's work before and that the concept had lodged somewhere in my mind, but if this is the case it occurred well outside of my awareness. On one hand I feel pleased that the ideas are so closely aligned, as it gives some precedent and legitimacy to my own ideas; on the other I feel a little like an amateur songwriter who has just discovered a striking similarity between my own melody and something by Paul McCartney. It certainly demonstrates Barney Glaser's assertion that the researcher will inevitably be influenced by the underlying structure of theories in their own field.

Appendix I: Development of Interview Schedule

Interviews always began with the question, “In as much time as you need, can you tell me about the events that led to you attending a men’s group?” This ensured that I was sensitised to areas of particular concern to the participant, rather than solely following my own agenda.

The remaining questions in the schedule are prompts that helped me to further unpack the first narrative response and reminded me to raise topics that had not yet been mentioned. In the spirit of grounded theory, interviews remained flexible, and not all of the questions were used in every interview.

As can be seen, the first version of the interview schedule is wide-ranging but naïve. The second version is more grounded in participants’ experiences and designed to sensitise me to themes. The third is more focused and targets aspects of the emerging theory.

Interview schedule version 1.

In as much time as you need, can you tell me about the events that led to you attending a men’s group?

Follow-up questions:

- Can you tell me how you found out about the group?
- Have you attended men’s groups or projects in the past?
- What attracted you to the idea of attending this group?
- How did you decide to attend? Did anyone encourage you?
- Is there anything that might have deterred you from attending the group?

The experience of the group:

- What happens in the group?

- Is it important to you that the group includes only men?
- What have been the most important areas of discussion to you?
- Have you had any experiences in the group that particularly stand out?
- Do you spend time with men in other contexts? If so, how do these differ from the formal group?
- Have you told anyone else about the group? What has been their reaction?

Perceived change:

- Do you think that your experience and actions in the group have changed over time?
- Do you think that other areas of your life have changed as a result of attending the group?
- What have you gained?
- Is there anything that you have let go of or lost?

Psychological health and wellbeing:

- What do mental health and wellbeing mean to you?
- If you have you accessed other forms of support in the past, how does the group differ from these?
- Do you think that the group has impacted on your wellbeing, either positively or negatively?

Interview schedule version 2.

In as much time as you need, can you tell me about the events that led to you attending a men's group?

What normally happens in your group? How were the format/rules of the group decided?

What keeps you going back?

Why men's groups:

- Why is it important to you that the group contains only men?
- How do your relationships with men in the group differ from those with men outside it?
- How does the men's group differ from other social and support settings?
- What makes a good group? Do you think it's important that the men in the group have something in common, or that they don't?

Talking:

- What is it that allows you to talk about yourself in the group? How did you know it was safe to "share"? (Listen for safety and similar words. Flipside is danger, judgement.)
- What's the difference keeping something to yourself, and then having shared it?

Listening:

- What do you gain from listening to others?

Norms and rules:

- How would you describe the atmosphere of the group?
- What is the importance of rituals and structure to the group?

Benefits and change:

- How does the group help you to deal with problems, suffering, or distress?

- Do you think that other areas of your life have changed as a result of attending the group?
- What have you gained?
- Is there anything that you have let go of or lost?
- Looking back over the time you've been attending, is your experience of the group broadly similar to when you started out, or has it changed over time?

To be sensitised to – ask further about these if they come up:

- Key terms, especially concerning maleness, being a good man, integrity, other values. Ask: What does that word mean to you? Is that something that has been discussed in the group?
- Being part of a broader movement, events beyond the group, and why they are important or enjoyed.
- Listen for other forms of support tried and ask, what is the difference?
- Safety and threat
- Feeling states and the meaning made of them
- Group dimensions: frequency, size, online-offline, open-closed, finite-indefinite, more-less structure, more-less disciplined, more-less like daily life
- Problems
- Reactions to others
- Problems in society (but guide back to groups)

Interview schedule version 3.

In as much time as you need, can you tell me about **how it was you came to attend** a men's group, and why it is that you choose to keep attending?

In what ways do you see yourself as **similar** to the other men in the group(s), and in what ways **different**? Does it matter?

Thinking about your life beyond the group, what do you see as the **benefits** as having attended a men's group? What impact has the group had on you, your life, and your relationships?

What enables you to **share** in the group? How is the group different to other contexts that allows you to do so? What is the **benefit of sharing**?

What benefit is there in **hearing** from others in the group? That is, why a group and not one-to-one?

How has the group impacted on your sense of **what it means to be a man**?

Is there anything else that **seems important** that we haven't covered?

Appendix J: Excerpt from an Open-Coded Transcript

This has been removed from the electronic copy.

Appendix K: Examples of Memos during Initial Coding

The following are examples of early memos written during initial coding of a single interview. The passages to which the memos refer have been removed from this electronic copy.

"This seems very basic and vital. I feel like I want to connect this to other psychological theories, but I need to stay open-minded. It seems to connect to participants' comments on being heard. You are heard, then others, who you recognise yourself in, reflect back positively."

"Is there an exposure element to the groups? Need to ask more in future interviews about how this change takes place. Why is that he was able to stop second-guessing himself? Perhaps I also should have asked what "second-guessing" means to him."

"Surely one can also project onto men? Yes, he talks about this below. Does this mean that the groups are most helpful to men who have had difficult/important experiences with women? Why is it that relationships with men can be examined in the group, but not with women. Is it to do with this idea of safety and its limits?"

"Should I be thinking about predisposing factors for the men who attend the groups? The kinds of men most likely to find and benefit from the groups? This would give the theory relevance to mental health professionals. This may also be a red herring, in that it is his rationalisation of the "why" after the fact (useful for us to know, from a constructivist perspective, but perhaps not for implementation). It would be useful to hear more about specific experiences in relation to this."

"Learning about the self has been spoken about by other participants. I'm interested that this can be achieved simply by talking. He doesn't mention the contribution of other group

members, even though this group tends to have a free-flowing conversation. Are the contributions of others important, or only when feedback has been asked for? Is it the same as the process participants describe in the groups where usually only one member speaks at a time?”

Appendix L: Illustration of Development of Focused Codes

Figure L is intended to illustrate the development of codes and categories, focusing on the "sharing with vulnerability" sub-category. *In vivo* initial codes were clustered to give two focused codes that accounted for larger sections of data. In the theoretical coding stage, focused codes were examined for dimensions and properties, ultimately being combined as categories and sub-categories. Although the figure is designed to be read from left to right, this was an iterative process, moving back and forth between levels of abstraction.

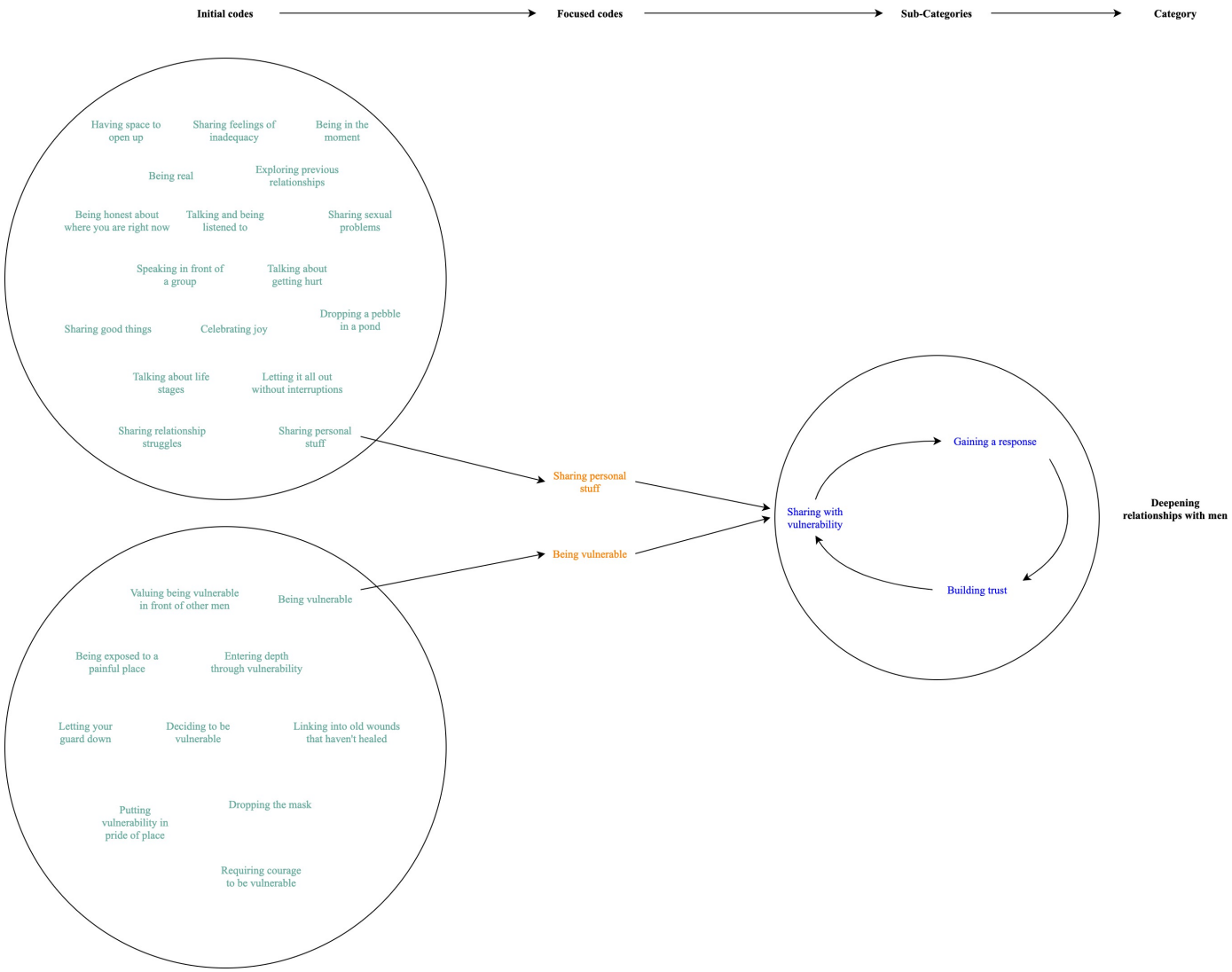


Figure L. A visual representation of the development of codes and categories.

Appendix M: Examples of Memos During Theoretical Coding

The following are examples of later memos written during the theoretical coding stage, recording my thoughts in relation to the development of categories and sub-categories.

27/02/20 14:17 Comparing data in the category, "Struggling with mental health" has made me realise that this is not sufficient as a theoretical code. Participants' descriptions were broader than this, and depression/anxiety only one way of describing what would be more accurately termed "emotional distress". I've also wondered whether the "identifying a need" category overlaps with this, but thinking temporally, the recognition of a need for exploration usually comes after a recovery from severe mental health issues. I need to make clear that the stages do overlap and time scales can differ – account for the fact that men may still be addressing mental health/distress in the group.

05/03/20 16:52 I have combined the "sharing" and "feeling vulnerable" – this was because I realised that that the two ideas always occur together. To share *is* to be vulnerable, and one must be vulnerable *in order* to share. The two could remain separate with a bidirectional causal link, but this would not capture the way participants talk about the process, as though vulnerability is an important aspect of sharing, rather than a state produced by it. I have created the code "sharing with vulnerability" for this purpose at the moment. I consider it to be an important code because men also say that this is precisely what they cannot do in other settings – it is a core quality of the men's group (possibly an aspect of the theory's core category).

20/03/20 12:49 The more I developed the category "fun and humour", the more important it seemed to acknowledge in the theory that not all groups aim for this tone. This was especially true as I realised that a calm, warm, "rustic" environment is not just an absence of fun and humour, but is another way of creating safety. I've therefore combined the two under a

broader category called, “tone and atmosphere”. The more important quality is that the tone aims to make men feel welcome first and foremost, though what is needed for this to happen may be different for different men. I think this is distinct from the broader idea of a safe space because of this variation, and because specific strategies, such as handshakes or hugs, soft lighting and a rustic location have been described. Structure, guidelines and tone are like the building blocks for a foundation of safety.

26/03/20 10:30 It seems important to attempt to summarise what “sharing” means at this point. This is a word that has been used so frequently by participants, and is so familiar to my own life, that it has become invisible. When men share, they are disclosing information about their lives, often about relationships, work, family, transitions and challenges. These are all things that they may talk about in other settings (though some may not); the difference is that there is also a level of emotional content, some feelings about what is being expressed. It seems to be this level of *feeling* that produces a sense of vulnerability, a sense that one may be attacked or ridiculed for what one has said. Perhaps this is because acknowledging or attending to emotions contradicts traditional masculine norms. Although an atmosphere of safety is aimed for, there remains a level of risk for men in opening up in this way. The only way to find out if it is truly “safe” to share is to do so. Once men enter this process, the effect of being heard and responded to is very powerful and self-reinforcing.

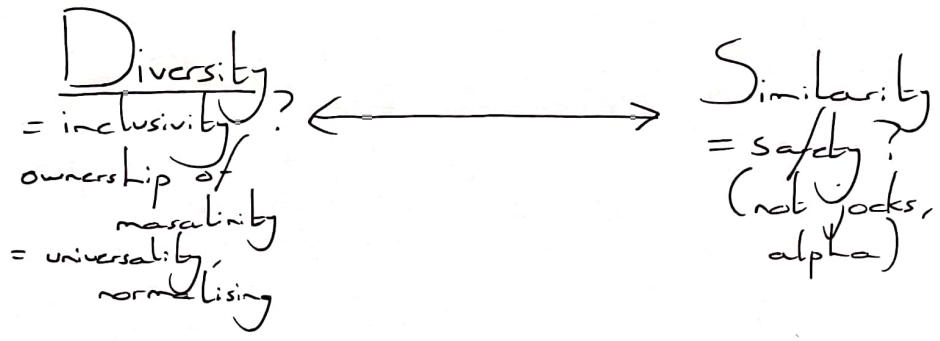
27/03/20 15:03 In comparing data in the “hearing from others” category, I have realised that there are three distinct valuable responses from other men that are not adequately described by this code. The first is simply active listening, called honouring or witnessing by one participant, which he experiences as validating. The second is actively signalling recognition of an experience or ‘resonance’. The third is speaking about their own, similar experiences (although they may also do this unprompted). I’ve therefore decided to group these three responses under the theoretical code, “gaining a response”. I’m still somewhat unsatisfied by

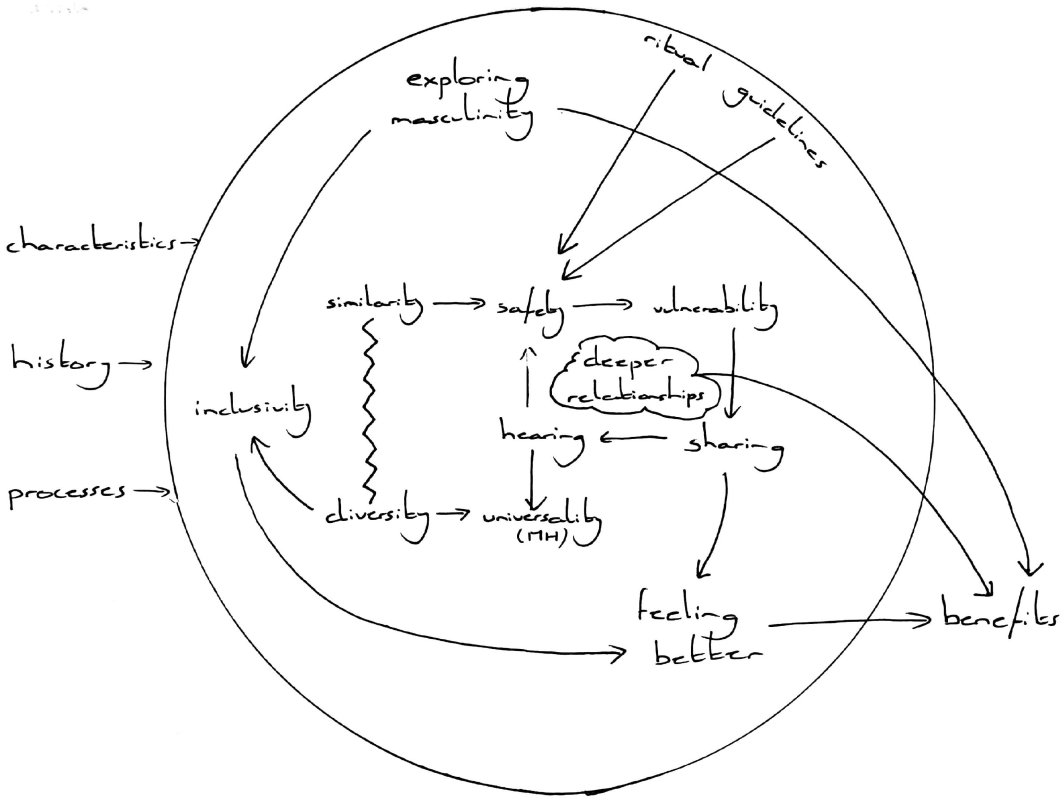
this, but the idea of 'response' seems to capture all three experiences, allow for the possibility of something non-verbal, and avoids the theory becoming unwieldy. It feels important to maintain codes as gerunds in this category in recognition of the fact that the activities and processes described really are things that men experience themselves as *doing*.

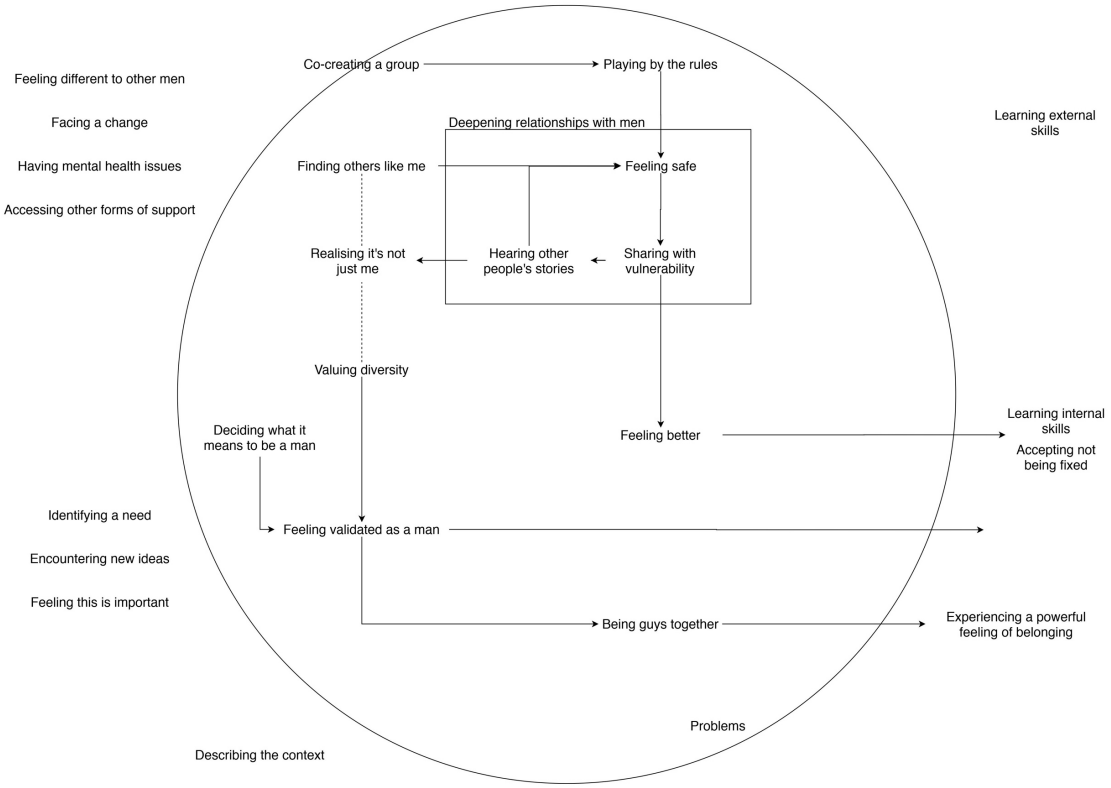
03/04/20 18:41 I have struggled with what to make of the "being guys together" sub-category within the "foregrounding masculinity" category. My final participant thought it was important for men to move away from this "boyish" sense of identity, but I know that to others it has been very important. This final interview also brought to my attention that more flexibility is needed in the categories representing re-constructing and affirming manhood. There is great diversity in whether men see masculinity as a deeply embedded in their identity that they should get to grips with, or something imposed from outside that needs to be shrugged off. I think that "being guys together" can be subsumed under the broader sense of belonging, which is then understood to be a feeling that flows from the group but transcends its boundaries. I've also re-written the description of "deciding what it means to be a man" to make it clear that this might include "undoing man", that is, accessing a self that isn't defined by gender. Paradoxically, not being defined by masculinity can be regarded as authentic manhood.

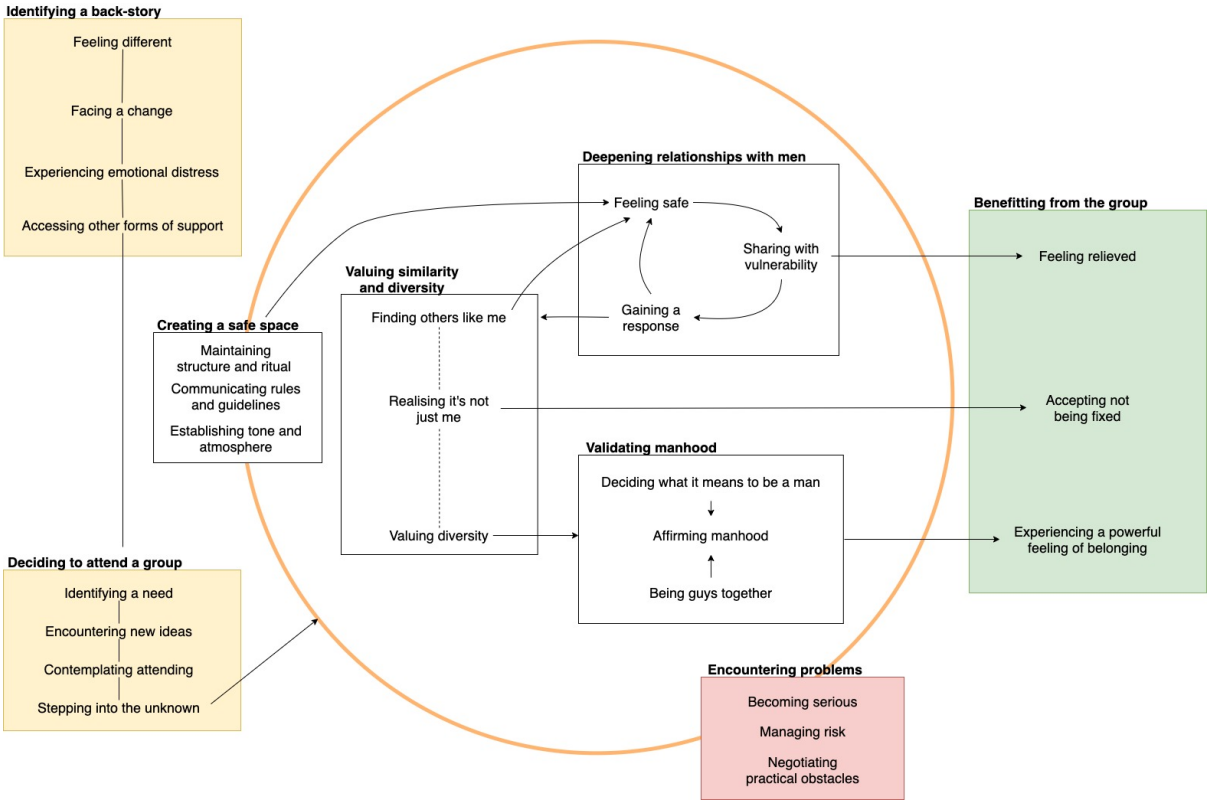
Appendix N: Examples of Theory Development Through Diagramming

The following images illustrate the development of the theory through diagramming, from sketching out a single relationship between concepts to clarify my thoughts, through increasingly complex but coherent versions of the whole theory.






Feeling different to other men
Facing a change
Having mental health issues
Accessing other forms of support
Co-creating a group
Playing by the rules
Deepening relationships with men
Finding others like me
Feeling safe
Realising it's not just me
Hearing other people's stories
Sharing with vulnerability
Learning external skills
Valuing diversity
Deciding what it means to be a man
Feeling better
Learning internal skills
Accepting not being fixed
Identifying a need
Encountering new ideas
Feeling this is important
Feeling validated as a man
Being guys together
Experiencing a powerful feeling of belonging
Problems
Describing the context


Identifying a back-story
Feeling different
Facing a change
Experiencing emotional distress
Accessing other forms of support
Deepening relationships with men
Feeling safe
Sharing with vulnerability
Gaining a response
Benefitting from the group
Feeling relieved
Valuing similarity and diversity
Finding others like me
Creating a safe space
Maintaining structure and ritual
Communicating rules and guidelines
Establishing tone and atmosphere
Realising it's not just me
Accepting not being fixed
Validating manhood
Deciding what it means to be a man
Affirming manhood
Being guys together
Valuing diversity
Experiencing a powerful feeling of belonging
Deciding to attend a group
Identifying a need
Encountering new ideas
Contemplating attending
Stepping into the unknown
Encountering problems
Becoming serious
Managing risk
Negotiating practical obstacles

Appendix O: End of Study Summary for Participants

Dear participant,

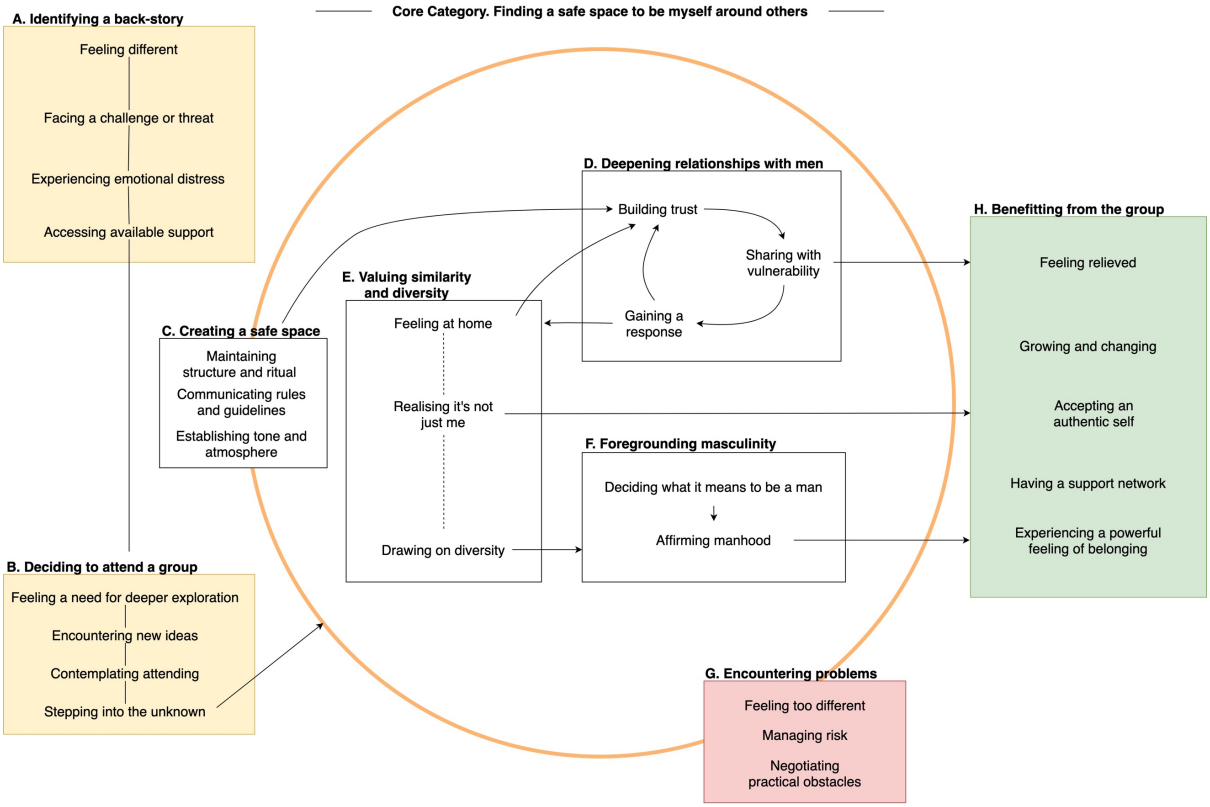
Thank you again for agreeing to be interviewed for the study of men's groups. The research has now been completed, and in time I hope to publish the results in a journal to help mental health professionals and researchers better understand what happens in the groups, and how men feel they have benefitted from them. Here is a brief summary of what happened during the research, and what the results were.

The study

10 men took part in the research and told me about their experiences of groups. I transcribed these interviews, then used grounded theory methodology (GTM) to analyse what people had said. GTM is used to build a theory "from the ground up" rather than applying an existing theory to the data. As I was analysing the interviews of ten men with different views, the model below might fit more or less comfortably with different parts of your own experience. It also represents just one possible way of making sense of the data that is unique to me as a researcher.

The model

Below is a diagram illustrating the relationship between different parts of the theory. Each part is then described in turn.



Category A. Identifying a Back-Story

When asked how they came to attend a men's group, many men recount a story encompassing aspects of their identity and major life events. Men describe historically **feeling different** to others, often not at home in the typical male culture. In the years preceding their engagement with a group, men describe **facing a challenge or threat** such as illness in the self or others, the break-up of a relationship or loss of a job. Such events precipitate a period of upheaval and uncertainty, and often a major shift in values. Some men identify **experiencing emotional distress** as either an example of a challenge they faced or a consequence. Some men describe this in terms of mental health. In response to their difficulties, men frequently describe **accessing available support**, including therapy and counselling, peer support groups, church and medical consultation. These may be helpful, but are often not sufficient, leading to the processes in Category B.

Category B. Deciding to Attend a Group

Having been through a period of struggle, men frequently report **feeling a need for deeper exploration** of the self in relation to others. The need often begins with dissatisfaction with existing social networks, which do not allow men fully to be themselves and feel supported. Once men identify this need, there follows a period of openness to **encountering new ideas**, often through books, podcasts, and searching the internet. It is during this period of discovery that men encounter the idea of groups. Men report a period of **contemplating attending** a men's group, during which they feel uncertainty and even fear. Ultimately, men describe **stepping into the unknown** as an active decision to try a group despite being uncertain what it will entail.

Category C. Creating a Safe Space

Some men's groups make use of a facilitator; others, usually where all participants have previous experience in groups, share or rotate this role. The facilitator or group's first task is to create a foundation for safety by **maintaining structure and ritual**, **communicating rules and guidelines**, and **establishing tone and atmosphere**. Safety is a necessary condition for the group's work. Structure and ritual create a clear boundary between the group and other contexts, aiding the transition between the norms of the everyday world and the rules that operate in the group. Rules and guidelines in men's groups commonly encourage brevity, honesty, spontaneity and turn-taking in those speaking. In listeners, they encourage non-judgement and a promise of confidentiality. Offering unsolicited advice is discouraged. Tone and atmosphere can vary markedly but always aim to be welcoming to newcomers.

Category D. Deepening Relationships with Men

This category describes the central task of the men's group, which takes place through a recursive, reciprocal process of self-disclosure. **Sharing with vulnerability** describes the disclosure of emotionally-charged experiences that would usually be regarded as personal

and not spoken about with male friends. Because acknowledging or attending to emotions, particularly in front of other men, contradicts traditional masculine norms, there remains a feeling of risk for men in opening up in this way. **Gaining a response** describes three ways in which men positively experience the contributions of other group members as validating and normalising what they have shared, by listening respectfully, signalling recognition, or sharing similar experiences. When positive responses to sharing are received, men experience **building trust** with one another and are encouraged to engage in more acts of sharing. The reciprocity of sharing and responding results in participants experiencing authentic, deep connections, founded on true expressions of inner experience, rather than a façade.

Category E. Valuing Similarity and Diversity

This category describes a dual process of identifying similarities between group members and acknowledging diversity of background and life experience, giving equal weight to the two dimensions. When men enter a group, they frequently describe a powerful experience of **feeling at home** amongst men with similar aims and values. However, such similarity is most powerful when it is accompanied by the presence of difference. Men described **drawing on diversity**, valuing the potential for others' life experiences to offer a different angle on what they have shared. Acknowledging difference may entail feeling uncomfortable and unsafe for a time, before coming back to common ground. When both similarity and difference are acknowledged, men describe **realising "it's not just me":** that despite superficial differences there is a commonality of experience connecting them to other men. This has a powerful normalising effect and may reassure the man that what he is going through can be endured.

Category F. Foregrounding Masculinity

When men's groups take up the concept of masculinity as an explicit topic of concern, men describe a process of **deciding what it means to be a man**, examining male expectations and

norms, traits and experiences. This can help men to arrive at a definition of manhood that is inclusive and positive, sometimes perceived as being in opposition to dominant societal narratives. Where manhood is not discussed explicitly, it may still be implicitly examined through the fact that conversations concern men's everyday tasks and challenges. Arriving at a positive conception of masculinity while enjoying the company of other men results in the possibility of **affirming manhood**. For some group members, masculinity has been an uncomfortable aspect of the self since childhood. Group membership allows them to both desire to be a man and to have that identity validated by membership in the group.

Category G. Encountering Problems

This category summarises some problems that can arise in men's groups. Although diversity is generally valued in men's groups, it is secondary to the experience of feeling at home. If men see themselves as **feeling too different** to other group members, they will not form bonds of trust and may leave the group. Men's groups may lack a process for **managing risk** and addressing the needs of men who others worry will harm themselves. Such situations can conflict with the group guideline of not attempting to intervene in the lives of others by offering solutions. Men also describe **negotiating practical obstacles** arising from the need to bring men together from across a wide area. Groups aim to overcome this challenge by negotiating a regularity and location that works for as many members as possible. This may extend to running a group online.

Category H. Benefitting from the Group

As an immediate consequence of sharing with vulnerability in the group, men experience **feeling relieved,** having had their thoughts and feelings heard and validated. Regular experience of this relief can comprise one element of a recovery process or self-care routine,

encouraging men to attend to their wellbeing and mental state even in the period between groups.

Accepting an authentic self describes the ways in which men explore and come to terms with their own identity as an outcome of self-disclosure and validation by the group. This is in opposition to previous feelings of shame, of needing to hide or cure the self. This acceptance includes claiming personal struggle as a valuable and common aspect of human experience.

Growing and changing describes the positive changes men see in themselves as a result of group attendance. Feeling relieved of thoughts and worries can create space for new ideas, helping with problem-solving and progress towards goals. Though men may come to the group to share problems that they come to see as insoluble, they leave feeling better equipped to cope internally with such difficulties. Men may also learn skills such as the ability to manage conflict and actively listen to others.

Men describe **having a support network** to draw on in times of difficulty. Emotional support is one aspect of this, but there may also be times when practical support, information and advice are asked for. For some groups, keeping in touch via a text message group is a valuable extension of the group's time together, allowing them to draw on this support whenever it is needed.

Finally, having developed relationships of trust based on an authentic self, men describe **experiencing a powerful feeling of belonging**. This belonging is a source of emotional strength during times of struggle. It is a feeling of both being supported and providing support to other men, conferring a sense of value and self-worth.

Appendix P: End of Study Summary for Ethics Panel

Dear Ethics Panel,

RE: Male help-seeking and psychological benefit in formal non-therapeutic groups

I am writing to inform you that this study has now been completed and submitted in partial fulfilment of the requirements of Canterbury Christ Church University for the degree of Doctor of Clinical Psychology. I am pleased to provide the following summary of the research.

Summary

Reluctance to seek help for emotional distress is a major theme in research into men's health behaviours. Despite a media and public health focus on encouraging men to open up about their problems, men now account for a smaller proportion of referrals to primary care mental health services than they did four years ago. Rather than trying to change men to suit traditional psychotherapeutic interventions, some have argued that research should examine the sorts of environments that men find helpful and that they say contribute to good mental health and wellbeing, whether or not these align with existing services. This study aimed to provide a preliminary investigation of one non-conventional, relationship-based intervention to support male wellbeing: contemporary men's talking groups.

Men's groups emerged in the late-1960s with the aim of supporting men to examine the male gender role and its effect on their lives, and they have existed in various forms since then. Recent media coverage suggests a rise in the popularity of men's groups. For the purposes of this research a men's group was defined as a group of fifteen men or fewer, meeting together on a regular basis with the express purpose of providing mutual support, outside of a health context or psychotherapeutic frame. In this study, I interviewed 10 men who attend such

groups about why they first chose to attend, what happens in the groups, and what they see as the benefits. I analysed the transcripts of these interviews using grounded theory methodology, aiming to build a model "from the ground up", rather than applying existing theories

The resulting model describes how men have often experienced some form of emotional distress as a result of difficult life experiences before attending the group. They may have experienced traditional psychotherapy and other forms of support negatively and find themselves looking for a space for self-exploration and authentic, deep relationships. In men's groups, structure, guidelines and a welcoming atmosphere create a space where men feel safe disclosing emotional experiences. As men receive a positive response to what they have shared, they find out that they are not alone in their experiences. This reassures them that their problems are normal and can be endured. They may also examine the idea of "manhood", constructing a positive conception of masculinity that affirms this part of their identity. Benefits of men's groups described by participants include feelings of relief, self-acceptance, and a powerful sense of belonging. The diagram below illustrates the model in full.


Core Category. Finding a safe space to be myself around others
A. Identifying a back-story
Feeling different
Facing a challenge or threat
Experiencing emotional distress
Accessing available support
B. Deciding to attend a group
Feeling a need for deeper exploration
Encountering new ideas
Contemplating attending
Stepping into the unknown
C. Creating a safe space
Maintaining structure and ritual
Communicating rules and guidelines
Establishing tone and atmosphere
D. Deepening relationships with men
Building trust
Sharing with vulnerability
Gaining a response
E. Valuing similarity and diversity
Feeling at home
Realising it's not just me
Drawing on diversity
F. Foregrounding masculinity
Deciding what it means to be a man
Affirming manhood
G. Encountering problems
Feeling too different
Managing risk
Negotiating practical obstacles
H. Benefitting from the group
Feeling relieved
Growing and changing
Accepting an authentic self
Having a support network
Experiencing a powerful feeling of belonging

The findings of the study emphasise that men may not think of their difficulties as “mental health problems” and may in fact find such a discourse limiting. They shed light on the specific qualities of relationships that contribute to men’s wellbeing. More research is needed to formally validate the men’s group format, and to explore whether such groups can be run within NHS services.

Regarding dissemination of the findings, a summary has been sent to participants, and it is anticipated that the study will be submitted for publication in the Journal of Men’s Studies.

Please do not hesitate to contact me if you have any further questions.

Yours faithfully,

Russell Woodhead

Appendix Q: Guidelines for Submission to Selected Journal

This has been removed from the electronic copy.