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Stress and Masculinity: The Psychosocial Health of Men on Low Income

by

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requirements for the degree of Doctor of
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Declaration

I hereby declare that this thesis is entirely my own work and has not been submitted for a degree at another university.

Abstract

This study has a dual focus. Firstly it explores the relevance of ‘masculinities’ (as a problematic and contested term) to individual men, and in the process of examining their psychosocial health status it investigates how masculinities shaped their willingness to report and/or seek help for psychosocial health problems. Secondly, it highlights the ways in which poor material circumstances, associated with men’s relatively low income levels, combined with masculinities to shape their perceptions and responses to material sources of stress. Thus, the study makes an original contribution to knowledge in the fields of both ‘masculinities’ and inequalities in men’s health. In exploring these issues the study draws on insights from the men and masculinities literature, ‘psychosocial’ approaches to health inequality, especially those that have drawn on the concept of ‘social stress’, and also from ‘realist’ social theory. These insights inform the development of an holistic approach to social stress which underpins the subsequent analysis of qualitative data obtained during the course of thirty-four semi-structured interviews with men from Coventry in the West Midlands who were either in full-time but low-paid employment, or who had been unemployed for one year or more. The findings of the study suggest that masculinities do have relevance to an understanding of men’s health, and that they combine with men’s income levels and their work status to shape their willingness to admit and/or seek help for psychosocial health problems, whilst also shaping their experiences and responses to sources of stress in a range of different ways.

Chapter 1

Men's Health and Socioeconomic Inequalities

This thesis has a dual focus but a single agenda: to develop an approach to 'masculinities' and men's health that is firmly grounded in the materiality of men's lives. In pursuing this it explores the mechanisms and processes that influence the psychosocial well-being of men who live on relatively low income levels, and in so doing attempts to build upon, and synthesise, our knowledge and understanding of two areas of sociological and psychological interest. Firstly, it is concerned with what role 'masculinities' (as a problematic and contested concept) play in shaping men's health. Thus it draws on both the emerging 'men and masculinities' literature (e.g. Berger et al, 1995; Brittan, 1989; Chapman and Rutherford, 1988; Connell, 1995; Hearn and Morgan, 1990; Mac An Ghail, 1996; Sabo and Gordon, 1995; Seidler, 1997) and the personal accounts of research participants to first explore what, precisely, the term 'masculinities' means. Further, it illuminates how masculinities shaped the experiences, perceptions and actions of individual men. Secondly, the study highlights socio-economic inequalities in men's health and the 'psychosocial pathways', particularly those associated with 'stress', that link poor material circumstances to various forms of depression, worry and anxiety. In exploring these 'pathways' it develops a theoretically informed approach to social stress that allows for the combined influence of masculinities *and* material difficulties to be analysed within a single framework.

Theoretically the study draws on a range of sociological and psychological concepts in order to do this, as well as the philosophical ideas of ‘realist’ theorists such as Archer (1995), Bhaskar (1989; 1994), and Layder (1997). These ‘realists’ insist that the social world is complex and multi-faceted, and it is a contention of this thesis that this view is particularly appropriate for health inequalities research. Indeed, Bartley et al have argued that any adequate understanding of health inequalities is only likely to be achieved through empirical research that addresses the ‘complexity of social causation’ by taking a wide range of factors into account (1998: 3). In turn, this demands attention to the relative influence structure *and* agency play in shaping patterns of health inequality, and in a way that avoids both voluntarism (i.e. an exclusive emphasis on individual action and free-will) and determinism (i.e. human behaviour determined by external forces alone). The development of an approach that addresses these needs is therefore an aim of this study.

However, whilst theoretical ideas form the backdrop to this research, this is also a qualitative study about lived experiences. Therefore, the analysis will also be firmly grounded in the ‘expert’ accounts of research participants. These accounts were collected during the course of thirty-four semi-structured interviews with two samples of men who were either in full-time but low paid employment, or who had been unemployed for one year or more. This enabled the study to additionally explore how work status mediated the men’s experiences and responses to life on a low income. In the process of doing this, the role played by factors such as sexuality and ethnicity are also examined at various junctures. Primarily, however, this study is concerned with how the combined

influence of material difficulties (which, in turn, reflect men's position in the class structure) and masculinities shaped the health-related experiences of the men who took part in this study, and this remains its central focus.

In exploring these issues, five core questions have guided the analysis. The purpose of this introductory chapter will therefore be to identify each of these questions in turn, and to discuss the rationale behind them by setting them in the broader context of the men's health and inequalities in health literature. In the process of doing this I will also briefly reflect on my own experiences of life on a low income as these initially triggered my interest in the relationship between masculinities and socio-economic status. Finally, the chapter will conclude by mapping out the structure of the chapters that follow.

1.1 Questions and Opportunities

My interest in inequalities in men's health stems from my own experiences of unemployment and life on a low income. In January 1993 I was made redundant from my job as a Branch Manager with a financial services company, and I suddenly found myself surviving on unemployment benefit. After living what could best be described as a relatively 'comfortable' financial existence prior to this, redundancy came as something of a shock. Not only did family finances have to be restructured - which meant filling out endless financial expenditure statements to banks and loan companies, cutting back expenditure to the 'essentials' (i.e. bills and food), and dealing with debt collectors (who moved in

with astonishing speed) - I also had to deal with the impact this change of status had on my role as the family breadwinner.

Having previously taken my role as 'provider' for granted I came to realise that my perception of success in this role was one of the criteria that I had relied upon to define who I was, how I lived, and what my responsibilities *should* be. My change of status therefore challenged the meanings I attributed to my roles as a 'husband' and 'father'. And, whilst I would not wish to overplay the impact this had on my sense of well-being, it would be true to say that throughout the ten months that I spent unemployed, as well as the subsequent years I spent as an undergraduate and postgraduate student, the nagging doubt that I was somehow failing my wife and children never really left me. Not that this perception was ever reinforced by my family, who have supported me in everything that has happened to me over the last eight to nine years. However, it was always at the back of my mind, and along with more practical financial problems and worries it remained a cause of concern.

There were many positive experiences throughout this period as well, particularly the quality of life that goes with being a full-time student. Nevertheless, the point I want to make is this: the times when I felt emotionally vulnerable were about two related issues - material difficulties associated with my relatively low level of income *and* issues of identity associated with what I perceived my role in life should be. This was despite knowing, within a few weeks of becoming unemployed, that I would be studying for educational qualifications that would eventually change my financial situation for the better.

In this respect I was luckier than many men, for whom life on a low income is a long-term or even permanent aspect of their existence, and I often wondered how I would have reacted if I had found myself in a similar position.

It was with this broad question firmly in mind that I eventually embarked upon this research and engaged with the men's health and the inequalities in health literature. On doing this the scarcity of relevant research soon became apparent. Indeed, the gendered dimensions of men's health have, until recently, been neglected, despite feminism's success in putting 'gender' firmly on the research agenda (see Annandale, 1998). However, this agenda has largely been about women's health, with men's health being treated as the standard from which women's health is thought to deviate rather than a problematic issue in its own right (Cameron and Bernades, 1998). Furthermore, even in the emerging men's health literature (e.g. Kirby et al, 1999; Luck et al, 2000; O'Dowd and Jewell, 1998; Sabo and Gordon, 1995) there have been few attempts to relate what we do know about the gendered dimensions of men's health to wider health inequalities debates. Consequently, what we currently know about inequalities in men's health is fairly limited.

This neglect of men's health is not surprising, however, given that, as Courtenay has argued, society has worked 'diligently at maintaining constructions of women's health as deficient, of the female body as inferior, of men's health as ideal, and of the male body as structurally efficient and superior' (2000: 1397). The question that should perhaps be asked then is this: why has men's health now started to generate interest? Reasons for this are open to interpretation, but the

fact that this has coincided with increasing academic and popular interest in 'men's studies' more generally suggests common antecedents. The growth of feminism and the emergence of special interest groups, such as the gay men's movement, each of which has served to problematise traditional 'masculine' roles and behaviours, have undoubtedly left their mark (see Clare, 2000). However, economic restructuring and the changing nature of work have also had an impact. It has even been argued that for many men such changes have led to a 'crisis' of identity that has:

...veered towards becoming a moral panic, over issues such as rising male unemployment and its effects upon young men, the take-over of jobs by well-qualified young women, the challenge to the traditional notion of the male breadwinner as more women enter employment, the crisis of masculinity and the breakdown of the family (Bradley, 1999: 1).

How appropriate it is to refer to such changes as a 'crisis' is a moot point, given that social relations of gender have been historically underpinned by a system of patriarchy (a social relation based on men's power over women). Nevertheless, the growth of 'men's groups' and men's magazines, such *Loaded* and *FHM*, the increase in violent crime by young men (Campbell, 1999), the sharp rise in young male suicides (Lloyd, 2000a), and evidence that depression amongst men (especially younger men) is on the increase (see Prior, 1999; Sartorius et al, 1989; Simon et al, 1995) could all be interpreted as signs that all is not well. Indeed, against this background it is hardly surprising that concerns over men's health have started to come to the fore.

However, these concerns have been fairly limited in their scope. For the most part the focus has been on differences between men and women's mortality and morbidity rates rather than the complexities and differences that might also exist between different groups of men. Meaning and experience have also been neglected in favour quantitative analysis and attempts to establish 'causal' relationships, although this has taken various forms.

In a recent review Lloyd (1998: 5) identified three sets of criteria which tend to be drawn upon: biological and physiological differences between men and women, health problems associated with male behaviours, and finally studies that take masculinity, which he defines as 'the process of learning to be a man', as their starting point. These approaches are not mutually exclusive, as an overlap often exists. More often than not, however, the dominant emphasis has been on the first two criteria.

In terms of morbidity these have been used to explain why men's life expectancy is consistently five to six years lower than women's (Busfield, 2000: 24). Physiological factors, such as the possibility that male hormones place men at greater risk of coronary heart disease than women, have received particular attention, and the consensus seems to be that they probably play some role in shaping this pattern of advantage and disadvantage (Doyal, 1999; Waldron, 1995). However, in several Asian countries gendered patterns of morbidity are actually reversed, whilst historical analysis has shown that even in Western Europe women have not always lived longer than men (Annandale, 1998). This suggests a social rather than physiological aetiology, and this has led to a focus on men and

women's behaviour. Here men's tendency to smoke, drink, abuse drugs, and to engage in dangerous or violent activities to a much greater extent than women, have all been implicated as causes of their lower life expectancy. This is exemplified in the following quotation from the first 'official' review of men's health published by the Department of Health:

Despite an apparent indifference, if not resistance, to health promotion messages among men, it must be brought home to them that many of the risk factors to their health such as smoking, physical inactivity, poor diet, excess alcohol consumption, unsafe sexual practices and risky behaviour likely to lead to accidents – are preventable. Thus the scope for men to improve their health, and to prolong active, healthy life, is considerable (Department of Health, 1993, cited in Watson, 2000: 140).

Male behaviour has also been cited when explaining differences in morbidity rates between men and women, although here the nature and quality of social role differences have also been identified as important. Research in this area has drawn attention to the fact that, despite men's apparent disadvantage in term of life expectancy, men also report less illness throughout their lives as compared to women. The dominant explanation for this female disadvantage is that women experience more pressures and strains than men because of the material disadvantages and psychological risks of the roles they occupy (Annandale, 1998; Barnett and Baruch, 1987). However, it has also been suggested that morbidity differences may be artefactual and due to differences in men and women's perceptions and help-seeking behaviour (see Mathews et al, 1999; Mirowsky and Ross, 1995; Verbrugge, 1985; Waldron, 1995).

This last explanation places male behaviour under the spotlight as it suggests that men may not suffer less ill health than women, but simply react to it in different ways. For example, Bruckenwell et al (1995) argue that men seek less medical help than women because they perceive help-seeking as a sign of 'weakness' and as a threat to their sense of male identity. Wilson (1998), on the other hand, suggests that patterns of male help-seeking are largely due to men being socialised to ignore pain and to accept discomfort to a much greater extent than women.

The relative weight that should be attached to each of these explanations remains a contentious issue, however, as evidence also exists which has found that men are no more or less likely to report ill health than women (Macintyre, 1993; Macintyre et al, 1999). Adding to this confusion, the male morbidity advantage is not always consistent. For example, in pre-adolescents, evidence of a 'very small' female excess and even a 'reversal' has been found (Sweeting, 1995). But, as Annandale has also pointed out, there does seem to be 'a persistent pattern of higher rates for mental, or psychosocial, ill health among women, as well as a higher incidence of reporting milder physical conditions' (1998: 146). That said, she admits that the question of whether this is 'real' or artefactual may be 'unanswerable' at the present time due to a lack of consistent evidence and difficulties in arbitrating between 'objective' and 'subjective' health experiences (1998: 146).

However, as difficult as this may be, this problematic also suggests a need for more in-depth research. If we are to better understand the mechanisms and

processes that influence inequalities in men's health, we clearly need to establish the extent to which men actually suffer from various forms of ill health before we can do this (whether individually or medically defined). In much of the existing health inequalities literature this has tended to be established through the use of methodological techniques that reduce health to a measurable 'variable' (derived from either statistics of medically diagnosed conditions or self-reported health measures). However, if such 'variables' really are influenced by differences in men and women's perceptions and responses to particular symptoms or situations, this may render any results spurious, or at least unreliable. It could thus be argued that a more appropriate starting point would be to ask the question: *how accurate are existing measures of health and to what extent do they reflect the lived experiences of actual men?*

The current emphasis on male behaviour, as the key factor shaping patterns of mortality and morbidity amongst men, also raises a second problematic. In prioritising the role of agency, very little attention has been paid to the material and cultural settings within which this agency is exercised. It has also led to a degree of homogeneity being attributed to men that leaves little room for differences between them. In the process the inference, implicit or otherwise, has been that 'masculinity' (as a unitary phenomenon common to all men) is synonymous with male behaviour, and lies at the heart of many of the health problems that men do experience. This is reflected in a tendency by many commentators to regard masculinity as the underlying villain of the piece, with the consensus being that it 'is among the more significant factors associated with men's illness' (Kimmell, 1995: vii). The implication of this seems clear: if

masculinity is at 'fault', then this is something that men, and men alone, must apply themselves to changing.

This conclusion can be taken to task on the basis that, firstly, it leads directly to a form of 'victim blaming', and secondly, it ignores the complexities surrounding the concept of 'masculinities'. In recent years, for example, it has been argued that unitary frameworks are inadequate for capturing complexities and differences between men, and that it is now more appropriate to talk of a plurality of masculinities rather than a single masculinity (e.g. Berger et al, 1995; Brittan, 1989; Chapman and Rutherford, 1988; Connell, 1995; Hearn and Morgan, 1990; Mac An Ghail, 1996; Sabo and Gordon, 1995; Seidler, 1997). Thus, rather than focusing on behaviour or socialisation alone, embodied experience, culture, personality, ideologies and practices, and indeed power (an issue missing from much of the current men's health literature), have also been drawn into the frame of reference, as have the 'negotiated' and subjectively interpreted aspects of masculinities.

However, this is not a unified body of work and, as will be discussed in the following Chapter, it is not exempt from criticism. Annandale and Hunt, for example, warn that 'the search for the 'causes' of gender inequalities in health will collapse if the increased recognition of 'sheer complexity' dissipates into relativism' (2000: 24). This is certainly a danger but it is my contention that it is possible to retain a concern with similarities between men whilst also acknowledging differences that are themselves crosscut by wider social relations of class, 'race' and sexuality (see Connell, 1995). What first needs to be

established, however, is precisely what these differences and similarities are, which have the most impact on men's health, and whether such influences are always negative. Translating this into a research strategy necessarily involves what Watson (2000: 30) calls the 'more complex task of understanding how different groups of men perceive and grapple with the world around them' through in-depth examination of the meanings and significance men personally attach to various aspects of their lives. Thus, as a starting point for examining the relationship between masculinities and men's health this thesis will also explore the following question: *what meanings and significance do individual men attach to masculinity/masculinities?* This is consistent with what was earlier identified as the need to explore the 'complexity of social causation' (Bartley et al, 1998).

To an extent, the need to recognise complexity has been acknowledged in research falling within the third framework identified by Lloyd (1998); within which 'masculinity' or 'masculinities' have provided the starting point. This body of work is relatively small and diverse, and includes studies of men's experiences of chronic illness and stigmatising conditions (e.g. Araujo et al, 1998; Gordon, 1995), men's perceptions and adherence to the breadwinner role (e.g. Crowley, 1998), the gendered experiences of gay men (e.g. Bartos and McDonald, 2000; Flowers et al, 2000; Robertson, 1998), the relationship between masculinity and depression (e.g. Real, 1997), and the coping responses of unemployed men (e.g. Willott and Griffin, 1996). Nevertheless, not all of this literature is compatible with the theory of masculinities outlined above, and socioeconomic inequality has not been a central theme. A large proportion, especially from the US, uses psychological gender 'traits' as a basis for analysis (see Ballard-Reisch and Elton,

1992). As a consequence 'personal/individual influences' have been prioritised over material factors (Popay and Groves, 2000). Therefore, alongside the need to explore men's health in relation to the way that various masculinities are constructed, it could also be argued that more attention needs to be paid to 'how differences in socio-economic locations of male groups...[are]...linked to this' if we are to bring the materiality of men's lives more sharply into focus (Cameron and Bernades, 1998: 131).

Bringing masculinities *and* material circumstances together within a single framework nonetheless presents us with a separate set of problems because the 'causes' of socioeconomic inequalities in health are themselves hotly contested. What has been firmly established, however, is the relationship between all forms of ill health and relatively low levels of income. As Roger Gomm has stated:

...for nearly every kind of illness, disease or disability, 'physical' and 'mental', poorer people are afflicted more than richer people: more often, more seriously and for longer - unless, of course, they die from the condition, which they do at an earlier age (Gomm, 1996: 110).

Yet despite the weight of evidence supporting this statement there remains considerable debate as to the nature of the causal mechanisms involved. The Black Report put forward four explanations that have served as theoretical springboards for research in this area (Townsend and Davidson, 1992). It labelled these the 'artefact' (inequalities are due to statistical errors), 'social selection' (social drift and poverty are the result of ill-health rather than the cause), 'structuralist/materialist' (inequalities are caused by material circumstances

associated with poverty, unemployment, poor housing, etc), and 'cultural/behaviourist' explanations (ill-health is the result of the health damaging behaviours of particular social groups). However, after examining the available evidence, it concluded that 'it is in some form or forms of the 'materialist' approach that the best answer lies' (Townsend and Davidson, 1992: 114), and this was also the conclusion reached by the more recent Independent Inquiry into Inequalities in Health, chaired by Lord Acheson (Department of Health, 1998).

This has not been accepted in all quarters however. In political terms successive governments, both Labour (Department of Health and Social Security, 1976) and Conservative (Department of Health, 1992), have emphasised the importance of individual 'lifestyle' choices (i.e. smoking, diet, exercise, etc) over and above those of material circumstances. Admittedly, New Labour has recently attempted to play this emphasis down by also acknowledging a need for individual, government and community responsibility for health inequality (Department of Health, 1999). But the problem that remains is this: they have continued to present material and individual influences as if they were unrelated to each other. This was also a limitation of the Black Report, as its 'fourfold model' tended to 'dichotomize rather than integrate the analysis of structure and agency' when in fact both material and cultural explanations can be seen as complementary to each other (Carpenter, 2000: 51. See also Blane, 1985 and Vågerö and Illsley, 1995). The report can also be criticised for its almost exclusive focus on material disadvantages associated with social class and its relative neglect of gender and ethnicity.

The need to move beyond this rather limited framework has nonetheless been acknowledged in the more recent literature. For example, the inter-relationship between structure and agency was illustrated in a classic study carried out by Graham (1993). She showed that women who survive on low incomes often use smoking as a means of psychologically coping with the difficulties of their everyday lives. The now famous *Whitehall Studies* also demonstrated that the 'causes' of health inequalities cannot simply be reduced to the material disadvantages of class position, but rather, run right through the 'fine grain' (Bartley et al, 1998; Blane et al, 1997) of the social scale and emanate from such things as the degree of control that workers have over their jobs (Bosma et al, 1997; Marmot et al, 1999). As work in this area has continued the importance of lifecourse (van de Mheen et al, 1998), lay knowledge (Popay et al, 1998), *in utero* 'biological programming' (Barker, 1991), emotions (Williams, 1998), and even the role played by the 'power elite' in the class distribution of health inequalities (Scambler and Higgs, 1999), to cite but a fraction of this literature, have also been identified as important.

But where do masculinities fit into these emerging ideas? No simple answer to this question can be given, but one promising way forward, which has emerged in the guise of what Elstad (1998) refers to as the 'psychosocial perspective', prioritises the aetiological role of psychosocial stress. Indeed, much of the above literature draws attention to the importance of psychosocial factors as mediating links between material situations and human agency, and the importance of these has recently come to prominence, thanks largely to the work of Wilkinson (1996). His research suggested that the direct effects of income levels and material

circumstances only partly explained health inequalities. Drawing on international data he argued that there was evidence to suggest that once a country had reached a level where it was able to sustain 'basic material standards for all', that country could be twice as rich as another without its population being any healthier (1996: 2-3). The explanation for this, according to him, is because psychosocial factors related to the income distribution in these developed societies, rather than absolute income levels, are the major 'causes' of ill-health.

In expanding on this proposition, Wilkinson emphasised the importance two key factors: levels of social cohesion, or 'social capital' (which Kawachi et al (1997: 1491) define as 'the features of social organisation, such as civic participation, norms of reciprocity, and trust in others, that facilitate co-operation for mutual benefit'), and the psychological impact of relative poverty. According to him, unequal societies are characterised by poor levels of social cohesion that mediate, and make worse, individuals' experiences and perceptions of their relative income status. The stress, anxiety, internalised anger, isolation, insecurity, and feelings of poor self-worth that this creates then leads to 'risky' health damaging behaviour, such as smoking and drug abuse, which individuals use as a form of 'coping', and even crime and violence, which serves to destroy the social fabric even more. Wilkinson also asserts that such feelings give rise to biochemical changes that damage both psychological and physiological health in addition to unhealthy behaviours. And the more unequal a society is, the more widespread and persistent these psychosocial injuries will be.

Essentially then, Wilkinson suggests socioeconomic health inequalities in countries that have reached a certain stage of economic development are due to the combined effects of social stress resulting from perceptions of relative income status and a lack of social cohesion. Or as Busfield has put it, 'the force of social inequality as regards ill-health is not that those with low incomes do not have enough material resources for an adequate diet, but that they feel deprived and powerless relative to other people, and that it is these feelings that make them sick' (2000: 56-7).

Putting aside for the moment what would seem to amount to a dismissal of the material causes of ill-health, this perspective does have a number of strengths over the Black Report's 'fourfold' framework. Firstly, it relates agency, particularly health damaging behaviour, to structural disadvantage. Secondly, it emphasises the importance of feelings and emotions, a largely neglected area of sociological discourse (see Williams, 1998), by suggesting that psychological well-being is a necessary precondition for both 'physical' and 'mental' health, and that the impact of structural inequality upon psychological well-being can be understood in relation to the stress that this gives rise to.

What this would seem to suggest is that the concept of 'stress' should perhaps receive more attention than previous inequalities research has paid to it. Indeed, it is the contention of this thesis that a stress framework could help us better understand the relationship between socioeconomic inequality, masculinities and men's health in a way that is consistent with the need to explore the 'complexity of social causation' (Bartley et al, 1998). However, the approach developed here

will differ from Wilkinson's in a number of ways. Firstly, Wilkinson uses the word 'stress' very broadly, with result that it is not always clear precisely what he means by the term. This is problematic because stress is itself a contested concept and it's meaning cannot be taken for granted (Radley, 1994). Before locating this study within a social stress framework this thesis will therefore interrogate the meaning of the concept itself as a basis for developing a more explicit approach. In so doing it will also explore how the concept of masculinities could be incorporated within its frame of reference. In other words it will address the following question: *how could the concept of stress help us understand the role both masculinities and low income play in shaping patterns of health inequality?* This is not a question addressed by Wilkinson, who ignores the issue of gender altogether (Carpenter, 2000), but what will be shown is that a social stress framework does allow for this combined focus.

Secondly, this thesis will temper Wilkinson's neo-Durkhemian framework (i.e. his emphasis on cohesion and solidarity over material disadvantage) by also drawing on the 'neo-materialist' ideas of theorists such as Lynch et al (2000). Indeed, much of Wilkinson's work echoes Durkheim's famous study of Suicide (see Lukes, 1973), in which he identified a lack of social integration and associated feelings of normlessness, which he referred to as 'anomie', as key factors. However, whilst not denying that social integration, or social cohesion to use Wilkinson's term, may be important, to focus exclusively on such factors places limitations on the analysis. What is all too often missing, as Lynch et al (2000) have pointed out, is how material factors, as well as psychosocial, expose individuals to sources of stress whilst also restricting the resources they have

access to. To ignore these can lead to a neglect of the underlying 'causes' of inequalities, particularly the structure of class, 'race' and gender relations in capitalist society, whilst serving as ammunition for political parties to argue that community level interventions aimed at promoting social cohesion rather than social or political change are all that is needed (Lynch et al, 2000; Muntaner et al, 1999; Muntaner and Lynch, 1999). To be fair, Wilkinson recognises this as he has argued for redistribution of income as the most appropriate policy response. He also defends himself against critics by stating that he regards income inequality as a reflection of social class hierarchies and that, in the final analysis, it is their 'hidden injuries' he is exploring (Wilkinson, 1999: 536). Nevertheless, his lack of attention to material 'injuries' remains a cause of concern.

However, adopting a more materialist stance does not automatically resolve all of the limitations of Wilkinson's 'psychosocial' approach. Indeed, before any theory can be regarded as having substantive value it must be grounded in empirical evidence. To an extent Wilkinson does this, but what he fails to explore empirically is *how* individuals feel, and *why* they feel that way. As a result, his analysis lacks the sort of depth and complexity this study intends to highlight. It may be, for example, that other mechanisms are at work that statistical associations have failed to shed light on. For example, whilst he recognises that health-damaging behaviours need to be set in the context of wider structural constraints, do all individuals engage in these when under stress or do they respond in other ways, some of which may even be health protective? Moreover, are high levels of social cohesion and social support always positive or could they be perceived in negative ways by some individuals? Furthermore, how are such

processes influenced by masculinities, and which aspects of masculinities, precisely, are important? It is here that this thesis will attempt to fill these ‘gaps’ by asking the broader questions that are only likely to reveal themselves through more in-depth analysis. Specifically: *how do men on low income experience and respond to their situations, what role do masculinities play in shaping those experiences and responses, and what impact does this have on their psychosocial well-being?*

These questions are central to this study, but, as has already been discussed, it is my contention that we can only begin to explore the processes and mechanisms involved after first clarifying the complexities surrounding men’s health and masculinities more generally. Nevertheless, the common thread that links all of the questions raised is the need to explore complexity and to bring meaning and experience more firmly into focus. What this does not imply is a shift towards outright subjectivism however. Quite the opposite, an exploration of the ‘complexity of social causation’ within a materialist framework requires, as a precondition, an acknowledgement that the ‘structural, political-economic processes that generate inequality exist before their effects are experienced at the individual level’ (Lynch et al, 2000: 1202). And it is here that the ‘realist’ ideas introduced at the beginning of this chapter are particularly relevant.

The core elements of realist social theory will be outlined in detail in the following chapter, but in brief, realists accept the importance of individual experience and action, but they also insist on the need to locate experience and action within their structural and cultural contexts, and to do this in a way that

does not reduce structure to agency or *vice-versa*. Consequently, they attempt to tread a careful path between the *nomothetic* (i.e. the identification of law-like regularities) and the *idiographic* (focusing on unique experiences)(see Sayer, 2000). In the process, of course, as has already been pointed out, they also insist on a need to acknowledge the complexity of social life. What this means in practice is that we must acknowledge that the ‘causes’ of health inequalities are complex and likely to involve interactions between many different factors. Therefore, although the primary focus of this study is about the relationship between material difficulties and masculinities, I decided to broaden this focus by also exploring how work status might mediate this relationship.

The decision to include work status in the analysis was taken for a number of reasons. Firstly, work has traditionally been associated with the male breadwinner role (Crowley, 1998); secondly, much of the existing literature has implied that men may suffer more psychological damage from unemployment than women, even though evidence of this is far from clear (e.g. Ensminger and Celentano, 1990); thirdly, there is consistent evidence to show that the health of unemployed men is worse than employees (Bartley et al, 1999); and finally, psychosocial rather than material explanations have dominated the literature (Jahoda, 1982). In common with what has already been discussed, the relative neglect of material, as opposed to psychosocial influences, has also been a criticism directed at much of the existing literature (Fryer, 1995). However, one of the problems in ascertaining the relative importance of psychosocial *versus* material influences on unemployed men’s health is that there are often income differences between unemployed and employed men that could hide the impact of relative stress. This study has

attempted to resolve this problem by speaking to both employed and unemployed men who all existed on relatively low income levels (see Chapter 3 for details of sampling procedures). In this way it has held income levels relatively constant and, by so doing, it has been able to add a comparative dimension to the study by also asking the question: *how does work status mediate the relationship between masculinities and men's experiences and responses to life on a low income?*

This thesis therefore explores a range of interrelated issues by addressing each of the questions that have been identified as worthy of further research. Specifically:

- How could the concept of stress help us understand the role both masculinities and low income play in shaping patterns of health inequality?
- What meanings and significance do individual men attach to masculinity/masculinities?
- How accurate are existing measures of health and to what extent do they reflect the lived experiences of actual men?
- How do men on low income experience and respond to their situations, what role do masculinities play in shaping those experiences and responses, and what impact does this have on their psychosocial well-being?
- How does work status mediate the relationship between masculinities and men's experiences and responses to life on a low income?

The ordering of the questions reflects the sequence of the analysis in the chapters that follow, and it is to the structure of these chapters that the final section now turns.

1.2 *The Structure of this Thesis*

The central argument of this thesis will be that a social stress framework offers us the opportunity to develop an approach to socioeconomic inequality, masculinities and men's health that allows for the interaction between structure and agency to be explored in a non-reductionist way. It is also a contention of this thesis that a social stress framework offers us the potential to explore the relative influence and interaction between 'psychosocial' and 'material' factors, and how these are themselves shaped by a combination of gender and material disadvantage. However, what will be shown is that this potential is only likely to be achieved if the positivist paradigm within which much of the conventional epidemiological literature is situated is abandoned in favour of an alternative approach. Chapter 2 takes up this argument in the process of reviewing both the social stress and the men and masculinities literature. In so doing it develops a holistic approach to stress that integrates these diverse bodies of literature in a way that is compatible with a realist perspective, before then moving on, in Chapter 3, to address methodological issues and considerations. Having set the scene, so to speak, Chapter 4 then draws on the participants' own accounts as a basis for identifying similarities and differences in the meanings and significance individual men associated with the concept of masculinities. These then serve as the backdrop to Chapter 5, which explores what criteria individual men drew upon when assessing their own health status and any subsequent decision to seek medical help. This chapter also serves as a 'scene-setter' as it locates the analysis within the context of wider epidemiological evidence.

Having set the scene, Chapters 6 and 7 then work back from the men's current health assessments by focussing on the processes and mechanisms that influenced their psychological well-being. Chapter 6 draws particular attention to the role 'biographies' (broadly defined as past, present and hoped-for features of individuals' lives) played in shaping the experiences of individual men, whilst Chapter 7 identifies a diverse range of strategies, in addition to the health damaging behaviours identified in the previous discussion, that the men utilised in order to 'cope' with many of the difficulties that they faced. Finally, in Chapter 8, the overall findings are summarised and key issues highlighted. In doing this it is argued that the findings of the study suggest, firstly, that official estimates of psychiatric morbidity amongst men have probably under-estimated the extent to which men suffer from psychological health problems; secondly, that many of these problems arise as a result of the combined impact of material circumstances, relative status assessments, and individual aspirations on men's sense of self-worth; thirdly, that men cope with this impact in range of ways, many of which are resource-dependent; and fourth, that all of these processes can be influenced by various aspects of masculinities in a range of positive and/or negative ways, and also through what I refer to as 'overt' and 'covert' forms. Finally, attention is drawn to the disadvantages that unemployed men faced in relation to employees due to their relative lack of coping resources and their over-exposure to sources of stress that potentially threatened their self-esteem.

Chapter 2 now develops the argument for bringing the concept of stress into the health inequalities debate by, firstly, locating this research within the broad confines of the 'psychosocial perspective' (Elstad, 1998).

Chapter 2

Stress and Masculinities: A Critical Review

Whilst the recent development of the 'psychosocial perspective' has highlighted the importance that social stress may play in shaping patterns of inequality, there have been few attempts to explore the concept of stress itself in any detail. This is surprising because, as Elstad has argued, stress research 'can be regarded as the original source of the psychosocial perspective' (1998: 43). Furthermore, although the psychosocial perspective now tends to be associated with relative deprivation theories of the type put forward by Wilkinson (1996), this wider body of literature has by no means restricted itself to this focus. Quite the opposite, it has explored how poor socioeconomic status exposes people to more specific forms of stress, including those associated with economic hardship. It has also examined how a range of factors, including subjective meaning and the availability of material resources, influence an individual's ability to 'cope' with sources of stress.

The agenda of this 'original source' has therefore been much broader than that which contemporary 'psychosocial' research has tended to follow. Therefore, in the process of exploring the first question identified in Chapter 1 - *how could the concept of stress help us understand the role both masculinities and low income play in shaping patterns of health inequality?* - this Chapter returns to this

'original source' and assesses what insights this much broader body of literature could offer this study, especially in relation to analysing how sources of stress associated with poor socioeconomic status could influence men's psychosocial well-being, and how this influence might be mediated by subjective meaning and the actions of individual men.

As a starting point for doing this, the Chapter first examines the theoretical development of the stress concept from the rather crude stimulus-response models developed by theorists such as Selye (1976), through to the more sophisticated 'stress and coping' framework, within which much of the contemporary stress research is located (Lazarus and Folkman, 1984). From here it then goes on to examine how various ideas from these theoretical approaches have informed stress-related inequalities research, including those that have attempted to bring the concept of masculinity, although not masculinities, into their frame of reference.

What this review will show is that many of the ideas from this broad body of literature could indeed serve to inform the type of approach to inequalities in men's health that this study seeks to develop. However, it is also argued that a need exists for a more qualitatively orientated approach to stress research than has tended to be the case, and that, in its current form, it offers only limited insights into how masculinities, as opposed to the more unitary concept of masculinity, could also influence men's experiences and responses to material hardship.

For these reasons the Chapter then turns to the concept of ‘masculinities’, and consideration is given to what, precisely, the term means, what it could offer in terms of our understanding of the processes that affect men’s health, and how it could be incorporated into a social stress framework. Here the work of theorists such as Seidler (1994, 1997) and Connell (1995) are drawn upon to illustrate how the concept of masculinities, with its focus on plurality and difference, could serve to counter a tendency within existing gender-related stress research to conceptualise men as a homogenous group. What will also be shown is that the concept of masculinities more readily allows for the materiality of men’s lives, and the wider social relations out of which these derive, to be kept more clearly in sight than has thus far tended to be the case.

Overall, however, whilst it will be argued that both stress and masculinities have much to offer our understanding of how structure *and* agency, and their interaction, influence inequalities in men’s health, it will also be argued that this potential is only likely to be achieved if both concepts are set within a broader conceptual framework. Thus, after reviewing both bodies of literature, the final section of the Chapter discusses how ideas from ‘realist’ social theory (Archer, 1995; Bhaskar, 1989, 1994; Layder, 1997) could serve to add a much needed theoretical dimension, and in a way that is consistent with the need to acknowledge the ‘complexity of social causation’ (Bartley et al, 1998).

2.1 Stress and the Psychosocial Perspective

By emphasising the role played by individuals' perceptions of their social status relative to others, and how such perceptions are themselves mediated by levels of social cohesion, Wilkinson (1996) has been instrumental in highlighting the role psychosocial factors may play in shaping patterns of health inequality. However, the 'psychosocial perspective' within which his research is located can be regarded as a 'set of related approaches rather than a unified theory' (Elstad, 1998: 40). For example, the work of Marmot et al (1984, 1991) can also be regarded as falling within this perspective. They found that health inequalities amongst civil servants (the majority of whom were favourably placed in terms of their income levels) ran right through the social hierarchy, with those in the most senior positions enjoying better health than their less senior colleagues. In explaining this finding they concluded that psychosocial factors, such as the degree of control a worker had over their job, played a key role in shaping the health status of their research participants.

A classic relative deprivation approach was also developed by Jahoda (1982), whose work could also be seen as falling within the broad confines of the perspective. She argued that unemployed people were more likely to suffer poor psychological health than employees because of the 'loss' of 'latent functions' provided by employment. These included psychosocial factors such as 'the imposition of a time structure, the enlargement of the scope of social experience into areas less emotionally charged than family life, participation in a collective purpose and identity, and required regular activity' (Jahoda, 1982: 59).

However, whilst these studies differ from each other in terms of the psychosocial mechanisms identified, there are also similarities between them. In particular, all embrace a notion of social causation. But 'instead of material shortages and negligent behaviour, focus is now on psychosocial stress, relative deprivation, and the psychosocial injuries of inequality structures' (Elstad, 1998: 40). This, then, provides the common focus for contemporary research located within the 'psychosocial perspective'.

Yet given Elstad's (1998) point that psychosocial theories of inequality draw from a much broader 'original source', namely stress research, could insights from this literature serve to widen the rather limited focus on relative deprivation? Furthermore, could this literature provide a stronger basis upon which to construct a social stress approach to inequalities in men's health that allows for masculinities to be included within its frame of reference? It is a contention of this thesis that it could. However, first of all we need to be clear about what, precisely, we mean by the term 'stress', and in itself this is far from straightforward.

Social Stress: Perspectives and Criticisms

Stress remains a problematic and contested concept (Radley, 1994). Indeed, as Wheaton has argued, 'it is still manifestly unclear how far the term extends and what criteria define its boundaries' (1996: 30). Part of this confusion is due to the term being used in an indiscriminate fashion to describe everything from the pressures of work to the pace of modern life more generally. However, the

metaphorical associations the term also attracts amplifies this confusion. Helman (1994), for example, has shown that lay understandings of stress are often expressed in terms of such things as 'nerves', pressure, an invisible force, and a state of internal chaos. He also argues that these frequently embody a mixture of 'popular, medical and religious explanations for suffering' that, in turn, tend to be associated with a 'sense of nostalgia' for a less stressful age (1994: 314-6).

Nevertheless, in this respect stress is by no means unique as diseases such as cancer and AIDS also have metaphorical connotations (Sontag, 1991). What sets it apart from these, however, is the degree of doubt surrounding its ontological status (i.e. whether or not it can also be regarded as having an 'objective' dimension). Pollock, for example, argues that 'stress is not something naturally occurring in the world, but a manufactured concept' that has come to enjoy the status of a 'social fact' due to its popularity in popular and academic discourse (1988: 381). Similar comments have been voiced by Young (1980: 133), who also criticises the largely positivist agenda of stress research on the basis that it 'subverts sociological reasoning' by reproducing 'facts' about society in a way that divorces individuals from the wider social relations in which their lives are embedded.

These criticisms carry a degree of weight because the meaning of stress is surrounded by confusion, and research has been dominated by positivist assumptions and empiricist analysis (i.e. the assumption that social life can be understood in terms of cause and effect, and that insights into these causal relationships can best be achieved through statistical analysis of quantitative data).

Consequently, much of the literature is deterministic, atheoretical, and for the most part individuals have tended to be conceptualised as passive victims of circumstances over which they have little control. These criticisms can also be directed at the psychosocial perspective more generally, as there have been few attempts to qualitatively explore meaning and action in any real depth.

These limitations do not necessarily justify the abandonment of stress research altogether, but they certainly point to a need for a critical reassessment of how this should be carried out (Bartlett, 1998). However, this clearly needs to be done in a way that does not divorce individuals from the wider social relations within which their lives are situated. Meaning and intentional agency also need to be recognised to a much greater extent than has thus far tended to be the case if we are to explore the relative influence and interaction of structure and agency in shaping inequalities in health. If such research is to be of practical benefit we also need to be clear about what, precisely, we mean by ‘stress’.

The most simplistic way of conceptualising stress is in terms of a stimulus-response relationship between person and environmental variables. This was the essence of the biomedical model developed by Hans Selye (1976), who argued that exposure to a ‘stressor’ (any external demand) could lead to illness because it triggered a biological defence mechanism called the ‘General Adaptation Syndrome’ (GAS). This prepared the body for ‘fight or flight’, and was therefore a form of biological coping. But, according to him, if exposure continued for a prolonged period of time the biochemical changes associated with the GAS could overload the body and result in illness or even death.

Selye therefore conceptualised stress as a biochemical 'response' to an external demand. However, the GAS remains something of a contested theory, and Selye's emphasis on biological processes tended to neglect psychological and social factors (Bartlett, 1998; Cox, 1978). Yet in medical and epidemiological quarters few contest the basic notion that external demands can trigger biochemical changes. Thus, attempts to identify the 'biological pathways' through which these changes could affect health when individuals are exposed to 'stressors' has continued apace (Brunner, 1996; Brunner and Marmot, 1999). Neither are such ideas antithetical to sociological or psychological research. Wilkinson (1996) drew on precisely these notions when describing the 'psychosocial pathways' that lead to ill health, but he combined this with a focus on wider income inequalities and the mediating influence of social cohesion.

Yet whilst aspects of Selye's model may have some relevance to an understanding of how stress could lead to ill-health, his stimulus-response framework took no account of meaning or agency, or why, given similar levels of 'exposure' to a stressor, not all individuals suffer psychological or physiological health problems. Consequently, as Lazarus and Folkman have argued:

...stimulus-response approaches are circular and beg crucial questions of what it is about the stimulus that produces a particular response, and what it is about the response that indicates a particular stressor (1984: 15).

In the 1970s and 1980s criticisms of this type gave rise to the development of alternative approaches that emphasised the importance of interactions between a

person and their environment, rather than biochemical processes. This largely involved the insertion of 'mediating variables' between the stimulus and the response, although precisely which variables were included differed from study to study (Bartlett, 1998). Nevertheless, 'interactional' approaches tended to conceptualise stress as a process rather than a variable in its own right, and the role of subjective meaning, or 'cognitive appraisal', was frequently posited as a key 'mediator', if not *the* key mediator, of the stimulus-response relationship (Cox, 1978).

This emphasis on 'cognitive appraisal' had its roots in the so-called 'cognitive revolution' that took place in psychology in the 1970s and 1980s, and in which cognitive processes 'came to replace behaviour as the focus of psychological attention' (Hayes, 1995: 32). However, the contemporary development of this framework also owes much to the work of Lazarus and Folkman (1984). They defined stress as a 'dynamic, mutually reciprocal and bi-directional process' between many different variables (1984: 293). They also insisted that this process should be conceptualised as something that unfolds over time. Only then, they argued, is it possible to conceive of stress as a phenomenon that may change its form as individuals engage with and make sense of their environments. For this reason they also preferred the term 'transactional' to 'interactional' to describe their model as, according to them, it more accurately described the ebb and flow of person-environment transactions.

Lazarus and Folkman nonetheless regarded 'cognitive appraisal' as the key mediator of these transactions. However, they argued that 'appraisals' must

always be analysed in the context of the various sources of stress an individual is exposed to (these could be life-events, which will be discussed in more detail in the following section, long-term difficulties, or even 'daily hassles'), and the 'coping' strategies that individuals utilise when 'appraising' a situation as stressful. They also drew attention to the importance 'resources' play in shaping appraisal and coping processes. These included material resources, i.e. money; physical resources, i.e. an individual's state of health; resources associated with an individual's values and beliefs; and also levels of social support.

By positing an interrelated series of 'transactions' between 'objective' and 'subjective' processes, Lazarus and Folkman's 'stress and coping' model remains the most theoretically robust framework available. By taking account of meaning and agency in the context of sources of stress and available resources I would also argue that, potentially, it could serve as an appropriate platform upon which to construct an approach to inequalities in men's health that is able to take account of the relative influence and interaction of structure and agency. That said, by concentrating solely on 'transactions' between different variables, Lazarus and Folkman paid little attention to the wider sets of social relations from which patterns of inequality, and associated 'stressors', are generated. Consequently, they can be criticised for a tendency to be rather individualistic, as they largely ignored the broader structural and cultural aspects of peoples' lives.

There are also other areas of concern. Firstly, they failed to consider how qualitative analysis, in terms of individuals' accounts of their experiences and actions, could help to cast light on transactional processes, preferring instead to

focus on the ways in which quantitative methods could be used to operationalise the various dimensions of the stress process. Secondly, whilst they acknowledged the resource-dependent nature of appraisal, their emphasis was largely on subjective processes. Hence the 'objective' dimensions of the stress process, in terms of the various situations in which people are 'exposed' to sources of stress, received little attention. Thirdly, their concept of 'coping' has attracted a great deal of criticism. As Freund and McGuire (1999) have pointed out, in much of the existing stress and coping literature there has been little recognition that the 'conditions creating stress often limit both the possibilities of and options for coping', or that coping itself could serve as a source of stress, especially when options are limited (1999: 86).

Lazarus and Folkman's transactional framework nonetheless makes an attempt to embrace the 'complexity of social causation' (Bartley et al, 1998), even if it falls short in a number of respects. Their ideas about 'appraisal', 'coping', and the availability of 'resources', also offers the potential of putting meaning and agency firmly onto the agenda, although this clearly needs to be done in a way that gives equal weight to the more 'objective' aspects of the process if structural influences are to be kept firmly in sight. That said, much of the stress-related inequalities literature has already drawn on many of these ideas. Thus far, however, it has done so in a fairly limited way.

Stress and Socioeconomic Inequalities in Health

Whilst appraisal and coping are often acknowledged within the stress-related inequalities literature, this is frequently implicit rather than explicit. The same could be said of psychosocial approaches to inequality of the type put forward by Wilkinson (1996). For example, Wilkinson argued that individuals experience feelings of anxiety, internalised anger, frustration, isolation, etc., because of their perceptions of their relative income position. He also linked these perceptions, or 'appraisals', to the dangerous 'coping' behaviours that individuals engage in, such as smoking, as well as discussing how these perceptions and behaviours are mediated by a key resource: namely, levels of social cohesion. His arguments are nonetheless based on his analysis of correlations between variables and the findings of existing research, rather than analysis of appraisal and coping processes *per se*.

This criticism can also be made of studies that have drawn on the stress concept in a more explicit way than Wilkinson. What sets this work apart from his, however, is that psychological distress rather than mortality has been the focus of attention. Psychosocial well-being, which has much in common with psychological health status (see Chapter 5 for a full discussion), has therefore been treated as a health 'outcome' in its own right, rather than simply a 'pathway' through which physiological aspects of ill-health are transmitted. Nevertheless, a concern with identifying the mechanisms linking socioeconomic status to broader patterns of health inequality has also been a theme within this literature (e.g. Aneshensel, 1992; Brown and Harris, 1978; Kopp et al, 2000; Liem and Liem, 1978; Stronks et al, 1998; Thoits, 1995). But rather than relative deprivation, this

research has tended to examine the health-damaging impact of more specific sources of stress.

An assumption underpinning early research of this type was that life changes requiring some form of reaction from an individual could damage psychological well-being. Hence, 'not only divorces and deaths, but also marriages and births, could constitute health damaging experiences' (Elstad, 1998: 43). Thus, researchers counted the number of discrete events, i.e. divorce, redundancy, bereavement, pregnancy, etc., that individuals had experienced by using instruments such as the 'Social Readjustment Rating Scale' developed by Holmes and Rahe (1967). And significantly, what much of this research established was that lower socioeconomic groups were 'exposed' to more life changes than those in higher socioeconomic groups (Dohrenwend and Dohrenwend, 1981; Eckenrode and Gore, 1981; Kessler, 1979; Stronks et al, 1998; Turner et al, 1995; Turner and Lloyd, 1999).

However, in its basic form this type of life-events framework was little more than a crude stimulus-response model of stress, and was therefore open to the same criticisms. It can also be taken to task on more specific issues. Firstly, it assumed all change was negative. This was problematic because some changes, i.e. divorce following a unhappy marriage, could have a positive effect on an individual's sense of well-being, and even negative events could have a differential impact from individual to individual (Wheaton, 1990, 1994, 1996). Secondly, by positing the relationship between event and health outcomes in terms of cause and effect no account was taken of how this might be complicated by

other sources of stress (i.e. chronic sources of stress associated with the long-term impact of material difficulties), or even to the meaning of events to individuals (Radley, 1994). Finally, correlations between events and psychological distress have consistently been found to be relatively weak, and a number of studies have even yielded contradictory evidence of the relationship between socioeconomic status and stressful exposure; thereby casting doubt on the adequacy of the paradigm more generally (Dekker and Webb, 1974; Rosengren et al, 1988; Thoits, 1982; Turner and Lloyd, 1999; Turner et al, 1995).

These limitations highlighted the need for research 'that indexes social stress in a more comprehensive way than typical life event inventories have allowed' (Turner et al, 1995: 106). Consequently, many researchers have now turned their attention to chronic sources of stress (i.e. long term difficulties and daily hassles) rather than discrete events (e.g. Aneshensel, 1992; Avison and Turner, 1988; Menaghan, 1994; Pearlin, 1989; Ross and Huber, 1985; Turner et al, 1995; Whelan, 1994). As Whelan has also argued, this 'shift from life-events to more enduring or recurring life-problems has led to a greater emphasis on economic hardship' (1994: 50). The findings of studies that have investigated the impact of such things as unemployment, economic problems, and work stress have also found far more 'potent' links with poor psychological well-being than those generally associated with life-events (Aneshensel, 1992: 20).

There have also been attempts to combine the analysis of life-events and chronic strains in a way that has put 'meaning', or 'appraisal', more firmly on the agenda. Whilst not specifically concerned with socioeconomic status, the work of

Brown and Harris (1978) is perhaps a classic example. In their study of life-events and depression amongst women, they found that the 'severity' of an event, in terms of the meaning attached to it, was a greater predictor of depression than number of events alone. They also took account of how this meaning was mediated by chronic strains in the women's lives, particularly having three or more dependent children, the absence of a close relationship with a spouse, the death of a mother before age 11, and lack of employment. They found that working class women experienced more of these difficulties than middle-class women, and they suggested that this rendered them more 'vulnerable' (i.e. susceptible) to depression than middle-class women.

Like all of the studies cited so far, however, Brown and Harris's research was based on a quantitative methodology that was primarily designed with the intention of establishing causal relationships (see Marshall, 1990 for an in-depth critique). Even 'meaning' was quantified by the researchers themselves on the basis of certain criteria, such as whether or not an event was 'threatening'. Meaning was therefore 'imputed' rather than qualitatively explored and, admittedly with some exceptions (Reissman, 1989; Simon, 1997), this has remained the dominant approach.

Despite this emphasis on establishing statistical significant relationships between 'variables', the interpretation of such relationships nonetheless leaves room for alternative explanations, and this is where theoretical divisions can become pronounced. In contemporary approaches to socioeconomic inequalities in health this is most apparent between those theorists who emphasise the

importance of stress arising from individuals' relative status (e.g. Jahoda, 1982; Marmot et al, 1984, 1991; Wilkinson, 1996), and those who prioritise the role that material difficulties associated with poverty and unemployment play in shaping people's stress-related experiences (e.g. Fryer, 1988, 1995; Lynch et al, 2000). In the more explicit stress-related inequalities research, in contrast, the relative importance of life-events, chronic strains and meaning tends to dominate the debates. However, it is possible to see all of these approaches as complementary to each other rather than antithetical. For example, it is entirely possible that life-events and chronic strains associated with economic hardship combine with people's perceptions of their relative status to shape their psychosocial health status. The meanings individuals attach to each of these 'stressors' could also be regarded as an important mediator of all of these processes. Indeed, if seen in this way, what the literature reviewed so far would seem to suggest is that the 'pathways' through which socioeconomic status affects health are far more complex than theorists such as Wilkinson (1996) imply.

In constructing an approach to socioeconomic inequalities in health that adequately takes account of the relative influence and interaction between structure *and* agency, attention must, however, also be paid to the various ways individuals exercise their agency when exposed to sources of stress. It is here that Lazarus and Folkman's (1984) concept of 'coping' is relevant. Unfortunately, like appraisal, coping has received little explicit attention within the stress-related inequalities literature. An inability to effectively cope with sources of stress has nonetheless been implied in studies that have explored factors that render individuals more or less susceptible (or 'vulnerable') to the health damaging

effects of stress-related exposure (e.g. Kessler and Cleary, 1980; Kessler and Neighbors, 1986; McLeod and Kessler, 1990; Thoits, 1995; Ulbrich et al, 1989). Indeed, the assumption of this literature is that 'people in lower socioeconomic groups are probably less well equipped to *cope* with stressors' because the resources they have access to are 'differentially distributed across socioeconomic groups, to the disadvantage of the lower socioeconomic groups'; thereby rendering them more 'vulnerable' to psychological distress (Stronks et al, 1998: 611-12).

'Vulnerability' was a central feature of Brown and Harris's (1978) work, as they regarded chronic difficulties as damaging women's self-esteem, and therefore reducing their ability, in terms of the intra-psychic resources available to them, to deal with life-events as they transpired. A similar argument has also been put forward by Liem and Liem (1978), although they argue that poorer people suffer more financially disruptive events throughout their lives than richer people, and that this affects their ability to cope, in financial terms, when subsequent events take place. McLeod and Kessler (1990) have also suggested that poor socioeconomic status, and the lifetime disadvantages associated with it, in terms of education, etc., mean that many poorer people do not have the personal or intra-psychic skills that effective coping demands. In other words, they suffer from a lack of what Bourdieu (1990: 124-5) would call 'cultural capital', in terms of the 'cultural competence' their lifetime socialisation, and exposure to chronic difficulties, has endowed them with.

However, references to economic resources and chronic strains are by no means the most common factors cited within the literature. For the most part

'vulnerability' research has focused on personality characteristics associated with how much control or 'mastery' an individual feels they have over their lives (e.g. Aneshensel, 1992; Kobasa, 1979; McCubbin et al, 1998), or on the relative efficacy of various sources of social support (see Thoits, 1982, 1982a, 1995). The first resource is not as unrelated to health inequalities research as might first be assumed, as perceptions of control over one's life, etc., have all been found to be inversely related to social status (Elstad, 1998), and clearly feed in to the type of argument put forward by theorists such as McLeod and Kessler (1990). Nevertheless, the emphasis on psychological capacities is very individualistic. There is also, in common with all of the literature cited so far, a sense in which individuals are conceptualised as passive.

The same could be said of the social support literature (e.g. Ganster and Victor, 1988; Thoits, 1982; Wethington and Kessler, 1986). Nevertheless, this work is also the foundation upon which 'social capital' perspectives of the type drawn upon by theorists such as Wilkinson (1996) have their roots. The relationship he posits between social cohesion and wider patterns of health inequality has also helped to counter the rather individualistic emphasis of much of the early social support literature. Indeed, as Freund and McGuire (1999: 104) have pointed out, work in this area tended to neglect the 'larger contexts of power relationships in which social support takes place', in favour of focusing on individual sources of support.

What all of this literature has suggested, however, is the existence of a relationship between social support and health status. For example, in the

Alameda County study, Berkman and Syme (1979) measured support in terms of four types of social contact: specifically, marriage partners, members of a church, close friends and relatives, and informal or formal associations. They found that individuals who had high levels of contact with these groups had lower mortality rates than those with low levels. They also found that individuals who exhibited high degrees of social contact were less likely to engage in health damaging behaviours such as smoking. However, what remains a largely neglected area of research is whether material resources, or the lack of them, could place a strain on supportive relationships, and whether social support might also have more negative, or health-damaging, dimensions (Freund and McGuire, 1999).

But to summarise, what this review has suggested is that sources of stress associated with socioeconomic status are many. They can include life-events; chronic difficulties associated with economic hardship; and of course, perceptions of disadvantage related to an individual's relative status. The impact of these 'stressors' can also be mediated by the availability of various resources, both financial and non-financial. The literature has also pointed to the important role that appraisal and coping play in drawing these various processes together. However, appraisal has tended to be inferred or, at best, explored in a way that has allowed for meaning to be quantified. Thus, as Simon has argued, 'despite the plethora of meaning-centred research, the methodological paradigm upon which most of this work is based...makes it inevitable that individuals' own accounts of meaning are bypassed' (1997: 260). Precisely how individuals cope with difficulties has also been inferred from the availability of various resources, rather than being explored in its own right. Hence, there would appear to be a need for

research that addresses these dimensions of the stress process in more detail, particularly through the use of more qualitatively orientated strategies that could serve to put meaning and agency more firmly on the agenda.

This same need is also apparent in studies that have explored how gender mediates the processes described above, especially in relation to how men appraise and cope with sources of stress.

Stress, Gender and Men's Health

How masculinities might mediate the processes identified in the foregoing review is, of course, an issue that this study will explore. However, to-date, stress research has not embraced the concept of 'masculinities' (Connell, 1995). Instead, men and women have tended to be conceptualised as two distinct groups who occupy rather static social roles, and who act on the basis of values and beliefs consistent with those roles. Like the inequalities in health literature more generally, women's health has also been the focus of this research (Cameron and Bernades, 1998).

The main argument in much of this literature is that women's excess psychological morbidity can be explained by reference to women's exposure to 'role-related activities and gender differences in opportunities which provide men and women with different and unequal resources' (Bird and Rieker, 1999: 749. See also Gove, 1978, 1984). In other words, women's social roles expose them to more sources of stress than men's, and their relative lack of resources also renders

them more vulnerable. In contrast, men's exposure and vulnerability to sources of stress has tended to be regarded as the norm from which women's experiences deviate rather than phenomena that could also be affected by the roles they occupy and the values and beliefs they adhere to. Nevertheless, a number of studies have identified differences in relation to how men and women appraise and cope with sources of stress. However, whilst these have focused on appraisal and coping to a much greater extent than the literature reviewed in the previous section, they have largely ignored how these might also be related to socioeconomic inequalities. They have also neglected the possibility that gendered influences might themselves affect men's willingness to admit to psychological health problems, preferring instead to treat health outcomes as something that can be 'objectively' measured (see Chapter 1).

The most consistent finding of this research has been that men are more likely to take 'active', problem-solving measures to remove sources of stress (i.e. 'task-orientated' actions directed at 'solving' the problem), whereas women are more likely to utilise 'emotion-based' strategies, such as openly expressing their feelings, or seeking social support (Endler and Parker, 1990; Johnson, 1989; Ptacek et al, 1994; Zuckerman, 1989). Considerable doubt nonetheless exists regarding how generalisable these findings are, or indeed, whether one style can be regarded as more or less effective in promoting well-being than the other (Ben-Zur and Zeidner, 1996; D'Zurilla et al, 1998; Stein and Nyamathi, 1999). Research has also found that, despite gendered preferences for particular strategies, men and women actually use a mixture of both (Carver et al, 1989).

That said, 'coping researchers generally expect problem-focused coping to be more beneficial for well-being than emotion-focused coping' (Thoits, 1995: 61).

In recent years, however, this view has slowly started to give way to one in which different types of style are regarded as 'situation-specific with regard to both use and effectiveness' (Aneshensel, 1992: 26). Hence, on this reading, men's preference for problem-focused coping cannot be regarded as something which necessarily works to their advantage, especially when set against the more general finding that men also engage in 'risky' coping behaviours, such as smoking, drinking and drug abuse, to a much greater extent than women (Eisler and Blalock, 1991).

Differences in the ways men and women appraise sources of stress have also been identified. For example, men have been found to appraise financial and job-related difficulties as the most stressful, whereas women experience the most stress from situations connected to their family, friends and social networks (Conger et al, 1993; Greenberger and O'Neil, 1993; Kessler and McLeod, 1984). Reasons for this are open to interpretation and could in part be explained in relation to different roles that men and women may occupy. However, they could equally be due to men perceiving financial stress as a threat to their masculine identity, especially if, as part of this, they attach significance to traditional notions, such as the breadwinner role.

Some support for this comes from studies that have examined how men's perceived inability to live up to the demands of the breadwinner role can lead to

feelings of worthlessness and, ultimately, psychological distress (Crowley, 1998; Kempson, 1996; Waddington et al, 1998). Additionally, the extent to which men attach importance to the notion of being a 'breadwinner' (sometimes referred to as 'breadwinner role salience') has been found to mediate the relationship between pay and life satisfaction more generally (Aryee, 1999). This feeds into the issue of unemployment because, for men, this can serve to create 'feelings of disempowerment and emasculation' as masculine identities have traditionally been 'anchored' in the world of paid work (Willott and Griffin, 1996: 89), and the extent to which such feelings will be experienced may well be influenced by perceptions of 'adequacy' in role performance (Aryee, 1999). According to Fielden and Davidson (1999), this could be one reason why men have been found to report more emotional problems connected to 'loss of status' than women when they are unemployed. More generally, however, these findings suggest that the health damaging effects of unemployment cannot be reduced to the loss of 'latent' employment functions (Jahoda, 1982) or material deprivation alone (Fryer, 1995).

The relevance of these findings to an understanding of how masculinities might shape men's experiences and responses to life on a low income is fairly limited however. Unlike the notion of plurality that the concept of masculinities embraces (see Connell, 1995), all these studies tend to conceptualise men as a homogenous group. Indeed, in explaining the above findings it is largely assumed that men perceive and act on the world around them on the basis of fixed values and beliefs internalised during childhood. In other words, as Kimmel has argued, men and women are forced into 'a historically invariant model, a kind of static sex-role container into which all biological males and females are forced to fit'

(1987: 12), regardless of individual desires. Conceptualising gender only in terms of the roles men and women are assumed to occupy, and the values and beliefs associated with those roles, has also meant that the power relations that underpin gender differences have been neglected (Carrigan et al, 1985).

Given these limitations, what would seem to be required is more attention to the meanings that individuals attach to their social roles as well as to the wider social relations of power within which people's lives are embedded. At the same time, if the insights of such research are to contribute to our understanding of health inequalities more generally, socioeconomic status, and the various sources of stress associated with it, also need to be drawn more firmly into the frame of reference. Thus, like stress research more generally, a strong case can be made for a more qualitative and theoretically informed approach to appraisal and coping. This would also enable the notion of psychological well-being itself to be explored in more detail, as all of the literature cited thus far has treated this as an unproblematic 'variable' rather than something that men may 'under-report' (see Chapter 1).

Bringing the concept of masculinities into such a framework would also allow for an examination of differences as well as commonalities. However, doing this is more complex than simply 'adding' a variable. Indeed, in many ways the concept of masculinities is no less problematic or complex than stress, and raises a range of other issues and challenges that demand attention, particularly as the relationship of masculinities to men's psychological well-being remains far from clear. Therefore, before attempting to construct an alternative framework that

addresses the issues raised above, it is to the concept of masculinities that the following section now turns.

2.2 *From Gender-Roles to Masculinities*

What unites 'masculinities' theorists is the belief that no single set of characteristics is capable of capturing the diverse ways in which men's experiences, practices, roles and identities are constructed, negotiated and cross-cut by social relations of class, 'race', sexuality, disability, etc. (e.g. Berger et al, 1995; Brittan, 1989; Brod and Kaufman, 1994; Chapman and Rutherford, 1988; Connell, 1995; Cornwall and Lindisfarne, 1994; Edley and Wetherell, 1995; Hearn and Morgan, 1990; Mac An Ghail, 1996; Sabo and Gordon, 1995; Seidler, 1997). However, masculinities have proven notoriously difficult to pin down with a precise description because of the diversity this implies. As Hearn has argued:

Masculinity and now masculinities are concepts that are used in a variety of ways, and with a variety of frameworks. These include psychological characteristics, gendered experiences, sex-role socialisation, gendered behaviours, psychoanalysis, power analysis and institutional practices. In many of these uses and formulations, the idea of masculinity acts as a reference point against which behaviours and identities can be evaluated. Masculinity effectively acts as a normative and indeed culturally specific standard (1996: 202-3).

The confusion this can create has been used by a number of critics as a basis for disputing the relevance of masculinities altogether. Hearn, for example, has expressed doubts as to whether the concept has any heuristic value on the basis

that it 'cannot be assumed *a priori* that masculinities exist' and that 'it is generally preferable to move from masculinities back to men' (1996: 214). Similar comments have been voiced by MacInnes, who argues that all attempts to define masculinities are doomed to failure because it/they exist 'only as various ideologies and fantasies, about what men *should* be like' (1998: 2). Both authors also express concern that an exclusive focus on the concept could draw attention away from men's power over women.

This last criticism is important because, as Connell (1995) has argued, masculinities are constructed in relation to femininities, and are therefore tied into the social relations of gender and the power relations these embody. As long as this is kept firmly in mind, however, this does not necessarily negate the relevance of the concept. Furthermore, when MacInnes refers to masculinities as 'ideologies and fantasies', this dismissal neglects the emphasis that many theorists have placed on the importance of 'practices' which serve to sustain and reproduce the social relations of gender, and which are far more substantial than MacInnes seems to imply (e.g. Sheperd, 1997). However, as O'Donnell and Sharpe have argued:

MacInnes is so keen to see gendered inequalities and related cultural differences disappear that he is somewhat unrealistically more concerned to establish how insubstantial they are rather than to trace the still-powerful formations of masculinity that continue to be the main cultural and personal expressions of patriarchy (2000: 9).

This does not resolve the meaning of masculinities themselves, but I would argue that rather than taking the view that the existence of masculinities cannot be assumed, what needs to be established is precisely which aspects of masculinities are important in any given situation. This does not invalidate a theoretically based approach, however. Quite the opposite, following O'Donnell and Sharpe, this thesis uses the term to indicate *how men 'have constructed - in particular historical circumstances - given cultural attitudes and behaviours in relation to gender'* (2000: 12). However, it builds on this by drawing on empirical and theoretical insights from both this study and the masculinities literature more generally. But first a *caveat*. In saying masculinities are 'constructed' I am not suggesting men's behaviours and attitudes are the product of culturally shaped ideas alone. Rather, I take the view that 'bodies matter' and that the 'surface upon which cultural meanings are inscribed is not featureless' (Connell, 1995: 51). Thus, to use one of Connell's terms, I regard masculinities as 'onto-formative'. By this he means that masculinities do have a bodily dimension, in terms of men's physical constitution and the ways in which they experience their bodies. However, this does not imply biological determination because these bodily dimensions are always reflexively and culturally elaborated in the course of everyday life.

So having clarified this issue, what could the concept of masculinities add to our understanding of men's health more generally? Whilst not located within the type of theoretical framework referred to above, a number of stress-related studies do offer some insights into this question. In an attempt to overcome some of the limitations of the gender role framework discussed in the previous section, several

instruments have been developed which treat both masculinity and femininity as personality 'traits' or 'dispositions' that both sexes can possess in varying degrees (Ballard-Reisch and Elton, 1992).

One of these, the 'Bem Sex Role Inventory' (BSRI)(Bem, 1974), measures 'socially desirable' masculine and feminine traits. Those using this scale ask respondents to assess the extent to which particular 'traits' characterise themselves - with masculine traits being defined in terms of such things as competitiveness and a willingness to take risks, and feminine traits being defined in terms of, for example, how compassionate and sensitive to others a person feels they are. Their findings have consistently documented strong correlations between high masculinity scores and better mental health for men and women alike, whereas high femininity has been found to be associated with poorer mental health (Annandale and Hunt, 1990; Whitley, 1984; Nezu and Nezu, 1987; Stoppard and Paisley, 1987).

Nevertheless, some caution is needed before generalisations can be made because high masculinity has also been associated with delaying seeking treatment for health problems, under-reporting of symptoms, and less awareness of health risks (Kaplan and Marks, 1996). These negative influences are even more pronounced in studies that have drawn on an alternative instrument called the 'Masculine Gender Role Stress Scale' (MGRSS)(Eisler and Skidmore, 1987). This measures the extent to which individuals would find situations which conflict with the traditional male role stressful. It consists of forty items related to 'physical inadequacy', 'emotional inexpressiveness', 'subordination to women',

'intellectual inferiority' and 'performance failure', with high scores being indicative of an excessive commitment to the stereotypical masculine role. Such scores have been associated with a greater tendency in both men and women to adopt dangerous coping strategies, to experience anxiety, anger, depression, and to also report less satisfaction with their supportive networks (Baffi et al, 1991; Eisler and Blalock, 1991; McCreary et al, 1996; Saurer and Eisler, 1990; Snell et al, 1987).

The strengths of these instruments lies in their ability to explore differences between individuals. Moreover, both suggest that 'masculinity and femininity do have substantive content and that gender is highly relevant for social action' (Annandale and Hunt, 1990: 28). However, scales are also problematic by their very nature as they reduce complexities to a rather static set of options. This not only limits the scope of the analysis, it also reinforces the view that certain traits or dispositions can be unproblematically labelled in gendered terms. Secondly, whilst they allow for a degree of heterogeneity that is able to crosscut biological sex, the meaning of such 'traits' to the individuals concerned is not explored qualitatively. Finally, their relevance to an understanding of health inequalities is far from clear because the emphasis placed on the way that gender 'traits' and 'dispositions' shape behavioural patterns does not tend to be set against the context of specific sources of stress and material resources, or indeed the wider social relations from which these derive.

So whilst 'trait' approaches to masculinity do have some benefits over gender-role socialisation approaches, in as much as they allow for the examination of

differences as well as similarities, whilst also pointing to positive as well as negative dimensions of masculinity, they also have their limitations. In particular, they do not address *how* men feel when exposed to sources of stress, or indeed, the variety of ways they may respond on the basis of those feelings.

So how could ideas from the more general masculinities literature help to address these issues? Taking the notion of 'how men feel' as a starting point, this would seem to demand, firstly, a theory that addresses the relationship between masculinities and emotions. Indeed, if, as Lazarus and Folkman (1984) suggest, appraisal processes are central to an understanding of stress, then emotions, in terms of how men feel when exposed to sources of stress, will clearly influence the way that men both appraise and respond to sources of stress.

It is here that the work of Seidler (1994, 1997) is useful. He argues that one of the main problems with and for men is their lack of emotional expressiveness, which derives from contemporary notions of masculinity being 'cast within the terms of a dominant white heterosexual masculinity', in which men are identified with reason and rationality and women with nature and emotions (1994: 12). Consequently, men may feel unable to express their inner feelings, to admit feeling depressed, or to ask for help from others because of a perceived threat to their male identity that may require more than a little effort to overcome. Seidler therefore emphasises men's commitment to a stereotypical type of masculinity, but he recognises that this commitment is not simply a result of socialisation or individual choice, but about the social pressures that men feel that they perhaps should conform to, and which may also serve as a source of tension.

Seidler traces this preoccupation with rationality to ideas associated with the Enlightenment and the rise of 'scientific' discourses that men made their own. He also links this to the patriarchal social relations that allowed men to define rationality as superior to emotion, and in this sense his analyses traces the structural formations of an inherently 'unreasonable' notion. However, his theory is primarily about culture rather than structure and his style of writing draws heavily on anecdotal evidence that, at times, seems to suggest that all men are 'victims of historical circumstances' (Edley and Wetherall, 1995: 163). This not only risks drifting into essentialism, but also, as Annandale has argued, 'when attention is fixed exclusively upon men's personal pain, "the reality of male power tends to be washed away with the tears shed for men's underlying vulnerability"' (1998: 141, includes citation from Segal, 1992: 68). As Connell (1995) has also argued, whilst ideas about reason and emotion undoubtedly connect to the construction of masculinities, it is important not to over-generalise as such notions are always subject to ongoing 'negotiation'. He also suggests that certain types of 'rationality', particularly those associated with such things as 'technical knowledge', have traditionally been a middle rather than working-class preoccupation.

A strong argument can nonetheless be made for bringing emotions, gendered or otherwise, into the inequalities in health debate. This has been developed in some detail by Williams (1998, 2000), who argues that the recent 'focus on psychosocial factors and processes of meaning construction place emotions centre-stage' (1998: 121). He defines emotions as '*embodied* existential modes of being; ones which involve an active engagement with the world and an intimate

connection with both society and self, structure and agency' (2000: 299). And perhaps most significantly, he makes the point that emotions are crucially tied into 'different ways of feeling *empowered* or *disempowered*: feelings which are very much linked to people's material and psychosocial conditions of existence' (2000: 303). Thus, they might also have class, 'race' and gender characteristics, some of which, to return to a term in the stress literature, may render some groups more 'vulnerable' than others. Indeed, as Williams argues, on this reading it makes sense to see emotions as a form of 'capital' that is differentially distributed. This notion therefore feeds in to Bourdieu's (1990) ideas about 'cultural capital', as well as the work of McLeod and Kessler (1990) discussed in the previous section.

The forms this 'capital' takes will obviously vary, although Williams' analysis particularly points to the importance of factors such as self-esteem and empowerment. However, men's preoccupation with the need to stay strong, in control, and unemotional, as Seidler suggests, also feeds into an understanding of how men might maintain their self-esteem and what criteria they draw upon to do this. These, in turn, could then influence men's appraisals and responses to particular situations. Indeed, this idea lies at the heart of a number of studies that have explored men's experiences of stigmatising illnesses. These include the experiences of men suffering from prostate cancer (Cameron and Bernades, 1998; Pinnock et al, 1998; Pateman and Johnson, 2000), physical disability (Gerschick and Miller, 1995), testicular cancer (Gordon, 1995), infertility (Baluch et al, 1998), death and dying (Charmaz, 1995), and erectile dysfunction (Araujo et al, 1998). Sexual performance, or rather the fear of a physical threat to this performance, is obviously a key theme of this research. More broadly, however,

these studies are also about the ways men experience situations and circumstances that could, potentially at least, threaten their sense of themselves as men. Thus, research that has examined the impact that men's perceptions of inadequate role performance, being a 'breadwinner' etc., have had on their sense of well-being also fall within this general framework (e.g. Crowley, 1998).

A number of these studies also make reference to the ways in which men exercise their agency in the face of difficult circumstances that potentially threaten their gendered identity by, for example, modifying their 'ways of being men' (Popay and Groves, 2000). For instance, Gordon found that men suffering from cancer stated that they became more 'sensitive' to the needs of others as a consequence of their experiences. Cameron and Bernades, in their study of prostate cancer, also found that a number of their respondents used their 'experience as an opportunity to adapt and take on new attitudes, values, behaviours or ways of being, such as being more open about their body, emotions, sex functions and relationships', thus 'negotiating new and sometimes 'better' ways to be masculine' (1998: 123 and 129). Hence this literature is not simply about meaning and 'appraisal', but also about how men might cope with sources of stress by regulating their emotional responses. It also breaks free of the gender-role socialisation approach by illustrating that even deeply held values and beliefs are not necessarily immutable.

Yet as important as emotion and identity may be, if we focus exclusively on such issues we risk confining ourselves to an analysis of personal experiences that makes only limited references to wider structures of power. It is here, however,

that Connell's (1995) work is relevant. Whilst he acknowledges that masculinities encompass such things as identity, personality and experience, he also argues that the practices and ideologies they embody serve to reinforce and reproduce a structure of social relations between men and women, and also between different groups of men. This is because all men do not possess the same degree of power and, whilst all masculinities are ultimately constructed in relation to a dominant form, the 'gender order' intersects with a plurality of other social relations of class, race, sexuality, etc. Consequently, whilst all men enjoy a 'patriarchal dividend' from their structural location relative to women, this dividend is unequally distributed.

Connell is not prepared to reduce masculinities to a precise definition however, other than stating that they are always constructed in relation to femininities, and that they can best be conceptualised as 'simultaneously a place in gender relations, the practices through which men and women engage that place in gender, and the effects of these practices in bodily experience, personality and culture' (1995: 71). But what he does emphasise is the existence of a plurality of masculinities that are constructed in relation to 'hegemonic masculinities'. These, according to him, can be defined as 'the configuration of gender practice which embodies the currently accepted answer to the problem of the legitimacy of patriarchy, which guarantees (or is taken to guarantee) the dominant position of men and the subordination of women (1995: 77). But even these are not 'fixed' in stone, as they are always subject to historical transformation and challenges. Furthermore, according to him, they are also cross-cut by other social relations that create, in essence, a hierarchy (or 'gender-order'), with hegemonic forms at

the apex. Below these he asserts the following also exist: 'complicit masculinities', e.g. men who gain a 'patriarchal dividend' from hegemonic ideologies and practices, but who may not practice 'the hegemonic pattern in its entirety' (1995: 79); 'subordinate masculinities', e.g. gay men whose practices do not match hegemonic ideals; and 'marginalized masculinities', e.g. black or working class men who, because of their position within wider sets of social relations, are unable to meet hegemonic ideals.

These ideas are relevant to this study in a number of ways. Firstly, if masculinities are about men's 'practices', then the various strategies that men use to 'cope' with stress are clearly tied into such practices, and indeed, have wider connotations. For example, concern has been expressed in relation to men's tendency to resort to 'risky' coping behaviour such as drinking and smoking. But, if we take Connell's argument seriously, as well as having health damaging effects these could also be seen as reinforcing the gender order and traditional notions of what men *should* be and what men *should* do.

Secondly, the sources of stress that particular men are 'exposed' to can be seen in relation to their ability to fulfil a hegemonic ideal. For example, all of the men who took part in this study were 'marginalized' in relation to their ability to fulfil the role of 'breadwinner' due to their lack of material resources. In this sense, and contrary to what the stress literature seemed to suggest, their position in the gender order could indeed be seen as shaping their 'exposure' to sources of stress as well as their emotional 'vulnerability'. In other words, differences between men can certainly be acknowledged, but rather than conceptualising differences in

individualistic terms, it is possible to see them as being linked to wider social relations. Indeed, research into gay men's experiences of HIV and AIDS (Bartos and McDonald, 2000; Flowers et al, 2000; Robertson, 1998; Tewksbury, 1995), the psychosocial effects of unemployment on working class men (Melluish and Bulmer, 1999; Willott and Griffin, 1996), and the impact of racism and black men's masculinities on their physical and mental health (Staples, 1995; Utsey, 1997) also points to this being the case.

Yet some caution is needed because Connell is not suggesting masculinities can be reduced to a typology. Rather, that there are 'guidelines' which structure social practices, but that 'terms such as 'hegemonic masculinity' and 'marginalized masculinities' name not fixed character types but configurations of practice generated in particular situations in a changing structure of relationships' (1995: 81). In other words, differences will always exist within and between different groups of men as they exercise their agency. But at the same time, whilst 'social practice is creative and inventive...[it is]...not inchoate' (1995: 72). It has roots in configurations of practices that are themselves tied into the dynamics of wider social relationships. But which practices and which social relations are important, and under what circumstances? And where does the notion of the male gender-role fit into this framework?

Connell's refusal to provide an 'empirical' definition of masculinities means that no ready answers to these questions suggest themselves, and critics such as MacInnes (1998) have used this as a basis for attacking his theory. To be fair, however, he shies away from this precisely because he does not wish to reduce

'difference' to a static set of typologies. He nonetheless suggests that masculinities appear to cluster around the following three themes:

- **Production Relations:** i.e. the division of labour between men and women in the domestic and public sphere. Within this, issues such as men and women's roles in relation to childcare, housework, 'breadwinning', job segregation, discrimination and unequal pay are all relevant.
- **Power Relations:** includes such things as authority, control, violence and coercion related to men's patriarchal power over women and also men's power over other men.
- **Cathexis:** includes sexuality, desire, personal and emotional relationships and intimacy.

Which of these dimensions plays the most important role in any given situation will nonetheless vary from situation to situation and from man to man, and ultimately the identification of practices and meanings relevant to individual men, and in turn the stress process, are only likely to be identified *via* empirical research.

However, this also raises something of a challenge in relation to the positivist and quantitative orientation of current stress research. If masculinities can mean a range of different things, operationalising them in 'variable' terms becomes increasingly difficult. Simplistic notions of cause and effect are also rendered inappropriate when, as both Seidler and Connell seem to be suggesting, meaning and agency are central to an understanding of masculinities. There is also the additional problem raised in Chapter 1. If, as Annandale and Hunt argued, too much emphasis is placed on difference at the expense of similarity, 'recognition of 'sheer complexity' could indeed collapse into relativism (2000: 24).

The challenge, then, is how to relate masculinities to the stress process in a way that allows for the identification of both similarities and differences, and perhaps even gender roles, as Connell's broad framework by no means excludes the possibility of these playing some role in men's lives. At the same time, and notwithstanding the need identified for more emphasis to be placed on meaning and agency, to do this in a way that also keeps the more 'objective' dimensions of the stress process, particularly men's material conditions of existence, firmly in sight. It is to this issue that the final section now turns.

2.3 Constructing an Alternative Approach

The overall purpose of this chapter was to explore whether the concept of social stress could help us understand the combined role masculinities and socioeconomic status play in shaping men's psychosocial well-being. And, on the basis of what has been discussed so far, progress towards this has been achieved. By returning to the 'original source' of the psychosocial perspective a wide range of processes and mechanisms have been identified, and perhaps most significantly, what has been shown is that the psychosocial perspective is by no means limited to the relative deprivation approaches of theorists such as Wilkinson (1996).

Theoretically, it has also been argued that Lazarus and Folkman's (1984) 'transactional' model, with its emphasis on appraisal, coping and resources in the context of various sources of stress, could potentially serve as an appropriate platform for constructing an approach to men's health that takes account of the

relative influence and interaction of both structure and agency. Hence, broadly in line with their model, it is the contention of this thesis that stress can best be conceptualised as *the dynamic series of transactions that takes place between a person and their environment as they attempt to respond to and make sense of their exposure to life difficulties.*

However, a number of problematic issues have also been identified. Firstly, despite references to appraisal and coping, there have been few attempts to explore these processes in any real depth by drawing on qualitative data. Secondly, rather than examining the relative influence of structure and agency, research has largely confined itself to an analysis of relationships between ‘variables’. In the process there has been little engagement with broader theoretical issues, such as the nature of the social relationships within which individuals’ lives are embedded. Finally, in relation to stress research that has attempted to bring masculinity, although not masculinities, within its frame of reference, men have been conceptualised as a homogenous group who act on the basis of values and beliefs internalised during childhood.

The masculinities literature, in contrast, has emphasised the role of meaning, agency and negotiation in the construction of masculinities, as well as diversity and difference, and this is perhaps its greatest strength. Theoretically, various commentators, but particularly Connell (1995), have also related these differences to the broader sets of social relations, i.e. class, ‘race’, sexuality, etc., in which men’s lives are embedded. However, diversity has often been emphasised at the expense of commonalities that might also exist. Precisely which aspects of

masculinities might play the most important role in shaping men's experiences and responses to sources of stress also appeared to be an issue that was only likely to be verified through more in-depth empirical research focusing on the meaning and significance of masculinities to individual men.

Both bodies of literature therefore had strengths and limitations. The purpose of this section will therefore be to consider how the strengths could be capitalised upon in a way that resolves the limitations, whilst bringing them together within a single framework. Such a framework must not only be capable of addressing meaning and agency, but also the material settings within which meaning and agency take place. Whilst acknowledging diversity and difference, it should also be capable of recognising that commonalities might also exist.

The positivist emphasis on establishing causal relationships between variables represents a barrier to the development of such a framework because of the lack of emphasis placed on meaning, experience and broader theoretical ideas. However, abandoning positivism does not necessarily mean that quantitative forms of analysis have nothing to offer. Rather, both quantitative and qualitative studies need to ensure that the interpretation of empirical data also involves engagement with broader theoretical ideas, particularly in terms of the relationship between structure and agency.

One way in which this could be achieved would be to locate the stress process within a broader conceptual framework of the type developed by theorists such as

Giddens (1984). His 'structuration theory' holds on to notions of structure, agency and their interaction through a theoretical idea called the 'duality of structure':

According to the notion of the duality of structure, the structural properties of social systems are both medium and outcome of the practices they recursively organise. Structure is not 'external' to individuals: as memory traces, and as instantiated in social practices, it is in a certain sense more 'internal' than exterior to their activities in a Durkheimian sense. Structure is not to be equated with constraint but is always both constraining and enabling (Giddens, 1984: 25).

Giddens also disputes any notion of 'either a clear-cut division or a necessary opposition between qualitative and quantitative methods' (Giddens, 1984: 333) because, on his reading, the 'structural properties of social systems' do influence human behaviour and *vice-versa*, and different methods could shed light on different aspects of these processes.

Unfortunately, structuration theory also has limitations. By insisting on the inseparability of structure and agency, Giddens rejects any notion of 'objectivism' (i.e. that material conditions pre-exist the actions that transform them). In so doing he departs from the idea that structures are embodied in relatively enduring sets of social relations, in favour of conceptualising them as 'rules and resources'. This effectively reduces them to phenomena that are neither 'objective or material but cultural' (Porpora, 1998: 346). Secondly, if structures exist only as 'instantiated in social practices', the duality of structure is ultimately reducible to agency (Archer, 1995). Consequently, structuration theory is really about 'different elements of the subjective realm', which rarely 'touch base with material

circumstances' (Porpora, 1998: 347). Finally, structuration theory is equally flawed when one considers that individuals do not create every situation and social relation they find themselves in. We are born into pre-existing sets of social relations which we may subsequently transform, but which we took no part in creating. Hence, as Bhaskar has argued, structuration 'retains voluntaristic connotations – social practice is always, so to speak, *restructuration*' (1983: 85).

Nevertheless, rules and resources, whether these be hegemonic masculine ideologies, consumerist discourses, or culturally influenced beliefs and values, might all play a role in shaping how men experience and respond to sources of stress. The point, however, is that these also have roots in the materiality of peoples' lives and the social relations in which they are involved. So how could we conceptualise the material aspects of the stress process, i.e. economic sources of stress, without reducing them to the effects of agency?

One of the most promising ways forward is by drawing on realist social theory (Archer, 1995; Bhaskar, 1989, 1994; Layder, 1997; Sayer, 2000). Whilst there are a number of variants of realism, there are several key themes with which most realists would concur:

- Realism is concerned with the relative influence and interaction between structure and agency.
- Contra Giddens, structure and agency are conceptualised as interdependent but analytically distinct entities that possess properties and powers irreducible to each other.
- Realism accepts that a 'reality' exists, but argues that access to knowledge of that reality is difficult because 'mind-independent' structures (defined as relatively enduring social

relations rather than rules and resources) and mechanisms also operate in the world. Reality therefore consists of more than that which can be directly measured and observed.

- This reality is conceptualised as complex and multi-faceted, with many processes and mechanisms likely to be in operation at the same time.

These ideas are relevant to stress research in a variety of ways. Firstly, the notion that different processes and mechanisms may be in operation at any given time renders any attempt to grasp the mechanics of the stress process in terms of cause and effect inappropriate. Statistical associations between variables may suggest broad patterns or tendencies, but given that the components of the stress process, be they individual attempts to cope with material difficulties, levels of social support, masculine ideologies, etc., may all be operating at the same time, it is virtually impossible to assert causal priority. What we can do, however, is attempt to explore the interaction and influence of these components as the process unfolds over time, and to use this as a basis for theorising the links between them.

In doing this, and because realism treats 'objective' and 'subjective' factors as analytically distinct, no attempt should be made to reduce structural influences to agency or *vice-versa*. Realists insist that both these dimensions have 'emergent powers' (i.e. powers and properties that they possess by virtue of their internal make-up) that cannot be reduced to each other, although they recognise that there will always be a 'convergence and continuous dialectic' which renders them mutually dependent upon each other (Layder, 1998a: 88-89). Hence, unlike Giddens, they take the view that:

...human action is neither mechanically determined by social reality nor does intentionality (voluntary human action) simply construct social reality. Instead, society exists prior to the lives of agents but they become agents who reproduce or transform that society. Material reality (the biological substrate of actors and the material conditions of their social context) constrains action but does not simply determine it (Pilgrim and Rogers, 1999: 20).

One strength of this position is the importance attributed to meaning and 'intentional agency'. Indeed, it implies a need for an in-depth understanding of 'subjective' processes; thereby strengthening the argument for a qualitatively orientated approach to appraisal and coping. At the same time, in relation to the concept of masculinities, realists would also acknowledge the importance of the meanings and significance that individual men attach to various aspects of masculinities, be they social roles or more general ideas associated with characteristics such as strength and self-reliance, as well as the importance of differences between men.

However, where realism departs from Giddens' structuration theory, which also prioritises the role of subjectivity, is in its insistence that these constantly interact with more 'objective domains' of social activity (e.g. social settings and material and cultural resources. See Layder, 1997). This allows for the possibility that common elements of masculinities might also exist due to patterns of socialisation, common material constraints, dominant ideologies, etc. Equally, whilst individual appraisals and coping strategies may well exhibit a great deal of diversity, realists would also be interested in the existence of collective perceptions and behaviours that might also be influenced by these wider social forces. What they would primarily draw attention to, however, is how 'subjective'

and 'objective' dimensions, and diversity and commonality, interact with each other, and how such interactions relate to wider social relations and associated patterns of advantage and disadvantage.

Theoretically, this is where the ideas of commentators, who would not necessarily call themselves realists as such, could be drawn upon in a way that would allow for these interactions to be set within a broader conceptual framework. For example, to borrow a term from Fryer (1988, 1995), he refers to intentional human actions as 'restricted agency'. He uses this term as a counter to what he sees as the 'determinism of psychosocial explanations of health inequality, which neglect the active role of individuals and their ability to make sense of the world around them. However, he argues that, particularly in the context of unemployment and economic hardship, this agency is 'routinely limited, restricted, frustrated, discouraged and undercut by the social-industrial environment', and that this, in turn, impacts on individuals sense of self-worth by reducing the control they have over their lives (1988: 57).

Agency is also 'restricted' by more than material restraints however. Layder (1997), for example, has argued that meaningful human action is also an 'intersubjective' exercise (i.e. an exercise within which meaning systems are implicated in the process of individuals reacting to others on the basis of how they perceive others are perceiving them). This is not something that stress researchers have traditionally concerned themselves with but, as Freund (1998) has argued, this intersubjective dimension can give rise to what he refers to as 'dramaturgical stress'. Drawing on Goffman's (1959) idea that social life is analogous to a drama

in which actors on a stage continuously modify their behaviour in line with their perceptions of their audiences' reactions, he argues that:

...dramaturgical stress is heightened "when an individual perceives his chosen face or performance in a given situation to be inconsistent with the concept of self he tries to maintain for himself and others in that situation" (Cockerham, 1978: 48). Stress may be generated by "the task of managing an estrangement between self and feeling and between self and display" (Hochschild, 1983: 13). In short, under those conditions, in which ontological security is threatened, the response to a breach of boundaries, the stress of keeping informational spheres apart and performances credible, and of managing and maintaining the flow of information in psychological, social-physical space, becomes highly stressful (1998: 281).

Here masculinities, in terms of how men would wish to 'present' themselves to other people, could certainly serve as a source of stress if, for instance, they perceived that others believed they were failing in their role. Equally, in their attempt to 'keep face', dramaturgical anxieties, perhaps connected to a wish to be perceived as someone who is strong and self-reliant, could serve to shape the strategies utilised to cope with sources of stress.

Such ideas could serve to broaden, and theoretically strengthen, stress research in a way that brings the materiality of men's lives more firmly into focus, whilst also highlighting the complex and multi-dimensional nature of appraisal and coping processes, and their relationship to broader social influences. The use that could be made of theoretical ideas would also help to counter the tendency in much of the existing stress and coping literature to resort only to 'empirical realism'. This type of realism, as Sayer has argued, is 'equivalent to empiricism –

which identifies the real with the empirical' (2000: 11), and is therefore unconcerned with phenomena which may not be empirically observable. Indeed, whilst realist theorists such as Bhaskar (1989; 1994) acknowledge the need to proceed from empirical enquiry, they also break with empiricism (empirical realism) by insisting that there is more to life than that which can be measured and observed. For example, they take the view that individuals are not always aware of why they act in the ways that they do. As Sayer has argued:

...the reasons given by actors for their actions may not always be the real reasons; men who cultivate a macho image may not be aware of it let alone know the reasons for their actions. Indeed, if they were made aware of the real reason it might (!) prompt them to act differently (1992: 111).

Consequently, they also explore the possibility of 'mind-independent' mechanisms existing that may operate below the level of human consciousness (be they dominant ideologies, wider social relations, institutional racism, etc.).

For this reason realists believe that researchers must draw on theoretical ideas as well as empirical evidence to 'access' different levels of reality. This, in turn, demands attention to questions of ontology (i.e. what is), and here the work of theorists such as Doyal and Gough (1991) could serve to broaden our understanding of how the stress process operates. Doyal and Gough (1991) have constructed a theory of human need that goes beyond the notion that needs are simply individual or collective expressions. They argue, consistent with realism, that 'basic needs exist which are objective and universal' (1991: 151). And more specifically, they regard these needs as 'health' and 'autonomy', and they argue

that, together, it is these which 'humans must satisfy in order to avoid the serious harm of fundamentally impaired participation in their form of life' (1991: 73). These needs may, to use a realist expression, be 'mind-independent', but their influence is no less substantial because of this. Indeed, in relation to the stress process, it is entirely possible that a failure to fulfil such needs could itself be a source of stress, and may well be one reason why people appraise situations as stressful.

The ideas drawn upon in this section have been used to illustrate the relevance of a realist approach to stress research, but their use does not necessarily imply acceptance of each and every theory in its entirety. Equally, realism is a complex philosophical perspective that has limitations as well as strengths (see Chapter 3), and which this rather brief summary has only been able to do limited justice to. Nevertheless, its core ideas could inform a more theoretically sophisticated, and more holistic, approach to stress research than has thus far tended to be the case. For example, it allows us to hold on to the notion of stress as a transactional process, whilst insisting on the need to locate this process in its broader social context. It also allows for an exploration of both commonalities and differences, and how these are themselves influenced by material circumstances, subjective interpretations, and wider, perhaps 'mind-independent', mechanisms and processes. Thus it insists on the need to explore the 'complexity of social causation' in line with the overall objective of this thesis (Bartley et al, 1998).

2.4 Concluding Comments

In conclusion, and to return to the question posed in the introduction, could the concept of stress help us understand the combined role masculinities and poor material circumstances may play in shaping patterns of inequality? On the basis of the literature this chapter has examined I would argue that it could. If conceptualised as a transactional process within which ‘appraisal’ and ‘coping’ are central components, the stress process not only highlights the importance of meaning and agency, but potentially sets them firmly within the context of the ‘stressors’ to which individuals are exposed, and the resources, both financial and non-financial, which mediate the relationship between sources of stress and broader patterns of health inequality. Furthermore, in contrast to the lack of attention that contemporary psychosocial approaches have placed on material sources of stress, what has been shown is that a social stress framework is capable of taking these into account.

It is also possible to bring masculinities into such a framework, and to see them as mediating the stress process in a variety of ways. Indeed, by including masculinities, rather than a more unitary notion of masculinity, within such a framework, this would additionally allow for the identification of differences between men, as well as any commonalities. In the process, the ideas of authors such as Seidler (1994) and Connell (1995) could also serve to add a stronger, and more theoretically informed dimension to a body of work that has thus far tended to focus only on similarities amongst men.

However, whilst the bodies of literature reviewed within this chapter have served to inform the approach to inequalities in health that this thesis develops, a need to capitalise on the strengths of this literature whilst resolving a range of problematic issues, particularly in relation to the largely positivist and quantitative orientation of existing stress research, was also identified. Here, however, it was argued that by broadly locating the concept of stress within a conceptual framework informed by realist social theory, a more holistic and theoretically informed approach to stress research was possible.

With its emphasis on the complex and multi-dimensional nature of the social world, realism, unlike positivism, also directs our attention to the need to explore these complexities in detail. Indeed, rather than accepting that components of the stress process can be unproblematically operationalised, realists would be interested in how wider social factors also influence such things as men's willingness to admit or seek help for poor health. The intention of this study to explore this issue as a precursor to examining how men make sense of, and respond to, sources of stress is therefore consistent with such an approach, as is the intention to examine the meanings and significance men attach to various aspects of masculinities.

Chapters 4 and 5 explore each of these issues in turn as a starting point for the stress-related themes that Chapters 6 and 7 subsequently investigate. Before turning to this analysis, however, Chapter 3 first discusses how the ideas in this Chapter informed the methodological strategy of this study, and the practicalities this involved.

Chapter 3

Theoretical Reflections and Methodological Procedures

The discussions that have taken place in the foregoing chapters have served a variety of purposes. Specifically: to identify questions worthy of further research, to review relevant literature, and to locate this study in the context of wider theoretical ideas and debates. What has not yet been discussed, however, is how the insights from this broad body of literature relate to the qualitative methodological strategy that has been used in this study. This is a key issue because the development of a theoretical framework and the operationalisation of that framework are not the same thing. Indeed, many of the ideas developed in Chapter 2 appeared to imply a rather different approach to that traditionally followed by qualitative researchers.

This chapter addresses this issue by discussing the practical implications of 'realist' ideas in relation to the methodology and analytical techniques that have been employed throughout this study. It then introduces the social setting within which the research took place - namely the city of Coventry in the West Midlands - and particular attention is paid to wage levels, unemployment rates, and the distribution of ill-health in the city. It then turns to the processes involved in carrying out the research, including sampling procedures, the negotiation of access, the ethical and practical issues associated with the semi-structured

interview format that was used, and also to data analysis procedures. Finally, it concludes by pointing forward to the analytical chapters that follow.

3.1 Developing a 'Realist' Methodological Strategy

Whilst the limitations of much of the existing stress-related inequalities research suggested a need for more attention to be paid to meaning and agency through the use of more qualitatively orientated research strategies, the stress literature also provided a range of useful concepts and ideas. Lazarus and Folkman's (1984) transactional model of stress, in particular, appeared to have much to offer our understanding of what stress is, and how stress-related processes and mechanisms unfold as individuals engage with their environments. Equally, the ideas of theorists such as Seidler (1994) and Connell (1995) provided a theoretical basis for conceptualising how masculinities are constructed and acted upon by individual men, and how, in turn, men's attitudes and behaviours are related to the wider social relations in which their lives are embedded.

The core ideas of 'realist' social theory also offered a way of setting both stress and masculinities within a broader conceptual framework. Realism also pointed to a need to acknowledge the complex and multi-faceted nature of social life, the constant interaction between structure and agency, and the possibility of 'mind-independent' mechanisms existing, which may not be open to direct empirical observation.

Far from starting this research with a 'clean sheet', I therefore approached the fieldwork with a many ideas and concepts in mind. The challenge I faced, however, was how to weave the insights from these bodies of literature into the analysis in a way that would allow the men who took part in this study a voice, and which would prioritise themes emerging from their accounts. I also had to consider how this objective could be achieved in a way that was broadly consistent with a realist view of the world.

The 'realist' literature offered little practical advice concerning the above (Archer, 1995; Bhaskar, 1989, 1994; Layder, 1997). There nonetheless appeared to be a general acceptance amongst realists that the world could be 'known' in a variety of different ways. Thus, rather than insisting on the use of either qualitative *or* quantitative methods, theorists such as Sayer (2000) broadly endorse the use of both. Nevertheless, beyond this commitment to 'methodological pluralism', realists have primarily concerned themselves with the philosophical implications of their ideas. Indeed, one of the main proponents of realism, Roy Bhaskar (1989), who terms his particular philosophy 'critical realism', takes the view that it is the responsibility of social scientists to find their own ways of applying realism to empirical research. As he has argued:

Realism is not, nor does it licence, either a set of substantive analyses or a set of practical policies. Rather, it provides a set of perspectives on society (and nature) and on how to understand them. It is not a substitute for, but rather helps to guide, empirically controlled investigations into the structures generating social phenomena (1989: 3).

However, there have been surprisingly few attempts to translate critical realist ideas into practice (Williams, M. 1998). Indeed, one commentator has suggested that, at present, realism is a 'philosophy in search of a method' (Wai-chung Yeung, 1997: 55). This criticism is justified to an extent, but it also perhaps misses the point. Whilst realism does not attempt to offer a 'recipe book' approach to research, on the basis that different methods may be more or less appropriate in different situations, realists insist that the main purpose of research should be to construct 'explanations' that address 'why things happened' rather than simply describing 'what happens' (Healy and Perry, 2000: 125). And crucially, this involves identifying processes and mechanisms through various forms of empirical investigation, as well as through the use of a technique Sayer (1992, 2000) calls 'retroduction'.

Retrodution is a philosophical rather than an empirical technique. Its main purpose is to identify 'mind-independent' mechanisms through the use of metaphor and logical deduction in the process of asking what the existence of observable phenomena necessarily presupposes. Hence, as Sayer (1992) has argued, we might start with the 'reasons' that individuals give for their actions, before then considering how these reasons were influenced by particular rules and ideologies. We might then move on to consider what conditions and resources these rules and ideologies presupposed (i.e. the existence of social relationships). Only then, according to Bhaskar (1989), can social science claim to have emancipatory potential. After all, if humans are ever to transform the world in which they live, what first needs to be identified is precisely what it is that needs transforming.

Yet whilst at one level this makes sense, retroduction also has a number of limitations. Firstly, how is it possible to state what anything *necessarily* presupposes? What one person might consider an essential condition for an event or phenomena to occur might be completely different to what another proposes as necessary or even possible (Peacock, 2000). Men's behaviour, for example, could be explained by reference to the values and beliefs internalised during their socialisation, as a reaction to material difficulties, as an outcome of their genetic and hormonal make-up, etc. Thus, the extent to which retroduction accesses any form of underlying 'truth' will always remain contestable.

Secondly, whilst not denying that retroduction could serve as theoretical tool for exploring the 'possible' existence of mind-independent mechanisms, its overuse could also lead too far into the world of 'abstract' philosophy. And given that I intended to develop a holistic approach to stress research that prioritised the meanings and experiences of individual men, this was something I wished to avoid. I therefore decided to use a range of more modest techniques.

As a starting point for doing this, I first decided to adopt a reflexive approach to data analysis that would allow for links to be forged between the theoretical insights from the literature reviewed in Chapter 2, and the accounts of the research participants. Unlike conventional approaches to qualitative analysis based on the ideas of 'grounded theory' (Glaser and Strauss, 1967. See section 3.5), I therefore made no attempt to approach the research with a *tabula rasa* as far as pre-existing ideas were concerned. Rather, theoretical ideas informed the analysis and were themselves informed by themes that emerged from the men's accounts. This

reflexive approach was broadly informed by an analytical technique Layder (1998) refers to as 'adaptive theory'; which, in line with the spirit of realism, encourages a 'dialogue' between existing theory and emergent evidence as a basis for identifying interactions between subjective meaning, intentional action, and the structural contexts within which meaning and action take place (see section 3.5 for a discussion of both 'adaptive theory' and 'grounded theory').

This reflexive technique has been used throughout the study to identify processes and mechanisms that the men's accounts revealed, and to set them within the broader theoretical context of the stress and masculinities literature. As and when it seemed appropriate, a range of theoretical concepts, including Doyal and Gough's (1991) theory of human need, have also been drawn upon as a basis for discussing the possibility of 'mind-independent' mechanisms existing. During the course of the analysis, and on the basis of what the data itself appeared to suggest, I have also postulated the existence of what I refer to as 'covert masculinities', which could themselves be seen as a 'mind-independent' element of masculinities (see Chapters 5, 6 and 7).

But notwithstanding the above, the study has largely focused on processes and mechanisms that were empirically observable. Thus, the existence of many deeper 'mind-independent' mechanisms has been largely taken as read. For example, I have taken the view that income inequality is itself a reflection of deeper mechanisms and processes related to the class structure of capitalist society. As Bartley et al succinctly put it:

Modern industrial economies work by getting at least some people to produce more than the value of the wage they are paid. This surplus is retained by employers (or ruling bureaucracies) and forms the basis of profit, the driving mechanisms of the economic system. The fact that some citizens are poorer than others is therefore not an accident of bad planning or even individual greed (1998: 7).

Following Connell (1995), I also regard masculinities as phenomena that are embedded in patriarchal relations, but which are also cross cut by other social relations which create patterns of advantage and disadvantage between different groups of men as well. Further, that these social relations are reproduced through the actions that both men and women engage in; which, in turn, give rise to ideological and cultural beliefs about what men and women *should* be like. In a similar vein, I also regard ideas about ethnicity and sexuality as phenomena that cannot be separated from the social relations out of which they derive (e.g. Bradley, 1996).

The focus of this study is nonetheless about how men experienced and responded to the material conditions and dominant ideologies related to these wider social relations rather than on the nature of the social relations themselves. However, realist assumptions concerning the composition of the social world have guided the analysis. Hence, the complex and multi-faceted nature of person/environment transactions are explored in detail, and interactions between structural aspects of the men's lives and their subjective perceptions and responses to the material difficulties these could give rise to are highlighted throughout. Realism has therefore served as something of an orientating device for the

analysis, rather than as a prescriptive set of methodological rules and/or procedures.

The use of a qualitative methodology for exploring these issues nonetheless raises a number of more general issues in relation to the adequacy of the method itself. Like many small-scale qualitative studies the findings of this thesis are suggestive rather than generalisable. As all interviews are examples of social interaction the extent to which the findings would have been replicated if they had been carried out by another researcher is also open to question. For example, it is entirely possible that had the interviews been carried out by a female researcher the men's replies to the questions I asked, and indeed the questions themselves, may have been different. Positivistic notions of validity (i.e. the extent to which the data reflects an underlying 'truth') are equally problematic given that a key focus of this study is about subjectivity.

These issues are common to small-scale qualitative research, irrespective of theoretical orientation. But, as Rubin and Rubin (1995) have argued, this also means that the criteria drawn upon to judge the methodological adequacy tends to differ from the notions of validity, replicability and generalisation used by positivist researchers. There is, however, considerable variation amongst commentators concerning the precise nature of alternative criteria and their relative importance (Bryman, 2001). A degree of consensus nonetheless exists in relation to the following key principles: that good qualitative research should be ethically sound; that it should be presented in a way that accurately reflects the accounts of the research participants; that participants' accounts should be

presented in as much detail as possible (i.e. through the presentation of ‘rich’ or ‘thick’ accounts); that details of how the research was carried out should be transparent; that researchers should explore complexities and inconsistencies in the data in a rigorous manner; and that researchers should make clear the scope of their findings in terms of their generalisability or otherwise.

These principles have underpinned the way that the fieldwork for this study was carried out, along with data analysis procedures and how the findings are presented. To ensure compliance with ‘the canons of good practice’ I have also been guided by advice and criticisms from my supervisor on a regular basis, as well as from peers when discussing preliminary findings at seminars and conferences (Bryman, 2001: 272).

Given that this study is realist in its orientation constant attention has also been paid to both ‘objective’ and ‘subjective’ dimensions of the research participants experiences, including the ‘social settings’ within which the participant’s lived out their lives (Layder, 1997). Thus, before discussing the practicalities of the research, it is to the broad ‘setting’ within which the study took place that the following section first turns.

3.2 *The Social Context of the Study*

The geographical context within which experience and action take place can be seen as can be seen as both the medium and outcome of the wider social relations

that lie at the heart of patterns of inequality (Curtis and Rees Jones, 1998). And, for the purposes of this study, this social setting was the city of Coventry in the West Midlands, which, whilst sharing many features of other industrial towns, also has its own history, culture, and characteristics.

In common with many other parts of the country Coventry enjoyed a period of sustained affluence in the years following the Second World War. Jobs were plentiful, wages were relatively high, and the emergence of consumer capitalism during the so-called 'post-war consensus', along with the introduction of a welfare state, meant that for many working-class people life was more comfortable than it had been before the war. Indeed, during the 1950s and 60s jobs in the city were abundant and wages were also higher than in many other parts of the country, and this encouraged an influx of workers from other parts of Britain and also from abroad (Lancaster and Mason, 1986). Not everyone regarded Coventry as the 'place to be', however, as the following comment, which appeared in the *Coventry Evening Telegraph* in 1946, aptly illustrates:

At the top of my list of not-so-awful towns I would put Leeds and after that, Bradford. At the bottom I would put Birmingham, the most featureless and impersonal of all our great towns, or Coventry, which seems to me to have no civic spirit, no common consciousness, but to be just a mass of working-class people with more money to spend than they have ever had before and not the faintest idea how to spend it, no cultural interest, no concerts, no theatres, no nothing but football and dogs (Dr. C.E.M. Joad, *Coventry Evening Telegraph*, 20 November, 1946. Cited in Lancaster and Mason, 1986: 7).

As cutting as this remark is it may nonetheless contain a seed of truth. Even today Coventry is sometimes regarded as a place lacking a sense of community. For example, at the time of writing this thesis a local councillor described the city to me as a 'cultural vacuum'. During the course of the fieldwork for this research, comments such as 'it's a strange city' or 'it's a funny place Coventry' were also common, and one man even described the city as 'unfriendly':

Coventry's a real unfriendly place. People are unfriendly to each other and always have been. I mean if you met someone in the street from somewhere else in the country, and they were nice to you, you'd wonder what they wanted. Everyone's so suspicious here you see. I don't know why really, because it's not something you can put your finger on. But it's probably because there's so many different types of people from all over the country came here to work. So you've like got lots of different cultures (Rakesh).

Given the importance that 'social capital' theorists such as Wilkinson (1996) have placed on the health-enhancing influence high levels of social cohesion can play in shaping patterns of health inequality, this clearly represents something of a concern. However, after living in Coventry for thirteen years I would not entirely endorse Rakesh's view, as I have always found the people friendly, although perhaps not as friendly as those I came across when living in Manchester. Nevertheless, the city does have a rather impersonal look, largely because of the style the post-war developers decided upon when rebuilding it after the Second World War, and it would also be difficult to point to a common sense of culture amongst its residents.

In part this might be a product of the ethnic and cultural diversity of the city's population, which contains West Indian, Irish, Scottish, Greek, Indian and Pakistani communities, as well as English. However, it might also have something to do with the prosperity that the city enjoyed in the post-war years. In their study of 'affluent workers' in Luton, Goldthorpe et al (1968) found something very similar. Their workers, many of whom had moved away from extended family networks to pursue higher earnings, had developed an instrumental attitude to work and, for the most part, their social lives centred on their immediate families. They also found that few made attempts to forge close relationships with their workmates either inside or outside the workplace.

But even if Coventry's present-day culture can be linked to its affluent past (which is by no means certain), this affluence was relatively short-lived. The city suffered greatly during the recessions of the 1970s, 1980s and 1990s, and perhaps more than most. Coventry's prosperity was largely dependent on the availability of jobs in engineering and motor vehicle manufacturing; which have seen a dramatic downturn in their economic viability over the course of the last three decades. As a result, as Thoms and Donnelly have argued:

By the end of the 1970s the erosion of city's engineering base was manifest in plant closures and rising unemployment, a situation exacerbated by the fact that in contrast with national and other local trends, Coventry had failed to broaden its economy by the addition of a substantial service sector. By the early 1980s Coventry was among the most badly affected areas in Britain's recession with an unemployment rate significantly above the national average (1986: 11).

It would be wrong, however, to suggest that this situation has remained unchanged. The income levels of Coventry's residents are now broadly in line with the rest of the country, if not slightly better. Average weekly earnings for men in full-time employment in the city in 1999 were £477.6, compared to a national average of £442.4 (Coventry and Warwickshire Chamber of Commerce, 2000a: 4). In the same year the seasonally adjusted unemployment rate for men in Coventry was 3.9% as compared with a national average of 4% (Coventry and Warwickshire Chamber of Commerce, 2000: 1), and since then this pattern has remained markedly consistent. In terms of health, large-scale surveys have also shown that Coventry residents fare better than many (see Table 3.1).

Table 3.1 Self-Assessed Health and Prevalence of Longstanding Illness in Coventry compared to all England, 1994-96, mean % of men and women, standardised by age.

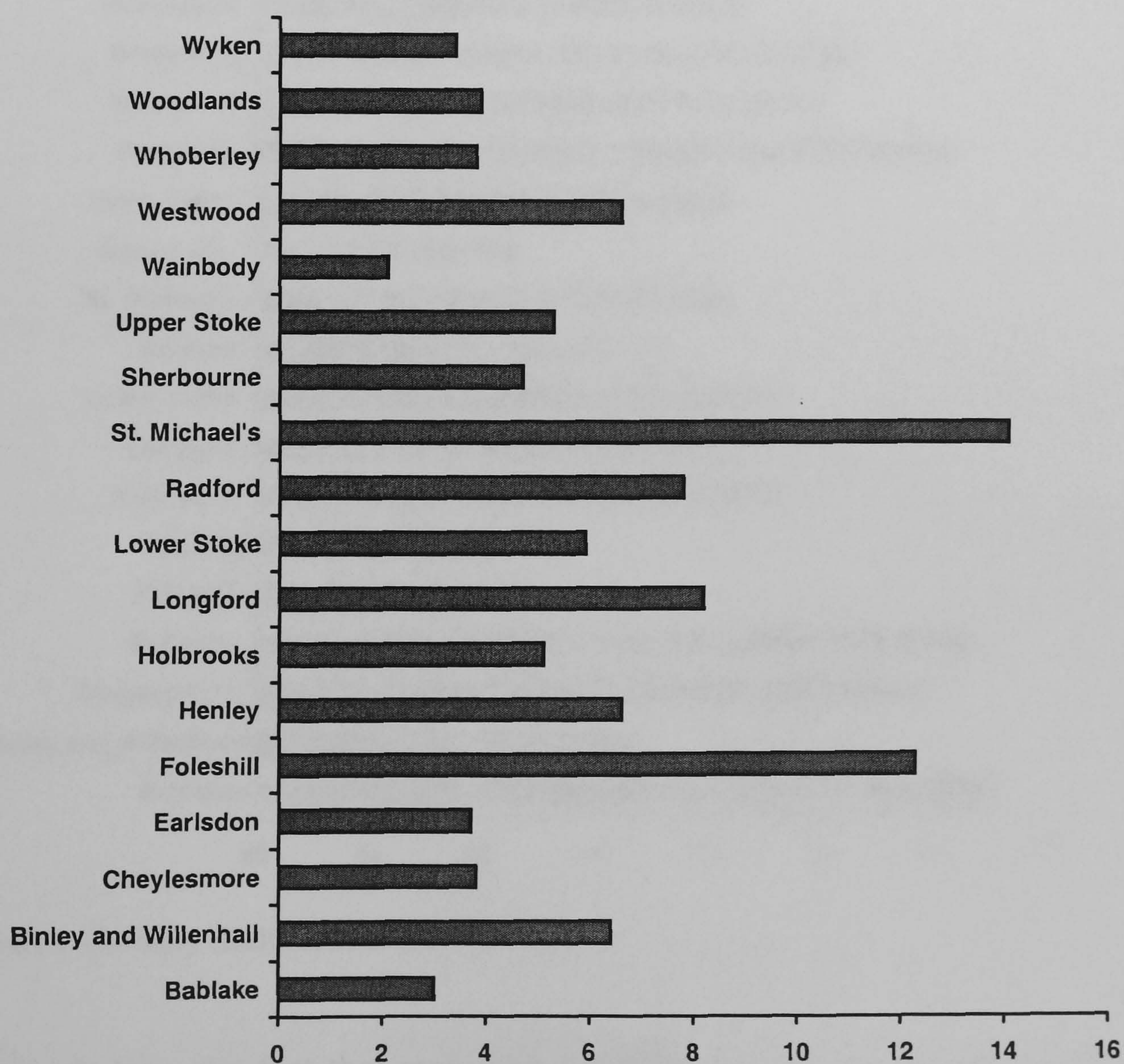
	Self-assessed health by health authority area: fair, poor, or bad		Prevalence of longstanding illness by health authority area	
	%	N	%	N
Coventry	18.1	374	33.7	374
England	22.6	48111	39.6	48113

Source: Health Surveys for England, 1994-6. Data produced by Social and Community Planning Research (SCPR), March 1999. Available on Department of Health web site: www.doh.gov.uk/public/report

However, 'average' figures can mask the extent to which low pay, unemployment and ill-health actually exists. Within Coventry, health and

unemployment variations exist which disproportionately affect the less affluent areas of the city, as the ward by ward breakdowns of unemployment rates and life expectancy statistics in Figures 3.1 and 3.2 illustrate. Having said that, it is difficult to come to any hard and fast conclusions on the basis of this data as certain wards, most notably Sherbourne, have lower unemployment and lower life-expectancy than many other areas. Overall, however, the life expectancy of residents in the more affluent wards, such as Bablake, does seem to coincide with low unemployment rates, and *vice-versa*.

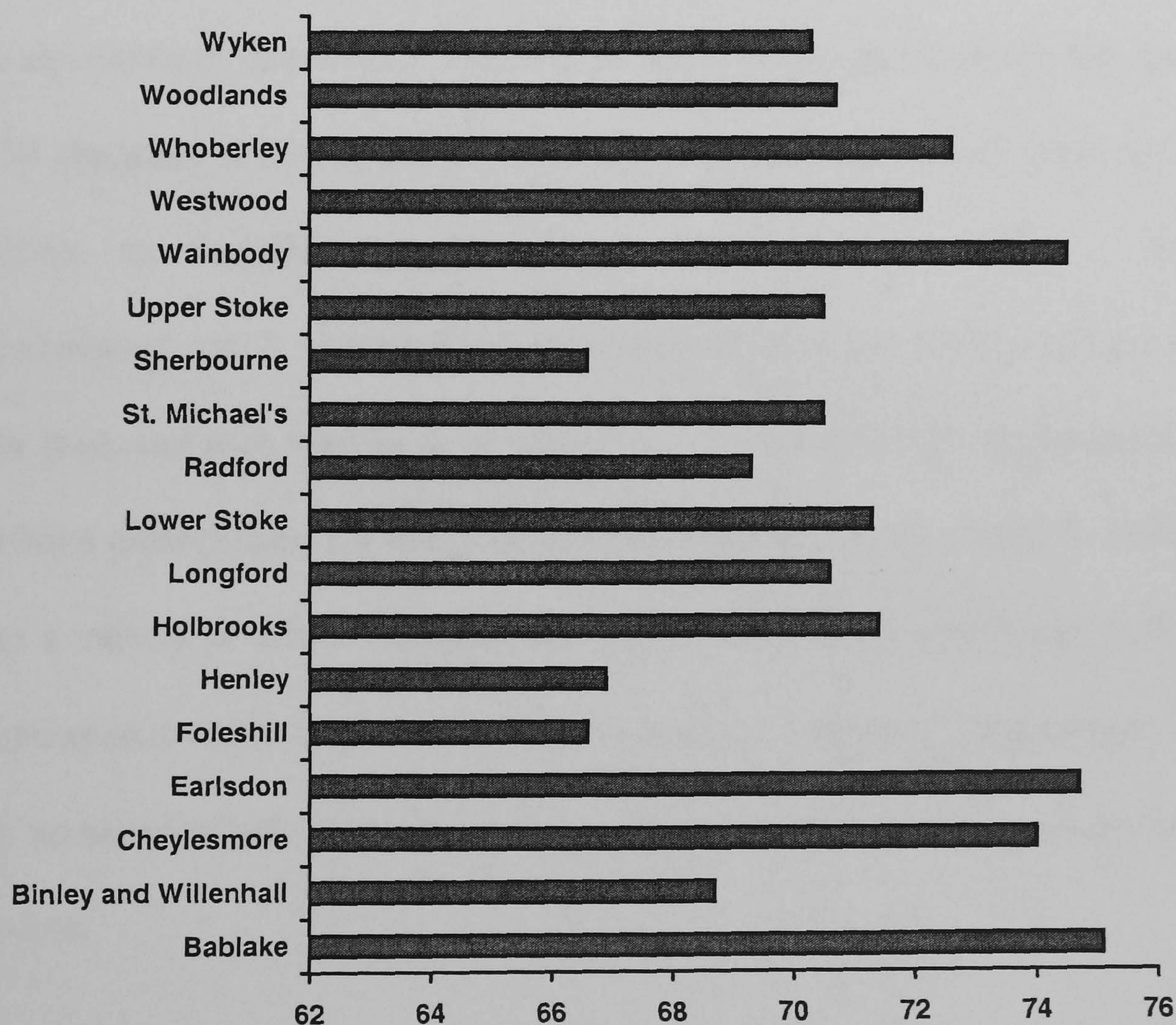
Figure 3.1 Coventry unemployment rates, %, by ward, September 1999



Source: Coventry and Warwickshire Chamber of Commerce (1999: 6).

The men who took part in this study all lived within 5 miles of the city centre, and were residents of St. Michaels, Foleshill, Radford, and Binley and Willenhall wards, which together represent some of the most deprived areas of the city. Hence their experiences of life on a low income may well have been different from their counterparts who lived in more affluent areas of the city, in terms of such things as the availability of jobs, well-paid or otherwise. It would therefore be wrong to generalise the findings of this study to all of the city's residents.

Figure 3.2 Mean age of death for males by ward, Coventry, 1993-5.



Source: Coventry Health Authority (1997: 18).

Nevertheless, the fact that men who fitted the criteria for taking part in this study all lived in deprived areas is perhaps a finding in itself. Indeed, this was not

something that was built into the design of the study, but rather, an unintended outcome of the sampling procedures that were used. Therefore, having described the 'setting' within which the research took place, it is to the details of these procedures that the following section now turns.

3.3 Sampling Procedures and the Negotiation of Access

Many practical as well as theoretical considerations were taken into account when designing this study. For example, as the study intended to emphasise meaning and experience rather than relationships between 'variables', a semi-structured interview format was chosen. To avoid problems of manageability the decision was also taken to restrict the sample to thirty men who fell between the age ranges 25-55 (because it during these years that men may feel under most pressure to conform to socially prescribed male roles such as 'father', 'husband', 'breadwinner', etc.). Within this I also intended to sub-divide the sample into two main groups of men who were in either low-paid but full-time employment or who had been unemployed for one year or more. Ideally, I also hoped to include men from a variety of ethnic backgrounds, particularly Black and Asian, within each subgroup in order to reflect the ethnic diversity of Coventry's population. Beyond this, no other criterion was set as I wished to keep the research as open-ended as possible.

Defining what I meant by 'low income' and 'Black' and 'Asian' was far from straightforward however. The amount of money that a single man with no dependants would consider as 'low' was likely to be different from that of a

married man with three or four children. Similarly, the ethnic categories of 'Black' and 'Asian' can encompass a wide diversity of cultural backgrounds and, consequently, do not necessarily imply any degree of homogeneity. The imposition of any precise definition on such terms was always likely to be an arbitrary process therefore. But for the sake of clarity some attempt had to be made to do just that.

As the Council of Europe defined 'low pay' as £5.88 an hour in 1994 (Oppenheim and Harker, 1996), I decided to restrict the sample of employees to those whose earnings were at or below £6.00 an hour or £12,500 per annum. This, I hoped, would allow me to compare their experiences to the unemployed men whilst holding income levels relatively constant. Throughout the thesis I have also used the categories of 'Black' and 'Asian' to respectively refer to men from African or Caribbean descent and to those of Indian or Pakistani descent, as it is from such groups that the sample was drawn. However, as the Asian men tended to define themselves in terms of religion rather than country of origin, i.e. Moslem, Hindu or Sikh, I have also used these terms where appropriate.

To contact men who fitted such criteria I opted for a non-probability sampling technique. As O'Connell Davidson and Layder (1994: 96) have argued, this is 'perfectly legitimate when the research objective is not to make large-scale generalisations about the population as a whole'. And given the relatively small size of the sample there seemed little point in going through the time-consuming and complex processes that probability sampling often involves, especially when other methods are not only cheaper and more convenient, but just as efficient

when the objective of a study is to speak to a specific group of individuals. But within this I also decided to utilise different techniques to gain access to both the employees and the unemployed, and neither proved entirely problem free.

Gaining access to the employees was more difficult than gaining access to unemployed men, as the method used, 'snowballing', worked less well than expected. The idea behind 'snowballing' is that a researcher starts the ball rolling, so to speak, by asking a small number of people from the target population to 'nominate' candidates who fit the criteria (Denscombe, 1998). Those individuals are then contacted, and if they subsequently take part in the study they are also asked for nominations and the process starts again. I therefore did just that, and initially this went well as I was given three phone numbers of people who agreed to be interviewed. But keeping the ball rolling was difficult. Generally I was only offered one name at the end of an interview, and as only about one in three of the men I contacted agreed to take part in the study my list of potential prospects often dried up. Hence, I had to keep going back to the start of the process.

This low take-up rate may reflect the tendency towards 'emotional inexpressiveness' and the fear of 'opening-up' that have traditionally been associated with masculinities (Seidler, 1994). It is therefore difficult to dismiss the possibility that those men who agreed to be interviewed were, in some sense at least, less committed to these notions than other men I contacted. Having said that, amongst the white men I approached take-up was close to 100%. This was not the case with Black and Asian men, many of whom refused to be interviewed on the basis that: a) they couldn't find the time, or b) they would simply prefer not

to. However, as Burgess (1984) has argued, ethnicity, like gender, can influence the relationship that a researcher is able to develop with participants, and I may, as a white researcher, have been perceived as an 'outsider'. This seemed particularly to be the case when a Black or Asian man had been nominated by a white person, as in such instances none of the men I approached agreed to be interviewed. In contrast, when the nomination had been 'sponsored' by another Black or Asian man take-up was very nearly the same as for the white men, and it was through such nominations that I eventually managed to interview two Black men and three Asian men, as well as ten white.

Gaining access to the unemployed men was less problematic as I was successful in gaining the co-operation of two private training providers – which I will refer to as 'A' and 'B' – who agreed to introduce me to prospective participants, and also to allow me to use their private offices to carry out the interviews. The help they offered differed in one crucial respect however. At 'A' I was introduced to everyone who was attending a training course and it was left up to me to approach individuals. This proved a successful strategy as approximately 50% of the men I approached agreed to take part, irrespective of their ethnic background. At 'B', on the other hand, the manager arranged the interview for me and I simply attended at the appropriate time. I felt slightly uncomfortable with this as I didn't know how much 'pressure' had been put on each person. However, at the start of each interview I made sure that they fully consented and I always gave them the opportunity to withdraw if they wished to do so. Suffice to say, none did.

I was nonetheless reminded that gaining access is not a singular process. It involves constant 'negotiation and renegotiation' with 'gatekeepers' (Burgess, 1984: 40). Luckily both 'gatekeepers' understood the research would take place over months rather than days or weeks and, whilst my weekly visits certainly created a degree of disruption to their routines, good relations were maintained. But as helpful as both were I still encountered some difficulties because the majority of men attending courses were single and white. The number of single people was perhaps not surprising as they tend to be disproportionately represented amongst the unemployed (Grint, 1998). This did not explain why so few Black and Asian men attended courses however, especially when job-centre staff frequently dictate attendance. But as a consequence, and because I was concerned that the sample should represent the views of men from different ethnic groups, as well as both single and married men, this stage took longer than expected. Indeed, it took several 'intakes' before I was happy that I had done as much to achieve the appropriate balance as possible, and I eventually interviewed nineteen rather than fifteen unemployed men as a consequence. Even then I only managed to speak to five non-white men, and all of these were of Asian origin.

The outcome of these difficulties was that the total sample size increased to thirty-four and the ethnic composition contained more white men than intended. On the whole, however, the other criteria was broadly adhered to, although one man with four children earned £500 pa over the £12,500 limit and one of the participants was 57 years of age. Nevertheless, I did manage to represent the views of a wide variety of men, and in this respect I was not unduly disappointed (see Tables 3.2 and 3.3 for full details).

Table 3.2 Employed Participants

Name ¹	Age	Ethnic Group	Marital status ²	No. of Dependent Children	Occupation	Annual Salary or Hourly Wage
Aftab	25	Asian	S	0	Lab Technician	£11,000 pa
Chris	27	Black	M	0	Gas Supply Sales Person	£10,000 pa (commission only)
Leighton	27	White	M	4	Nursery Officer	£13,000 pa
Jim	28	White	S	0	Printing Assistant	£5-00 ph
Raj	29	Asian	M	2	Factory Supervisor (Engineering)	£5.83 ph
Arthur	30	White	M	3	Nursery Nurse	£11,000 pa
Nigel	30	White	D	0	Team Leader (Charity)	£9,500 pa
Dave	30	White	M	2	Security Guard	£4.50 ph
Ben	33	White	M	1	Bar Person	£3.75 ph
Graham	33	White	S	0	Factory Labourer (Electro-Plating)	£5.50 ph
Kyle	34	Black	M	2	Pub Door Person	£5.00 ph
James	37	White	S	0	Market Researcher	£4.05 ph
Harry	39	White	M	1	Labourer (Demolition)	£5.00 ph
Rakesh	42	Asian	M	3	Security Guard	£3.05 ph
Paul	43	White	M	3	Fork Lift Driver	£4.00 ph

Notes: ¹ Fictitious names have been allocated to protect the anonymity of the participants. ² M = married or cohabiting, S = single, D = divorced and not cohabiting

Table 3.3 Unemployed Participants

Name ¹	Age	Ethnic Group	Marital Status ²	No. Dependent Children	Previous Occupation	Time Unemployed (yrs)
Naresh	25	Asian	S	0	Warehouse Operative	1
Tony	26	White	S	0	Factory Labourer	5
Brian	27	White	S	0	N/A	6
Ian	33	White	M	4	Gardener	13
Len	36	White	M	2	Spray Painter	8
Sadiq	37	Asian	S	0	Administrator	4
Alan	37	White	S	0	Factory Labourer	3
Samir	38	Asian	S	0	N/A	17
Leslie	40	White	S	0	Factory Labourer	8
Ron	42	White	S	0	Engineer	1
Keith	42	White	M	0	Dustman	9
Peter	42	White	D	2	Engineer	2
Steve	43	White	M	2	Catering Assistant	15
Tim	43	White	M	4	Factory Labourer	4
Joe	44	White	M	3	Factory Labourer	8
Kashif	47	Asian	M	0	Waiter	1
Darren	47	White	M	4	Factory Labourer	10
Aadarsh	51	Asian	M	4	Optical Technician	18
Lee	57	White	D	0	Painter and Decorator	7

Notes: ¹ Fictitious names have been allocated to protect the anonymity of the participants. ² M = married or cohabiting, S = single, D = divorced and not cohabiting

3.4 *Speaking Man to Man*

Having successfully negotiated access the next stage of the research involved interviews with each of the men. A semi-structured format was chosen as it enabled me to explore a range of very specific subjects as well as allowing the men maximum scope to talk about issues that were important to them (Denscombe, 1998). To do this I used an interview schedule which included a range of standard questions such as ‘how would you rate your mental health?’ to allow for some degree of comparability. Initially over forty such questions were included, but after carrying out a small pilot study I found that this interfered with the ‘flow’ of the conversations. I therefore modified it by reducing the number of questions and replacing them with broad topics related to four key themes: ‘Health’, ‘Masculinity’, ‘Stress’ and ‘Coping’. This still enabled me to ask key questions, but also allowed for the development of a ‘conversational partnership’ rather than a formal question and answer session (Rubin and Rubin, 1995).

At the start of the interview each participant was told the purpose of the study and that they should feel free to withdraw at any stage if they wished to do so. Those interviewed in the offices of private training providers were also offered the opportunity of choosing an alternative, and perhaps more informal, location. Whilst it was my intention to tape record each conversation I also made it clear that I would be happy not to do this if they felt uncomfortable. Their anonymity was also assured and they were offered the opportunity of having someone else they knew sit in on the interview if they preferred. In this way I hoped to ensure their ‘informed consent’, avoid any deception, and also take account of their

personal feelings (O'Connell Davidson and Layder, 1994). For my own part, the decision was also taken to stop any interview if it became apparent that any of the participants was becoming uncomfortable.

When explaining each of these things the men were far from passive. Many raised the subject of confidentiality, asked what the research was about, and queried the tape recorder before I broached the subject. But after answering all of their questions none objected to being recorded, all of the unemployed men were willing to be interviewed in the private training providers' offices, and none requested the presence of anyone else. Apart from one interview with an employee, Paul, who saw 'no reason' for his wife not to be present, all the interviews also took place in private. In contrast to those carried out with the unemployed men, however, the employees were all interviewed in their own homes. This, of course, raises the issue of how much difference this more 'informal' setting made.

One might think that a 'formal' setting would be less conducive to the promotion of a relaxed and non-hierarchically organised conversation, but this did not seem to be the case. If anything, those interviewed in their own homes seemed initially less relaxed than those in the office setting, and informality was something that many went to great pains to avoid by, for example, directing me to a kitchen table rather than to a lounge chair. Our conversations, initially at least, also tended not to include 'chit-chat', irrespective of the setting. After asking a question there was frequently a period of silence in which the men appeared to be carefully considering their replies. After answering, another period of silence

would then often follow as they politely waited for me to ask the next question. This rendered the first few minutes of the interviews hard work, but they soon relaxed and eventually this formality dissolved.

Whether this is something specific to men is an issue that I am not qualified to make, having never carried out research with women. Nevertheless, there is some evidence that points to such a conclusion. McKee and O'Brien (1983: 151) found that interviews with men tended to be 'more formal and less conversational' than those with women. Interestingly, however, they also found that the men they spoke to tended to 'use' the interviews for their own purposes, especially when they wanted to 'get things off their chest' (1983: 149). Because of this they argue that concerns about hierarchical relationships between interviewee and interviewer leading to an active/passive relationship maybe misplaced or at least exaggerated when the interviewee is male.

Yet McKee and O'Brien's study differed in one important respect from this research. In their study women carried out the interviews, and cross-gender interviewing is always likely to reflect broader gender relationships, and the associated dynamics of power, much more than single-sex interviewing. That said, there is 'gendered nature' to all fieldwork, irrespective of the sex of the interviewer and interviewee (Flick, 1998: 140). For example, one advantage of same-sex interviewing might be that participants are more willing to share experiences and views that they would be less prepared to reveal to a member of the opposite sex. On the other hand, as Rubin and Rubin have pointed out, there could also be disadvantages related to the fact that 'the interviewees assume that

you know what they know', and consequently 'they may not explain taken-for-granted meanings in the way that they would to an outsider' (1995: 111). For instance, throughout this study comments such as 'you know what I mean', and 'you must have come across the same thing' were common, and I often had to prompt for more details.

As to the question of power, it was certainly my intention to avoid any form of hierarchical or active/passive conversation. However, as I have already stated, after the first ten minutes or so most of the men seemed to relax and even seemed to enjoy talking about themselves and their experiences. A number of them even thanked me afterwards for giving them the opportunity to 'get things off their chest'. Contrary to my expectations, and McKee and O'Brien's (1983) observation that in comparison to women men have less to say and take less time to say it, once they 'warmed up' there was little sign of any 'masculine inhibition'. Nevertheless, the average length of time that each interview took was one hour thirty minutes, and many exceeded two, and whilst this surpassed my initial expectations, and overcame a nagging concern that men may not want to talk about such things as their sense of identity, this rendered the process of analysis far from straightforward.

3.5 Data Analysis

When commencing this research I had naively assumed that once the fieldwork had been completed the analysis and writing up of the data would be relatively straightforward. Not that any hard and fast distinction between analysis and other

stages of research can be made, of course, as it is a process that also takes place during and immediately after an interview, and also during the transcription stage (Coffey and Atkinson, 1996; Rubin and Rubin, 1995). Indeed, during the course of my conversations with the men I constantly made notes about emergent themes, and after each interview I wrote these up in a research diary. But interviewing is hard work, and after spending up to two and a half hours listening intently, I frequently felt mentally drained and, to use the often-quoted statement, 'couldn't see the wood for the trees'. Because of this I found that the interviews tended to make more sense once I started to transcribe them (a process that on its own took approximately 5 months), as I then had time to ponder what had been said. When it came to formally synthesising theory, field notes and several hundred thousand words of transcript, the task nonetheless appeared decidedly unmanageable.

It was during this time, towards the end of my second year, that a rising sense of panic started to set in. How was I going to make sense of this mass of data, was it any good, and how could I write about it in a theoretically informed way? Part of this was due to the enormity of the task, but it was helped in no small way by the fact that the more I examined the transcripts, the less sense they seemed to make to me. However, I drew comfort from a comment made by my supervisor when I was describing how daunted I felt. 'Just use your sociological imagination' he said, and 'keep it simple'. I therefore searched out C.W. Mills' (1959) classic book to remind myself what the 'sociological imagination' was. He defined it as 'the capacity to range from the most impersonal and remote transformations to the most intimate features of the human self – and to see the

relations between the two' (1959: 7), and this did indeed seem to represent the crux of what I wanted to do.

This lent a degree of clarity to my overall objective, but it did not provide me with a method with which to do this. I therefore returned to the methodology literature to familiarise myself with the practical procedures, of which there are many (Coffey and Atkinson, 1996). 'Grounded Theory' (Glaser and Strauss, 1967) is perhaps the most commonly used strategy, or at least the broad principles of the approach. It emphasises the importance of 'grounding' theory in the data, comparing and contrasting emergent themes and categories, returning to the field until 'saturation' point is reached in the development of themes, and maintaining a *tabula rasa* as far as pre-existing ideas are concerned.

The strengths of grounded theory lie in its openness to the discovery of new theories rather than forcing data into pre-existing theoretical frameworks. However, as discussed in section 3.1, I wanted to develop a reflexive research strategy that would allow me to take account of pre-existing ideas and not simply ignore them. Furthermore, approaching any research with a *tabular rasa* is impossible, and could even set limits on theoretical reflection. Basing theoretical arguments solely on themes that emerge from data could also be viewed as a form of what Layder (1997) terms 'naïve empiricism', especially if no attempt is made to engage with domains of reality beyond the subjective. In practical terms Glaser and Strauss' notion that researchers should keep returning to the field until all categories are 'saturated' is equally problematic. Not only does this render the method inappropriate for studies such as this based on single interviews (Flick,

1998), the generation of categories might, in theory at least, never become saturated. As a result, as Burgess has pointed out, this raises the question: 'when does category development stop?' (1984: 180).

Of course it is all too easy to read methodology texts as if they were a prescriptive set of procedures for analysing data. However, as Glaser and Strauss (1967) made clear, they were not proposing a set of rules to be followed precisely on each and every occasion, but a set of 'guidelines' which could be drawn upon. Indeed, although I used some of the principles of 'grounded theory', especially in relation to the coding of data, it would be inappropriate to label my own approach to data analysis 'grounded theory' as it was also informed by what Layder (1998) calls the 'adaptive theory' approach. This is more compatible with a realist framework because whilst it also emphasises theory generation, it does not insist that all codes and categories have to conform to a criteria of 'subjective adequacy'. Instead it allows many concepts to be used as theoretical templates against which emergent themes can be evaluated. But in turn, these initial concepts can then be adapted as necessary as the analysis proceeds. In this way it is hoped that emergent theory engages with existing theory, both middle-range and general, without ever forcing data to fit into any pre-defined framework. Thus, it allows for reflexivity in line with the approach to data analysis discussed in section 3.1 of this chapter.

With this in mind I set about breaking the data down into its component parts and coding sections according to emergent themes, and also on the basis of concepts and theories which suggested themselves from the existing sociological

and psychological literature. For example, concepts such as 'hegemonic masculinities', 'cognitive appraisal', 'coping', 'social support', etc., were used as flexible organising labels that enabled me to bring a degree of order to the data, and these were used in conjunction with those that emerged during the course of the analysis. Having completed this initial coding and categorisation I then searched for patterns of similarity and difference between codes and categories, as well as interconnections. This process took the longest as it involved substantial re-coding and data reduction, as well as theoretical reflection. Nevertheless, a picture finally started to emerge. The various themes and sub-themes that were identified then served as a basis for the section headings in Chapters 4-7.

This represented a mammoth task and it would be simplistic to see it as simply a 'stage' of the research process. For example, when writing each chapter analysis continued as possible connections and interconnections constantly suggested themselves. However, the analysis was made easier than it might have been as I made use of a computer software package called Atlas.ti. The use of such packages within qualitative research has increased greatly over the course of the last ten years or so, and after using one it was easy to see why (see Fielding and Lee, 1998). Whilst each transcript still had to be manually coded, once this had been done it was relatively easy to retrieve relevant quotations, search for interconnections, and construct code hierarchies. Such packages have nonetheless been criticised for a number of reasons. One concern is that they create a 'distance' between the researcher and the data (Fielding and Lee, 1998), and a second, and perhaps more serious, concern is related to the fear that such packages might hinder theoretical reflection. As Denscombe has argued:

There is a justifiable fear...that slavishly following the conventions and procedures built into software programmes will kill off the intuitive art of analysis in qualitative research. It leaves little scope for interpretative leaps and inspirational flashes of enlightenment. It reduces analysis to a mechanical chore (1998: 219).

Such dangers always need to be borne in mind, of course, but I have always felt that criticisms of this type reflect a misunderstanding of what data analysis software is capable of. Computers do what we tell them to do and cannot replace, at least not yet, the 'art of analysis'. Furthermore, if anything I found that the software enabled me to stay close to the data and to build my 'inspirational flashes of enlightenment' (as few as these were) into the programme as the analysis proceeded. That said, I made little use of the programmes 'theory building' procedures as these were not only too 'mechanical' for my liking, I also found them to be of limited use. But as a fast and convenient data retrieval tool I found Atlas.ti to be invaluable as a 'research assistant' – which is ultimately what it is intended to be (Fielding and Lee, 1998).

3.6 Concluding Comments

This thesis represents the outcome of a prolonged period of theoretical reflection, practical research activity, and a learning experience that was undoubtedly one of the greatest challenges I ever faced. During the process of 'writing-up' many difficult decisions also had to be made regarding which themes to include and which to leave out. But in making these decisions I allowed the data itself to serve as a guide, and I have chosen to discuss those issues that the participants accounts

suggested were central. At the same time, however, I have attempted to strike a balance between allowing the men to 'speak for themselves' and forging wider theoretical connections.

The research questions initially identified in Chapter 1 have served as a basis for doing this, in as much as they have guided the chapter structure of the thesis. However, the content of each chapter is largely based on themes that emerged from the interviews and also from insights and theoretical ideas from wider bodies of relevant literature. Particular use, for example, is made of Lazarus and Folkman's (1984) ideas about 'appraisal' and 'coping' in chapters 6 and 7. What each chapter has attempted to achieve overall, however, is a more in-depth understanding of how men on low income experience and respond to material difficulties, and how masculinities influence those experiences and responses, and indeed, their psychosocial health status. In doing this the importance of meaning and agency have been emphasised throughout, but in a way that has kept the materiality of the men's lives, and the 'objective' conditions of their existence, very firmly in sight.

So having now described *how* the research was carried out, it is time to turn to the complexities that the analysis revealed. Chapter 4 does this by exploring the 'meanings' of masculinity/masculinities to the participants who took part in this study. This then serves as a starting point for examining how masculinities influenced the various processes and mechanisms that subsequent chapters explore.

Chapter 4

Masculinities: Definitions, Social Roles and Personal Identification

Having addressed methodological issues this chapter now turns to the first of the substantive questions raised in Chapter 1: *what meanings and significance to individual men attach to masculinity/masculinities?* The reasons for exploring this question are two-fold. Firstly, although the theoretical basis of masculinities has been developed in some detail, particularly by theorists such as Connell (1995) and Seidler (1994, 1997), the meaning of masculinities themselves, as well as their significance for understanding men's health, remains somewhat ambiguous. Indeed, in Chapter 2 it was argued that these issues were only likely to become clear through in-depth empirical investigation of the meanings and significance that individual men attached to different aspects of masculinities. This Chapter therefore attempts to do just that.

Secondly, although the masculinities literature has implied a need to move beyond the gender-role framework that has dominated existing approaches to men's health, an exclusive focus on diversity and difference risks neglecting commonalities that might also exist amongst men (Annandale and Hunt, 2000). Therefore, rather than rejecting the idea of a gender-role altogether, this chapter also assesses whether a more flexible approach to a gender-role framework might

still have something to offer an understanding of men's health, particularly in relation to men's identification with the breadwinner role.

Both of these issues are explored through in-depth analysis of themes that emerged during the course of interviews with the men who took part in this study, with particular emphasis placed on tracing 'the reciprocal influences and interconnections' between the men's accounts and the wider material and ideological contexts within which their accounts were situated (Layder, 1998: 20). Two key themes form the basis of this discussion. Firstly, the chapter discusses the meanings that the men associated with masculinities at a 'general' level, i.e. as something not necessarily relevant to them. From here it then goes on to explore their 'personal' masculinities, i.e. attitudes and behaviours that they personally attached significance to. In the process of doing this the importance of the breadwinner role to individual men is also explored in a way that allows for the identification of both diversity and commonality.

What the analysis will show is that the men were aware of the existence of masculinities, and these did appear to be multi-faceted and open to negotiation and strategic use. However, common material and ideological factors also exerted a mediating influence that tempered this diversity with a degree of similarity; suggesting the possibility that, in terms of the men's experiences and responses to difficult circumstances, common elements might exist - particularly in relation to the men's identification with the breadwinner role. What was less clear, however, was precisely *how* these might influence the men's psychosocial well-being, as the

men themselves disputed any relationship between their health status and their gendered values and beliefs.

4.1 *Defining Masculinities*

In Chapter 2 we saw that existing approaches to the relationship between masculinities and ill-health have implicated gender-role socialisation (e.g. Conger et al, 1993; Endler and Parker, 1990; Greenberger and O'Neil, 1993; Johnson, 1989; Kessler and McLeod, 1984; Ptacek et al, 1994; Zuckerman, 1989) and personality 'traits' associated with that socialisation (Bem, 1974; Eisler and Skidmore, 1987) as having a significant influence on the ways in which men appraise and cope with sources of stress. However, these approaches leave little room for negotiation or reflexive agency and tend to reduce masculinity to a set of fixed characteristics. They are therefore incompatible with the more fluid concept of masculinities that this study seeks to explore; which necessitates a rather different approach. Indeed, rather than starting with any preconceived notions, the masculinities literature draws our attention to a range of ideas and possibilities that are always open to negotiation and individual choice, albeit in the context of wider ideological and material constraints (Connell, 1995; Seidler, 1994, 1997). Consequently, we cannot take the form that masculinities might take as read.

Given the above, this section explores the forms masculinities might take in a way that allows the men who took part in this study a voice (something the existing stress literature has not tended to do). It does this through a discussion of the men's own views and beliefs concerning the nature of masculinities, and

indeed, of their very existence. It is therefore about how the men defined masculinity at a 'general' level rather than their own beliefs or values - although, as will be shown in the section that follows, a degree of overlap often existed between the two. Nevertheless, the purpose of doing this was to first establish the range of possibilities and ideas that might exist, and more generally, to explore how relevant the concept of masculinities might be to an understanding of the lived experiences of actual men.

However, before discussing these, two issues of terminology first require clarification. Firstly, there are many references to 'gender roles' throughout this chapter and the remainder of the thesis. However, I have used the term 'role' in a 'loose' rather than a 'tight' sense, and as something that does not necessarily imply rigid conformity to socially transmitted values and beliefs. When interviewing the men I also used the term 'masculinity' rather than 'masculinities', as the latter is an academic term that the men may not have been familiar with. Masculinity, on the other hand, is a word that is already firmly entrenched in popular discourse, and one that the men who took part in this study were clearly aware of, as the following discussion now makes clear.

When asking the men 'how would you define masculinity?', four clear frameworks emerged: innate or biological/psychological differences between men and women; the roles and values that their parents adhered to; an association of masculinity with the 'macho thing'; and finally, the idea that masculinity had changed over the course of the last two or three decades. None of these were mutually exclusive, although some were mentioned more frequently than others.

Furthermore, these ideas were frequently expanded upon during the course of the interviews and were by no means restricted to their replies to this initial question. Therefore, although the bulk of the analysis will be based on their initial replies, comments made at other stages will also be drawn upon as and when appropriate.

The first framework, innate or biological/psychological differences between men and women, was a relatively minor theme as it was mentioned on only five occasions (by four employees and one unemployed man). All who defined masculinity in this way were married, and all regarded it as 'natural'. For example, one of the employees, Chris, a 27-year-old Black African, defined it in terms of a hormonal drive:

Well it's your maleness that determines your masculinity. I mean the fact that you're a man, and the fact that you're male, means that you produce a lot of testosterone, and that's what drives you to be a certain way (Chris).

Dave, a 30-year-old employee, made a similar comment:

I think it's genetic to be honest. I think it all comes down to hormones (Dave).

Whilst another employee, Ben, related it to what he described as a 'biological order of things':

It's hard to put into words but I think it's just one of those fundamental things that's never really changed. I just think that there's a biological order of things out there that would be really

hard to change, and I'm not even sure that it would be a good idea to even try to change it (Ben).

Clearly such comments could have been used by the men to justify a division of labour between themselves and their wives, and indeed, all of these men subsequently admitted that a fairly rigid division did exist. However, only Len, a 36-year-old unemployed man, attempted to do this. He told me that role differences between himself and his wife were 'natural' because they reflected physiological/psychological differences in men and women's thought processes:

Well men and women are different; they've got different brains for a start. I mean, if you're sitting there watching the TV and the wife's talking to you, you don't hear her because you're focused on that bit of watching TV. However, the wife is more adaptable, she's better at organising, you know what I mean? She can make the tea, iron, do the washing, do the cooking...she's more adaptable that way. So it's like horses for courses (Len).

The 'adaptability' of Len's wife seemed to be his justification for leaving housework and childcare to her, but he did not apply this type of criteria to his own role in the household. Quite the opposite, he regarded this as entirely flexible. As he put it, 'I would be quite happy to sit on my arse and let my wife go out to work', because 'the family unit should survive the best way it can'. This notion of flexibility could equally have been extended to his wife's role of course. However, as Connell (1995) has gone to great pains to point out, masculinities are tied into ideologies and practices related to the structure of gender relations, and to the 'patriarchal dividend' that men gain from their enactment. Hence, it is difficult to avoid the conclusion that Len's view of masculinity simply provided a

convenient excuse for the domestic lifestyle he preferred. Indeed, as Connell suggests, 'claims about a universal basis of masculinity tell us more about the ethos of the claimant than about anything else' (Connell, 1995: 69).

Such ideas were the exception rather than the rule however. Most of the men placed more importance on more traditional ideas about masculinity, and many related these to the values and roles that their parents had adhered to. As James, a 37-year-old employee put it:

Masculinity⁴ is about a whole range of things, particularly traditional reasons. You know, the role models that men and women have developed, having witnessed their parents ways of doing things and dealing with things (James).

When referring to such 'things', the way their fathers had lived their lives was a theme that was often spoken about in great detail. For example, Leighton, a 27-year-old employee, described the way he had to pass through a 'rite of passage' before his father would recognise him as a man in his own right:

Well I suppose the stereotype of masculinity was my father. He worked on the buses, he was a union man, and he fought for his rights and held his ground. And up until he had to retire through ill-health about 9 years ago my mother still didn't know how much he earned. So that's why I think he was stereotypical. He brought home the money and would like hand over the housekeeping, and he'd like go out on his own on a Friday and Saturday night and take my mum out on a Sunday. And like, well I had three sisters and two brothers, and it was very much split down the middle in as much as the girls got away with everything whereas the lads got a slap if they did anything. That was his role. So like I say he was very much like that, and he would very much lay down the law with us lads. In fact, the day that he stopped laying down the law with me was the day that I turned round and punched him. I mean I

knocked him down the stairs and after that he didn't speak to me for two days. Then after that it was almost as if 'well you're a man now you can get on and do what you like'. That was his way. I had to show him that I was a man. At the time I shit myself like because I thought I'd killed him. But he'd wound me up about something and that was that, it was just one of those things. I think I was about 16 or 17 at the time, and that was it after that. But he was very much like that when we we're kids and it was always, you know, 'wait till your dad gets home'. So stereotypical masculinity is, well basically it was my dad (Leighton).

This 'rite of passage' was not something mentioned by any of the other men that I spoke to, however. Yet what was clear was that many had grown up in families where their parents had followed rigid gender-roles. Nevertheless, there was little evidence that any had passively internalised their parents' values and beliefs. This is one of the major flaws in conventional sex-role theory, which is based on the assumption that men and women always follow the cultural ways of doing things that they learn during their primary and secondary socialisation (e.g. Parsons and Bales, 1956). Contrary to this notion, however, several men made specific reference to differences in values between their fathers and themselves.

This was something Leslie, a 40-year-old unemployed man, raised when talking about the 'good example' he believed his father had tried to set him:

Masculinity? Well I think you try to follow in your father's footsteps. My dad, well he worked every day at the pit and when he came home he'd like his few beers at night like, but at the weekend he'd take my mother out as well. But he was always up at six o'clock...and he used to say to me, 'if you're fit enough to drink, you're fit enough to work'. So he was like a good influence because he could go and have a drink and he'd still be up for work. But me, well if I went for a drink I'd wake up and think 'I'll give it a miss today, I'll phone in sick or something' (Leslie).

So Leslie felt that his own values fell short of his father's, despite his 'good influence'. Other men, in contrast, actively distanced themselves from their father's behaviour, and seemed to regard their father's masculinity in more negative terms. Paul, a 43-year-old employee, told me that his father's drinking had created unnecessary hardship for the whole family:

My mother worked all the hours God sends to help pay the bills. The only reason why she was doing that was because she believed that her husband wasn't earning enough to be able to provide for everybody himself. He was earning enough to be able to go out drinking. You know, take a week off work for example say, and be drunk every day of the week. And come home and kick the crap out of everybody in the household. And then repent, and go off back to work again. But at the weekend he'd be drunk again. He could go out and afford to buy everybody in the pub a drink, but couldn't afford, except on birthdays and Christmas, to even buy my mother a new dress (Paul).

Because of this, he said, 'I never had a childhood in the sense that, well, there was always arguments and fighting, so I had to grow up fast', and he was adamant that he would never put his own family through the same experiences. As far as his children were concerned, he intended to show them 'a softer, more gentle side' to life than he had personally experienced as a child.

Childhood experiences could therefore change, as well as reproduce, the social roles and values that men adopted in adulthood, although even then nothing is ever completely determined because personal interpretations can also contribute to the variety of ways in which people live out their lives. That said, all of the men were aware of 'practices' traditionally associated with masculinity. These collectively

came together in the third theme that emerged during the interviews. Here the men associated the term 'macho' with stereotypical forms of masculinity:

It's about being a muscley guy who doesn't need any help. You know, 'I'm fine today, I'll be fine tomorrow, I don't need any help at all'. Macho basically (Aftab).

It's the macho thing about being one of the lads. The Friday night in the pub, talking about sorting the missus out last night and all that sort of stuff. All that macho stuff (Peter).

I think men are very much conditioned not to show emotion and to be the 'big man', to do the 'macho thing' (Arthur).

Such characteristics represent what Connell (1995) seemed to have in mind when he talked about 'hegemonic masculinity', and they also resonate with the type of negative 'dispositions' that have been used in research instruments such as the MGRSS (Eisler and Skidmore, 1987). As Arthur's statement also illustrates, ideas about 'conditioning' also have much in common with the gender-role socialisation approach that has dominated gender-related stress research – possibly because the assumptions of such approaches have now passed into folk knowledge and themselves become an influence on the way that such stereotypes are conceptualised and lived out. However, as MacInnes points out, whilst knowledge of these characteristics may be common, they are 'tendencies and possibilities' rather than factual statements about 'any empirical men we might know' (1998: 15).

The men's accounts lent some support to MacInnes' argument as, for the most part, they tended to distance themselves from these characteristics on the basis that

'macho man' was a phenomena of the 1970s. As Kyle, a 34-year-old employee put it:

Masculinity covers varying areas: money, lifestyle, sexual orientation, which I suppose is all to do with the 70s macho man thing. The reason being that nowadays, and TV plays a large role in this, because you can look at a bloke on TV and, well in the 70s a bloke wore a particular type of clothing and you could look at them and say 'that's a man'. But if a bloke wore pink jeans and something dandy, say like an ear ring or something, you'd think he was perhaps gay or something. Nowadays it's different, it doesn't matter what a bloke wears, it can't tell you anything about him. So masculinity's changed now. Twenty years ago it was basically black and white, left and right, it was a straightforward thing. It was something you could see, and as you saw it you defined it. That's masculinity and that isn't. But towards the end of the 90s it's a completely different area altogether, it's more complex (Kyle).

But precisely how it had changed was an issue over which there was little consensus. For example, Steve, a 43-year-old unemployed man, told me that masculinity was irrelevant in the 1990s because:

That all went out of the window a long time ago. There's just so many men at home now who do the housework and the shopping. I mean, if you go round a supermarket how many men do you see? Loads. So it means nothing these days (Steve).

Whilst Sadiq, another unemployed man, said masculinity had changed because men had lost much of the power they previously enjoyed:

Well I mean from a long time ago men have always had the power and the masculinity. But I think that probably towards the mid 80s, and now as the time goes by, that you find that men haven't got that masculinity. I mean if you're looking at the news they say that

about 65 per cent of males are unemployed, and they do like a housewives job in the house while the women goes out and brings the bread in. So it's meaning doesn't exist any more, or at least not in the same way (Sadiq).

Leighton, on the other hand, told me that whilst 'macho' ideas had disappeared for a time, they were now starting to re-emerge:

I mean you read all the time that you used to have this new caring man who can cry and all that sort of stuff, and then after all that you had this sort of backlash with magazines such as 'Loaded' and that, and then it was all like the new lad, so you had to be more like the lad again. And now if you read the papers again we've got like Paul Gascoigne crying again and the papers are asking what's wrong with them so it isn't all right to do that anymore, it's gone backwards. And yet 3 or 4 years ago everyone was saying that he was great for doing that. But it goes in a circle doesn't it and in another 3 or 4 years we'll be back to the caring sharing man. Having said that a lot of these are women writing about this. So at one point women were saying that 'oh yeah, we want this caring, sharing man' and then it's a case of 'oh no, of course we don't' (Leighton).

And Graham, a 33-year-old employee, said that although the 'macho man' of the 70s had largely disappeared, he still existed in isolated pockets of the community:

Where we used to live, over Whitley, the local boozer was this social club, Whitley social club, and there was blokes the same age as me, or younger, slagging me off for having ear rings in. You know, 'have you still got your ear rings in' (sarcastic tone). I mean if you want to come down here and listen to your mum and dad's music, dress how your mum and dad dress, and when you hit 30 say 'oh I can't wear jeans anymore', you know. And it does exist. That sort of institution, your working men's club, it does. I think it is dying out slowly, they're not as popular as the used to be, but they're still there, they're still creating these people who will just sort of follow their mum and dad's lives (Graham).

So whilst this idea was common, the precise processes that had taken place were open to interpretation. Yet several observations can be made on the basis of the analysis so far. Firstly, it seemed clear that the concept of masculinity did have substantive meaning to individual men. Moreover, it became clear that the men were very capable of constructing their own theories about masculinities, or at least the characteristics associated with masculinities. In this respect many of their comments also mirrored issues that academics have concerned themselves with: i.e. biological determinants (Bahr, 1992), sex-role socialisation (Parsons and Bales, 1956), stereotypical characteristics (Bem, 1974; Eisler and Skidmore, 1987) and the idea that masculinities have changed (Clare, 2000). All of their accounts also shared one thing in common however: the men associated masculinity with behaviours, social roles, and values and norms rather than something connected to their sense of identity - an externalisation that may have reflected the stereotypical avoidance of emotional issues that men are frequently accused of (Seidler, 1994). Nevertheless, when moving on to discuss their 'personal' masculinity it became clear that masculinities were far more complex than their 'general' definitions suggested.

4.2 *Personal Roles and Personal Masculinities*

Masculinity has traditionally been 'regarded as the standard case, the usual pattern, synonymous with humanity in general', and as the benchmark against which women's behaviour has been measured (Edley and Wetherell, 1995: 2). But political and economic changes, combined with both the reality and discourse that

surrounds the increasing equality that women have gained over the course of the last two or three decades (itself a contentious issue as the extent to which 'equality' has actually been achieved remains an arguable point), have rendered men's traditional roles and their identification with masculine stereotypes far more uncertain (Rutherford, 1988). That said, masculine stereotypes are still reinforced in media discourse through vehicles such as the 'action hero', whilst magazines such as *Loaded* venerate stereotypical masculinity in their enthusiastic promotion of the 'new lad' culture. It could therefore be argued that men face something of a dilemma: at one level they are being encouraged to break free of stereotypical behaviour which is incompatible with gender equality, and to adopt of more caring and sensitive nature, whilst at another level they are still expected to be 'strong' and 'tough'. As the following statement by James, one of the employees, illustrates, this can become a source of concern in its own right:

Over the years we've created for ourselves a really difficult situation where we have to have answers, and we have to develop certain characters and strengths and weaknesses, simply because we have to perform. But with society changing and men and women now doing different roles, I'm not sure that anyone actually knows what a man is. I think that's half the problem with being a man today (James).

Of course this was James' personal opinion, and not something that the other men would necessarily have agreed with. However, contradictions and uncertainty did seem to be embedded in many of their accounts of both their masculinities and social roles; which encompassed what might be described as a mixture of 'old' and 'new'. For example, all the men told me that they thought gender equality was 'a good thing', and insisted their relationships with wives,

partners and girlfriends were 'equal'. However, a division of labour still existed in many of their households, and the vast majority admitted that childcare and domestic labour were largely the responsibility of the women in their lives. Indeed, only four of the men who lived with wives/partners said they divided childcare and household tasks evenly between themselves. Nevertheless, none of the men talked about 'equality' in these terms. Rather, they defined it in terms of the fact that their wives/partners also worked, or that they 'helped' their wives/partners when necessary. Harry, for instance, a 39-year-old employee, regarded childcare as his wife's responsibility, but felt their marriage was 'an equal thing' because:

I think women are equal to men because they can go out to work as well, and why not. My wife works and she's glad to get out of the house. She's had a few full-time jobs like, but because we've got the babby at school she's had to take part-time work now (Harry).

Kashif, on the other hand, a 47-year-old unemployed Asian man, talked about 'helping' his wife, but also said that his wife's main role was to keep house whilst he searched for work:

I mean I help my wife in any way I can so our relationship is far more equal than a lot of people I know. I'm not strict like Moslem families used to be, so I help her. I don't mind hoovering or washing up or whatever (Kashif).

A belief in some form of role differentiation, albeit in a form that allowed for a degree of flexibility, was therefore common. But this flexibility was as much about material constraints as any independent belief in gender-role equality. As

one man, whose wife had a part-time job, commented: 'it's all money related. My wife would happily stay at home if we could afford it' (Arthur). Many also talked about the possibility of staying at home and looking after their children whilst their wives or partners went out to work, and these 'role reversals' were frequently linked to financial necessities. As Tim, a 43-year-old unemployed man stated: 'It's just about who gets the job first. You do what you have to do to get by' (Tim). In this sense, the social roles that the men adopted reflected their status in terms of what Connell (1995) referred to as 'marginalised masculinities' (i.e. men who were unable to meet hegemonic 'ideals' because of their lack of financial resources). Having said that, many of their 'practices' in relation to the performance of their roles also exhibited 'complicity' with stereotypical, or hegemonic, practices. Marginalisation did not, therefore, result in a complete rejection of hegemonic 'ideals', although this is entirely consistent with Connell's view that terms such as 'marginalised masculinities' should not be seen as 'fixed character types' (1995: 81).

For example, being prepared to stay at home whilst their wives/partners went out to work did not mean all would have felt 'happy' about doing this. As Lee, a single, unemployed man stated:

It's a difficult one because I think I need to feel some sense of achievement as far as a career is concerned. I mean I know that there would be some sense of achievement if I was able to help my kids to achieve their goals or help them on their way. I suppose that can be just as rewarding. But it's that thing about the nappy isn't it (laughter)? I'm not sure I'd want to do that (Lee).

As one of the employees, Paul, who described his marriage as 'an equal partnership', also admitted:

If we're honest, men themselves are honest, they would notice that they do next to nothing in the house... The most I do in the house is when I've got to look after the children, and that's generally when ...'s (his wife's name) at work. But it's six of one and half a dozen of the other. If she's unable to look after the kids, somebody's got to. They're too young to manage for themselves. So, you know, I wouldn't be a responsible adult or parent for that matter if I didn't bother. I mean I'm not going to say 'I'm a big hard man, so I'm not going to look after a baby' (Paul).

The use of a gender-role framework for examining masculinities and men's health has, of course, been extensively criticised (Carrigan et al, 1985. See also Chapter 2 for a full discussion). However, whilst a 'tight' approach to social roles which allows no room for differences between men may well be problematic, on the basis of the men's accounts there did appear to be a case for retaining a 'loose' notion of a social role that allowed for some degree of 'flexibility'. Indeed, the possibility that such a framework might have something to offer in relation to their experiences and responses to sources of material stress suggested itself - especially as there is evidence to suggest that identification with the 'breadwinner role' in the context of poor material circumstances could have adverse consequences on men's sense of well-being (Crowley, 1998; Kempson, 1996; Waddington et al, 1998). For this reason, I also asked all of the men whether or not they identified with the breadwinner role.

Prior to asking this question there was some indication that this might be important, as comments about 'responsibilities' and 'bringing home the bacon'

were common. This was subsequently verified, as twenty-one admitted that they did identify with the role. This finding lends support to research that has suggested that as many as a third of all men still regard the role as important (Luck et al, 2000; Wilkinson, 1994). What it also suggests, however, is that these studies may have under-estimated the extent to which this identification exists. Indeed, only thirteen of the participants in this study denied any identification with the role. This group, as Table 4.1 illustrates, contained a roughly even mixture of married/cohabiting and single/divorced men, and no discernible patterns in terms of age or ethnicity were apparent. However, it did contain a slightly larger proportion of unemployed men, compared to employees.

Table 4.1 Identification with the 'breadwinner role' by marital and work status

Work Status	Identification			Non-Identification		
	<i>M</i>	<i>S</i>	<i>D</i>	<i>M</i>	<i>S</i>	<i>D</i>
Employees (n = 15)	8	2	0	2	2	1
Unemployed (n = 19)	5	5	1	4	3	1

Note: M = Married/Cohabiting, S = Single, D = Divorced

Why this should be the case is open to interpretation, and given the relatively small size of the sample generalisations are not possible. However, it may reflect the fact that unemployed men have been forced to 'adapt' to their situations because they have been denied access to one of the 'cultural arenas', namely work, in which their masculinity could have been reinforced (Willott and Griffin, 1996).

The employees, on the other hand, were still in a position to receive this reinforcement whilst consoling themselves in terms of, 'I'm doing the best that I can' (Darren). Without such reinforcement men may be forced to rationalise their situations, as the following account by Samir, one of these unemployed men, illustrated:

I think with the way that employment is going...that it's just a matter of taking whichever role is being forced on you personally (Samir).

He also talked about the 'dangers' of identifying with the role in his situation:

I think this breadwinner thing could be a problem because it could make money problems seem much worse than they are. You know, you could feel that you were failing to live up to something, not being a real man or something (Samir).

So his rejection of the role represented something of a survival strategy or, in the terminology of stress research, his method of coping (e.g. Lazarus and Folkman, 1984).

This rejection of the breadwinner role was certainly not the norm however. But whilst the role was often described in terms of an 'ideal', there was also widespread acknowledgement amongst those who admitted some form of identification that material difficulties meant that the 'ideal' was not always achievable. As Steve, a 43-year-old unemployed man put it:

At the end of the day everything's in my name, all the bills and that. So it's me that they come to. And ultimately I feel responsible for making sure that they're paid and making sure that my children are provided for. But at the end of the day it's a case of if you aint got it they can't have it (Steve).

Steve's comments seemed to suggest that he had accepted the fact that the performance of his 'responsibilities' was dependent upon the availability of material resources, and not simply a matter of personal choice. Nevertheless, even in the absence of such resources this did not necessarily mean that men abandoned notions of 'responsibility' altogether. When times were difficult the attempt to meet role responsibilities could become even more important. For example, Ian, a 33-year-old unemployed man, felt that he could minimise his family's financial worries by dealing with everything himself:

I've always had the bills, all my life. So she (his wife) can relax... If we were both having problems with debts and bills, and both worrying, then we couldn't give a good life to the kids. But she can relax and keep the kids going. So, you know, I'm glad I've got all the worry to myself (Ian).

Ultimately, however, the majority of those who identified with the role said that they were prepared to accept any help that was offered, and if this meant staying at home whilst their wives went out to work, then they were prepared to be as 'flexible' as their financial situations dictated. Indeed, of the twenty-one men who admitted to some degree of identification, only three described this in terms that left little room for compromise.

Interestingly, it was here that ethnicity appeared to be important, as one of these men was a Black African, whilst the other two were Asian. However, the way that this influenced the three men's views took a number of forms, and ethnicity *per se* did not seem to be the most important factor. Chris, the Black man, denied that his ethnicity played any role in shaping his view, preferring instead to cite biological determination. Hence, when asked if he identified with the breadwinner role he said,

Of course. The fact that you're a male means that you produce a lot of testosterone, which drives you to be a certain way (Chris).

So being a breadwinner, for Chris, was the 'natural' way that things should be, and not something open to cultural interpretation. This was also consistent with Chris's 'general' definition of masculinity, which he regarded as primarily hormonal.

The Asian men, in contrast, made reference to religious and cultural norms. Raj, for example, spoke of the breadwinner role in terms of a 'Sikh thing':

Every Sikh boy that I've ever spoke to knows it's their job to go out to work and earn money. So in our community a man is a man, full stop. So that's my role as a man as far as I'm concerned. I mean I don't know, but I see a lot of Moslems and Hindus who live off the state because they're lazy and they've got no family values. But in my community, my Sikh community, a man has to work, he does not live off the state (Raj).

Naresh, the second Asian man, described it in similar terms, but he referred to his Moslem religion, as his main motivation for adopting the role, and in sharp contrast to what Raj seemed to suggest:

God made you a male and you're only supposed to be a man. And we believe in a way of life where the man is supposed to look after the family and the women is supposed to be at home. That's the Moslem way.

But the 'Moslem way' was more than just a question of choice. As a single man, Naresh's hopes for a future marriage were also tied into his ability to meet this cultural standard:

I need a good job because at the end of the day, when you want to get married, a women and her family will look at your status - whether you're working and whether you've got money. So a man, he has to have money and status (Naresh).

These ethnic/cultural dimensions were mentioned by all of the Asian men that I spoke to, although most felt that cultural pressures were becoming far less important than they had been in the past, and many advocated flexibility. For instance, Rakesh, another of the Moslem men, said that he thought the role was fast becoming a thing of the past, even in his community:

That's all changing now. And when I go to India it's the same thing as it is here. If you've got qualifications and that it doesn't matter if you're male or female, you've still got to go out to work. It's just the economy isn't it; you've got to bring in the money so that you can live. So it depends on the circumstances I suppose (Rakesh).

So even deeply embedded and culturally reinforced beliefs seemed capable of mixing new ideas with old, especially when choices were constrained by a lack of financial resources.

The implications of this more 'flexible' role for the men's health will be addressed in some detail in Chapter 6, as it appeared to be an important aspect of what could be called the men's 'personal masculinities'. However, social roles, and the values and beliefs associated with them, are only one aspect of masculinities, and certainly not the only one that might influence appraisal and coping processes amongst men (see Chapter 2). After discussing the breadwinner role I therefore asked each man the following question: 'how would you describe your own masculinity?'

The men's replies to this question tended to be framed in very tentative terms. This seemed strange, given that they had openly talked about the identification with the breadwinner role. However, it became clear that masculinity and the breadwinner role were not necessarily associated with each other, as many who had admitted identifying with the role also denied that masculinity meant anything to them at all. The following were typical of such responses:

There are no specific things that I could say, well this is my masculinity (Kyle).

I aint got any of that mate. I don't care about anything like that (Dave).

I'm just a working class bloke. I don't put a lot into being masculine. It's not something I think about (Harry).

I don't know. I can't get my head round that really, but it's not about scaring other blokes and shagging loose women' (Graham).

Why this should be the case is open to interpretation. However, Bradley (1996: 106) has argued that masculinity has traditionally been a 'passive' or 'default' identity for men because of men's assumptions that male ways of being and doing are both 'normal' and 'natural', and therefore unproblematic. In other words, men do not necessarily associate their values, beliefs and behaviours with their gender. This does not, of course, mean that masculine ideas do not form part of men's identities, but simply that men have not consciously reflected on this issue to the same extent as women. To use the 'realist' term, masculinity has been something of a 'mind-independent' phenomenon (Sayer, 1992). Women's sense of gendered identity, on the other hand, has enjoyed far more subjective visibility, especially since the 1970s when second-wave feminism 'forced the issue of inequalities between men and women into the arenas of world politics' (Bradley, 1996: 80).

Given the above, it is perhaps not surprising that two of the men even chose to define their masculinity in relation to this more 'visible' aspect of gender. As one Asian man, Aftab, a 25-year-old employee, stated:

I'm not sure I'm aware of anything like that. I think I would be aware of feminine things, like if I went into a shop and bought a bunch of flowers, and then walked across the street with them and another guy saw me. Then I'd probably feel awkward, I'd be conscious that I was acting in a, well, in an unmasculine way (Aftab).

Peter, a 42-year-old unemployed single parent who had fought for the custody of his children after his ex-wife had become a drug addict, also drew upon this criteria. He talked about how he used to be 'Jack the lad' when he was younger, but how being a single parent meant that he had neither the time or financial resources to live that sort of life any more:

My masculinity? A tricky one that. The way I am now, well I never thought I could do the things that I'm doing, bringing two children up and that. So I never realised that I had a feminine side to me. I mean I can still be Jack the lad if I want to be, but it's just a side of me that I don't need anymore. I'm not in a position, if you like, to be macho anymore (Peter).

Aftab and Peter's statements lend support to the notion that masculinities are inherently relational in nature, and as such, meaningless if divorced from their polar opposite. Indeed, lack of attention to this relational element is perhaps one of the most important criticisms that can be made of 'trait' approaches to masculinity (e.g. Bem, 1974) that treat masculinity and femininity as separate aspects of personality. After all, as Connell has argued, 'Masculinity does not exist except in contrast with femininity' (1995: 68). Hence the idea of being 'macho' only makes sense in relation to a notion of 'un-macho', which Peter seemed to associate with his 'feminine side'. However, 'being macho' was not something that any of the men included or referred to as part of their personal masculinity. Even those who attempted some form of definition tended to offer short, and often non-gender differentiated, statements such as:

Its just about having a bit of space to myself (Joe).

Masculinity's about doing the best that you can with what you've got (Tony).

It's an individual thing. I am who I am (Rakesh).

It's just about being honest with yourself (Samir).

Two of the men even included the idea of being emotionally expressive within their definitions. As Paul, a 43-year-old employee said:

It's about being able to accept your problems, and if you need to cry, well do it (Paul).

Whilst Leighton, another employee, defined it in terms of:

Being there for(his wife's name), sharing everything with her, and being a shoulder to lean on and an emotional wall to bounce off (Leighton).

One might be forgiven for assuming these last two statements go against the tendency towards emotional inexpressiveness that Seidler (1994) places so much emphasis upon. However, the fact that both of these men referred to emotions as a basis for defining their masculinities could equally be interpreted as meaning that they recognised that this was not stereotypical. That said, as the 'conversations' progressed it became clear that short statements of this type often served to hide a far more complex picture.

For example, although references to a belief in emotional expressiveness were rare, even if they were not referred to when defining personal masculinities a

number of men had clearly reflected on the issue. Arthur, a 30-year-old nursery nurse, initially replied to the question about his personal masculinity by claiming: 'I don't do anything just because I'm male. I think I do things because I'm me'. Yet during the interview he also talked about his job and his belief that men should show more emotion in ways that suggested his personal masculinity was far more complex. Indeed, he was aware that his job as a nursery nurse was not a traditional 'male job', and before we started the interview he said: 'I want to make it clear before we start, I know I work with children but I'm not gay, I'm not a paedophile, and I read 'Loaded' every week'. He laughed whilst making this comment but he was clearly concerned to emphasise his 'normal', heterosexual status before the conversation got under way. Whilst also insisting that 'men should cry' and that crying 'helped' him when he felt down, he also felt that to do so was:

A bit of a double-edged sword. Because although I think it's a good thing I also think I should be strong and that I shouldn't break down and become emotional quite so soon as I do (Arthur).

So despite exercising his agency through his rejection of emotional inexpressiveness, there was a price to pay for 'deviating' from a masculine norm.

Nevertheless, as the men and masculinities literature has suggested, masculinities should not be seen as static. They are also susceptible to 'negotiation' in the process of social interaction (Cornwall and Lindisfarne, 1994) - a process that can involve the type of 'face work' that Goffman (1959) had in mind when he likened the social world to a drama in which behaviour is shaped by

our 'audience's' reactions (see account of 'dramaturgical stress' in Chapter 2). None of the men initially mentioned anything that supported this idea when defining their own masculinity, but as the interviews progressed this was a theme that emerged. Samir, for example, who initially defined his masculinity in terms of 'being honest with yourself', later said:

Well it's all about other people's expectations of you, and you can change depending on the people that you're with (Samir).

Leighton, one of the employees who included emotional expressiveness within his personal masculinity, also returned to the subject later in the interview when talking about his brothers. He told me that his masculinity, which this time seemed to be based on the practices and behaviours he engaged in, depended upon who he was with at a particular time:

It's weird, it's almost like you can be two different people. When you're with your wife you can be one thing, but when you're out with your mates or brothers you're soon back into ripping the piss out of each other, drinking as much as you can, and smoking as many fags as you can (Leighton).

It therefore seemed that the perceived demands of masculinity could be used as a strategy to 'fit in' in particular social situations. Nevertheless, it is in the context of this 'intersubjective domain' (i.e. involving face-to-face encounters) that the role of social and individual influences can become blurred (Layder, 1997). This domain, as Layder (1997) has argued, also has its own rules of engagement that mean individual forms of face-to-face behaviour can never be explained by

reference to agency alone. Consequently, as well as diversity, this could also generate commonalities. These, however, are also likely to be crosscut by men's class, 'race' and sexuality.

Gay masculinities are perhaps a case in point because, in the hegemonic order of things, they are subordinate to the dominance of heterosexuality. Indeed, given that sexuality falls into one of the main categories Connell (1995) identified as central to the construction of masculinities - 'cathexis' - one might expect culturally dominant notions of masculinity to be particularly problematic for gay men. However, hegemonic masculinities and homosexuality are not necessarily antithetical to each other. For example, as Forrest has argued, representations of gay 'macho men' are common and:

In virtually all gay erotica and in the advertisements for gay chat-lines, escorts, and bars and clubs, macho posturing, bulging biceps, sculpted pectorals and lashings of torn denim, black leather and sports gear appear to be the norm rather than the exception. (1994: 97).

I only spoke to one gay man during this research, Nigel, a 30-year-old employee, and so any generalisations are problematic - and clearly the above quotation can be accused of the type of essentialism that role theory has been criticised for (Carrigan et al, 1985). But like Samir and Leighton, he also talked about the variable nature of masculinity and, perhaps more significantly, he also referred to a typology of gay masculinities. In common with many of the men, however, he initially defined his own masculinity as 'just a personal thing'. But later, when we talked about his experience of 'coming out', I asked him if there

was such a thing as a 'gay masculinity'. He told me three distinct types existed: the 'I'm a guy and I'm gay' type, the 'camp, almost a women' type, and the 'ponce - I'm good looking and wear the best clothes' type. He did not associate himself with the first because, as he put it, 'I'm not a girl, I'm a man'. He nonetheless admitted that he 'used' the other two types in different situations:

Five months ago I was the last one (the ponce) because I would go out and really ponce myself. And it worked, I got the person that I wanted. So now I'm just happy being a gay man, although if me and ...(name of his partner) split up I suppose I'd have to go back to being a ponce to get someone else (Nigel).

But by way of a summary, and on the basis of all of the men's accounts, it seemed clear that masculinities were diverse, socially variable, and open to individual interpretation and strategic use. Nevertheless, material circumstances, the context in which social interaction took place, and the need to appear something 'other' than a woman was never far from the surface. Diversity and difference was therefore tempered with a degree of uniformity and commonality of experience. The strength of any similarities between individual men nonetheless seemed to depend on which aspect of masculinity the men were discussing. In terms of their belief in some form of role differentiation between themselves and their wives and partners, commonalities appeared to outweigh differences. When it came to the men's own identification with other hegemonic norms and values the situation was less clear-cut however. Certainly, as has been shown, there was evidence that the men were aware of what they called 'macho' characteristics, but none overtly identified with such things when defining their own masculinity. This may reflect the fact that hegemonic masculine discourses now have to

compete with discourses of sexual equality; thus rendering masculinities themselves far more uncertain. Alternatively, perhaps such things are simply taken-for-granted and therefore remain, as Bradley (1996) has argued, 'passive' elements in male identities.

Whatever the interpretation, the key question this thesis is concerned with is how these various ideas and behaviours might have influenced the men's stress-related experiences and responses to material difficulties, and ultimately their psychosocial well-being. Before moving on to discuss these issues in more depth I therefore asked all of the men whether they thought their identification, or otherwise, with the breadwinner role, as well as the various themes they raised in relation to their 'personal masculinities', had any effect on their sense of well-being in the context of financial problems or unemployment. Somewhat surprisingly, the consensus seemed to be 'none at all', with the following quotations representing typical comments:

No, I'm the same person I've always been, so it doesn't affect me in that way (Peter).

No, none at all. That's just my role in life, that's all (Darren).

I don't know really. I don't think so. I don't think I'd go that far (Harry).

However, as will now be shown in the Chapters that follow, such comments often seemed to contradict other statements made during the course of the interviews.

4.3 Concluding Comments

In exploring the meanings and significance the men who took part in this study attached to the concept of masculinity/masculinities, several key issues have emerged. Firstly, the men had very clear ideas about the meaning of the term, and they were able to relate it to their own lives in a variety of ways. Their accounts also lent support to the notion that it is more appropriate to think of a plurality of masculinities rather than a unitary masculinity. In line with Connell's (1995) proposition, there was also evidence that masculinities were likely to be cross-cut by sexuality and ethnicity (at least in terms of religious ideas that Asian men adhered to), as well as more broadly by the material disadvantages associated with life on a low income. Therefore, despite the diversity their accounts revealed, it seemed clear that masculinities were influenced by a wide range of factors, and could by no means be reduced to an outcome of individual choice or personal expression. Interestingly, however, no clear patterns in terms of work status were apparent.

Nevertheless, what all of the men shared were their relatively low levels of income. Hence, to use Connell's (1995) terminology, they were all 'marginalised' in terms of their ability to fulfil hegemonic norms, especially those associated with the breadwinner role. However, for many this did not result in a complete rejection of the breadwinner role. Rather, in the face of material constraints, they exercised their agency by incorporating a notion of 'flexibility' into its performance. Thus, their marginalisation also exhibited a degree of complicity that rendered it a variant of a hegemonic 'ideal'. Similarly, despite the rhetoric of gender equality, the domestic division of labour stereotypically associated with the

breadwinner role had not disappeared. By defining 'equality' in terms of 'helping' their wives/partners, or on the basis of the fact that their partners also worked, the men were able to embrace the notion of 'equality' in a way that allowed the 'patriarchal dividend' they gained from their domestic division of labour to remain intact.

A strong case could therefore be made for retaining a 'flexible' approach to the idea of a gender-role as one component of masculinities. Against the background of this broad commonality many differences between individual men were also apparent however. There was also little evidence to suggest that any of the men identified with 'macho' ideas connected to notions of 'strength', 'self-reliance', 'toughness', 'control', etc. Thus, one might be forgiven for assuming that these ideas no longer form part of the cultural repertoire associated with what it means to be a man in the twenty-first century.

Yet some caution is needed before accepting such a proposition. The continued existence of gender inequalities in health, along with evidence suggesting that men engage in more 'risky' health-damaging, and health-neglecting, behaviour than women (see Chapter 2), would seem to suggest that men continue to embrace 'macho' values and beliefs. It is possible, of course, that men may not recognise these as 'gendered' values, and consequently may not be aware of why they hold certain attitudes or behave in certain ways. Indeed, to return to the point that realist theorists such as Sayer (1992) have made in relation to the 'mind-independence' of certain values and beliefs, this possibility cannot be dismissed out of hand.

But how might these influence men's health-related experiences, and indeed, their 'willingness' to admit to ill-health? Furthermore, what role might the more explicit issues raised by the men throughout this chapter, breadwinner role identification, negotiation, emotional expressiveness, sexuality, etc., also play in influencing these health-related aspects of the men's lives? The analysis revealed no ready answers to these questions, partly because the men themselves denied any relationship between masculinities and their health status. However, as they subsequently went on to talk about the various difficulties in their lives, much of what they said seemed to contradict this 'denial'. Contrary to what their accounts suggested, evidence that traditional 'macho' notions were values that many still adhered to also started to emerge.

A task that the following chapters now addresses, therefore, is precisely which aspects of masculinities were the most important in any given situation, and how these combined with material circumstances, along with the men's work status, to shape the men's health-related experiences. Chapter 5 now explores these issues in the context of men's assessments of their psychosocial health and their attitudes towards seeking medical help.

Chapter 5

Psychosocial Health: Measurement, Criteria and Help-Seeking

Whilst positivist stress research has tended to treat 'health' as an unproblematic variable, the 'measurement' of health could itself be influenced by masculinities. Indeed, it has been suggested that men's gender-related attitudes and behaviours adversely affect their willingness to seek medical help and/or their willingness to 'admit' to symptoms (e.g. Verbrugge, 1985; Waldron, 1995). However, the extent to which this might be the case remains a matter of some debate (see Annandale, 1998). Furthermore, none of the themes discussed in Chapter 4 lent direct support to such a proposition, especially as the men themselves denied any link between their health status and their gendered values and beliefs. Nevertheless, this denial could itself be interpreted as an outcome of men wanting to appear strong and impervious to pain and suffering. Equally, given Sayer's (1992) 'realist' insistence that men are not always aware of the reasons why they act in the way that they do because of the 'mind-independent' nature of certain values and beliefs, this possibility cannot be dismissed altogether.

Given the above, this chapter investigates the extent to which this might be the case in the process of examining the psychosocial health status of the men who took part in this study. In doing this several issues are addressed. Firstly, the chapter is concerned with establishing the extent to which the research participants

experienced psychosocial health problems. Secondly, it explores the criteria upon which the men drew when assessing their health, and also when making any subsequent decision to seek medical help. And finally, it assesses the relevance of the findings to what we currently know about men's psychosocial health status more generally. In the process of doing this the third question identified in Chapter 1 is also addressed: namely, *how accurate are existing measures of health and to what extent do they reflect the lived experiences of actual men?*

Exploring these issues in relation to 'psychosocial' health nonetheless raises a number of difficulties. For instance, whilst indicators of 'mental' health, particularly feelings of depression and worry, are often used as indicators of psychosocial health, 'mental' health can be measured in a range of different ways. Consequently, different measures are not always directly comparable with each other. Psychosocial health is also a much broader term than 'mental' health, as it encompasses notions about 'quality of life' (Wilkinson, 1996). Indeed, as Blaxter has argued, psychosocial health is sometimes seen as a 'third dimension' between 'physical' and 'mental' health, and closer to what she calls 'social health' (1990: 41). Hence, 'mental' and 'psychosocial' health are not necessarily synonymous with each other – although a large degree of overlap undoubtedly exists. However, psychosocial health can also be measured in different ways.

This point is important because, unlike much of the existing epidemiological data on psychosocial health, this study has not used a standardised instrument. Rather, the analysis is based on the participants' own assessments of their 'mental' health status, as well as self-reported evidence of medically diagnosed mental

health problems. Comparisons with wider epidemiological data should therefore be treated with caution. Nevertheless, in order to set the analysis within its broader context, this chapter starts by first examining the extent to which the self-reported health status of the research participants reflected broader epidemiological evidence of psychosocial health inequalities. It does this by introducing one of the most widely used measures of psychosocial health – the General Health Questionnaire (Goldberg, 1972). The findings of large-scale studies that have used this instrument are then contrasted with summary measures of health based on the participants' self-assessments. This then serves as a starting point for an in-depth exploration of the criteria the men drew upon when assessing their 'mental' health, as well as any subsequent decisions to seek medical help.

On the basis of this analysis it will be argued that the criteria the men drew upon did indeed appear to be influenced by their 'attitudes' and 'behaviours', and in ways that suggested a tendency for men to 'under-report' poor psychosocial health. However, whilst masculinities certainly appeared to play a role in shaping this tendency, and whilst the 'macho' values that the men denied identification with in Chapter 4 appeared to play some role, it will also be argued that they were by no means the only contributing factor.

5.1 Measuring Psychosocial Health

Despite Blaxter's (1990) comment that psychosocial health is sometimes seen as a 'third' dimension of health, a hard and fast distinction between 'mental',

'physical' and 'psychosocial' is difficult to sustain. Indeed, the 'psychosocial perspective' (Elstad, 1998) relies on relationships between these dimensions as a basis for positing links between psychosocial well-being and broader patterns of mortality. Its broad approach could therefore be labelled 'biopsychosocial', to use the term originally coined by Engel (1977), as it is based on the notion that different dimensions of health 'feed' into each other and create synergistic effects (Freund and McGuire, 1999: 82).

But acknowledging this inter-relatedness does not prevent an exclusive focus on psychosocial health as a topic worthy of investigation in its own right - although the way we 'measure' this is certainly open to debate. A number of instruments have nonetheless been developed, and much of what we currently know about the social distribution of psychosocial well-being is based on their usage in large scale studies (Prior, 1999).

The most widely used instrument in the UK is the General Health Questionnaire (GHQ)(Goldberg, 1972). The GHQ measures psychosocial health by asking participants to rate their 'present state in relation to usual state' on a variety of dimensions (Bowling, 1991: 109). A coding frame of 0-0-1-1 then tends to be applied, with 1 representing the two most 'positive' answers and 0 the two most 'negative'. These scores are then aggregated to form a scale that, in the twelve-item version illustrated in Figure 5.1, ranges from 0-12.

Once this scale has been constructed it is possible to explore 'relationships' with other 'variables'. How this is done depends upon the study in question, but a

common method is to treat those who score more than four on the scale as 'possibly' having an underlying psychological disorder (Boreham and Tait, 1999). How appropriate it is to think of a GHQ score in these terms is perhaps a moot point. Nevertheless, this method does allow for the identification of broad patterns, and to illustrate these I have drawn on data from the Health Survey for England - a large, nationally representative annual survey.

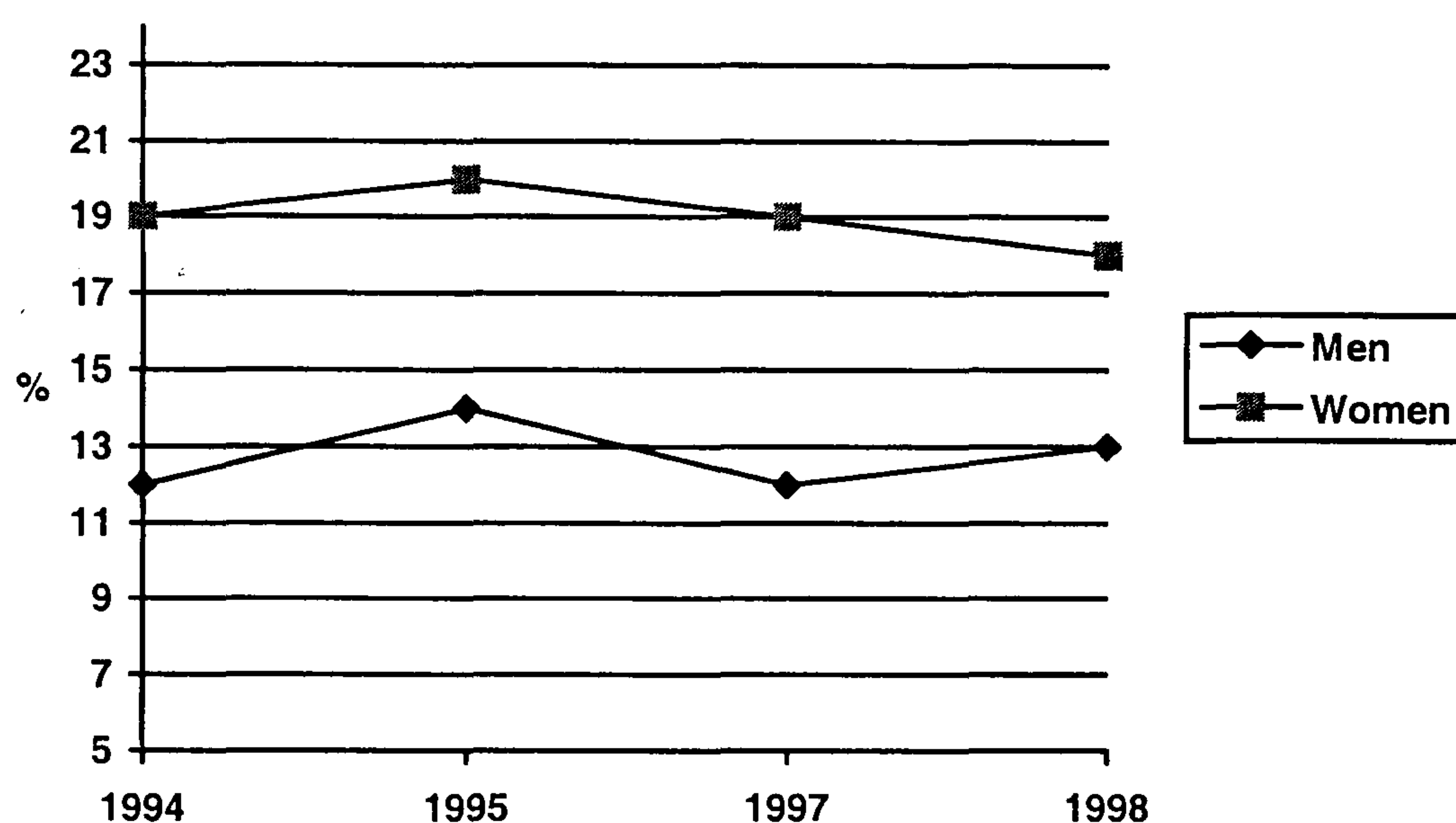
Figure 5.1 The General Health Questionnaire (Goldberg, 1972)

HAVE YOU RECENTLY:

GHI	been able to concentrate on whatever your doing?	<i>Better than usual</i>	<i>Same as usual</i>	<i>Less than usual</i>	<i>Much less than usual</i>
GH2	lost much sleep over worry?	<i>Not at all</i>	<i>No more than usual</i>	<i>Rather more than usual</i>	<i>Much more than usual</i>
GH3	felt you were playing a useful part in things?	<i>More so than usual</i>	<i>Same as usual</i>	<i>Less useful than usual</i>	<i>Much less useful</i>
GH4	felt capable of making decisions about things?	<i>More so than usual</i>	<i>Same as usual</i>	<i>Less so than usual</i>	<i>Much less capable</i>
GH5	felt constantly under strain?	<i>Not at all</i>	<i>No more than usual</i>	<i>Rather more than usual</i>	<i>Much more than usual</i>
GH6	felt you couldn't overcome your difficulties?	<i>Not at all</i>	<i>No more than usual</i>	<i>Rather more than usual</i>	<i>Much more than usual</i>
GH7	been able to enjoy your normal day-to-day activities?	<i>More so than usual</i>	<i>Same as usual</i>	<i>Less so than usual</i>	<i>Much less than usual</i>
GH8	been able to face up to your problems?	<i>More so than usual</i>	<i>Same as usual</i>	<i>Less able than usual</i>	<i>Much less able</i>
GH9	been feeling unhappy or depressed?	<i>Not at all</i>	<i>No more than usual</i>	<i>Rather more than usual</i>	<i>Much more than usual</i>
GH10	been losing confidence in yourself?	<i>Not at all</i>	<i>No more than usual</i>	<i>Rather more than usual</i>	<i>Much more than usual</i>
GH11	been thinking of yourself as a worthless person?	<i>Not at all</i>	<i>No more than usual</i>	<i>Rather more than usual</i>	<i>Much more than usual</i>
GH12	been feeling reasonably happy, all things considered?	<i>More so than usual</i>	<i>About the same as usual</i>	<i>Less so than usual</i>	<i>Much less than usual</i>

One of the most striking patterns to emerge is the relationship between gender and GHQ scores. In the 1998 Health Survey for England, eighteen per cent of women had a GHQ score of four or more compared to thirteen per cent of men. As Figure 5.2 illustrates, this has also been a consistent finding in previous years.

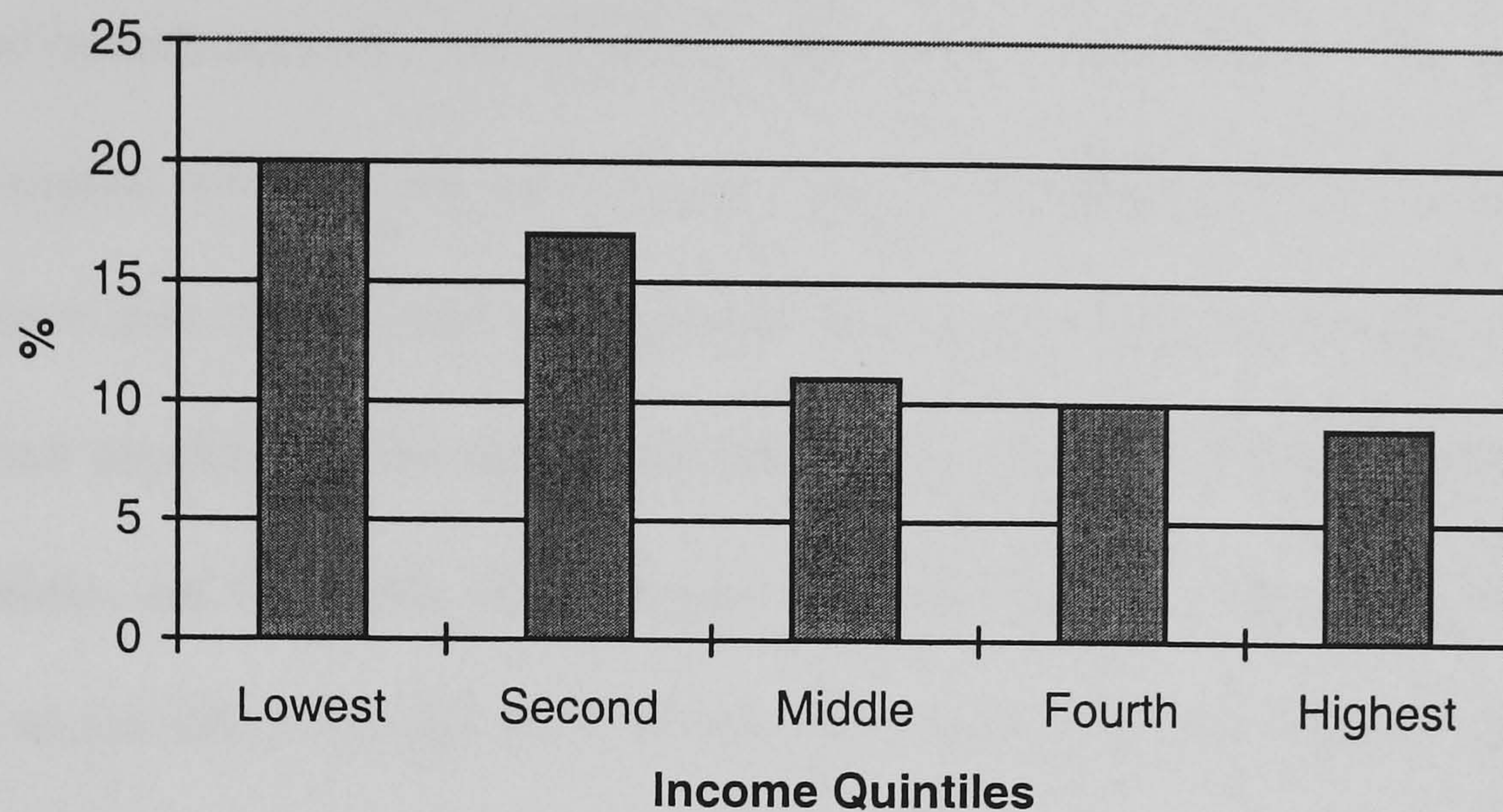
Figure 5.2 Proportion of men and women with GHQ score of 4 or more in the 1994, 95, 97, and 98 Health Survey for England



Source: Adapted from Table 6.25 in Boreham and Tait (1999: 250)

Simple comparisons between *all* men and *all* women can nonetheless serve to hide a more complex picture. For instance, alongside gender a ‘consistent inverse relationship’ between income and a high GHQ score has also been found. (Prior, 1999: 41), as illustrated in Figure 5.3. Here the age standardised proportion of men scoring four or more increased from nine per cent in the highest income quintile to twenty per cent in the lowest. The relationship between work status and psychosocial well-being has also been established as significant. In the 1994 version of the same survey, unemployed men were almost twice as likely to score four or more on the GHQ scale as full-time employees (Figure 5.4).

Figure 5.3 Age standardised proportion of men scoring GHQ12 score of four or more by household income in the 1998 Health Survey For England



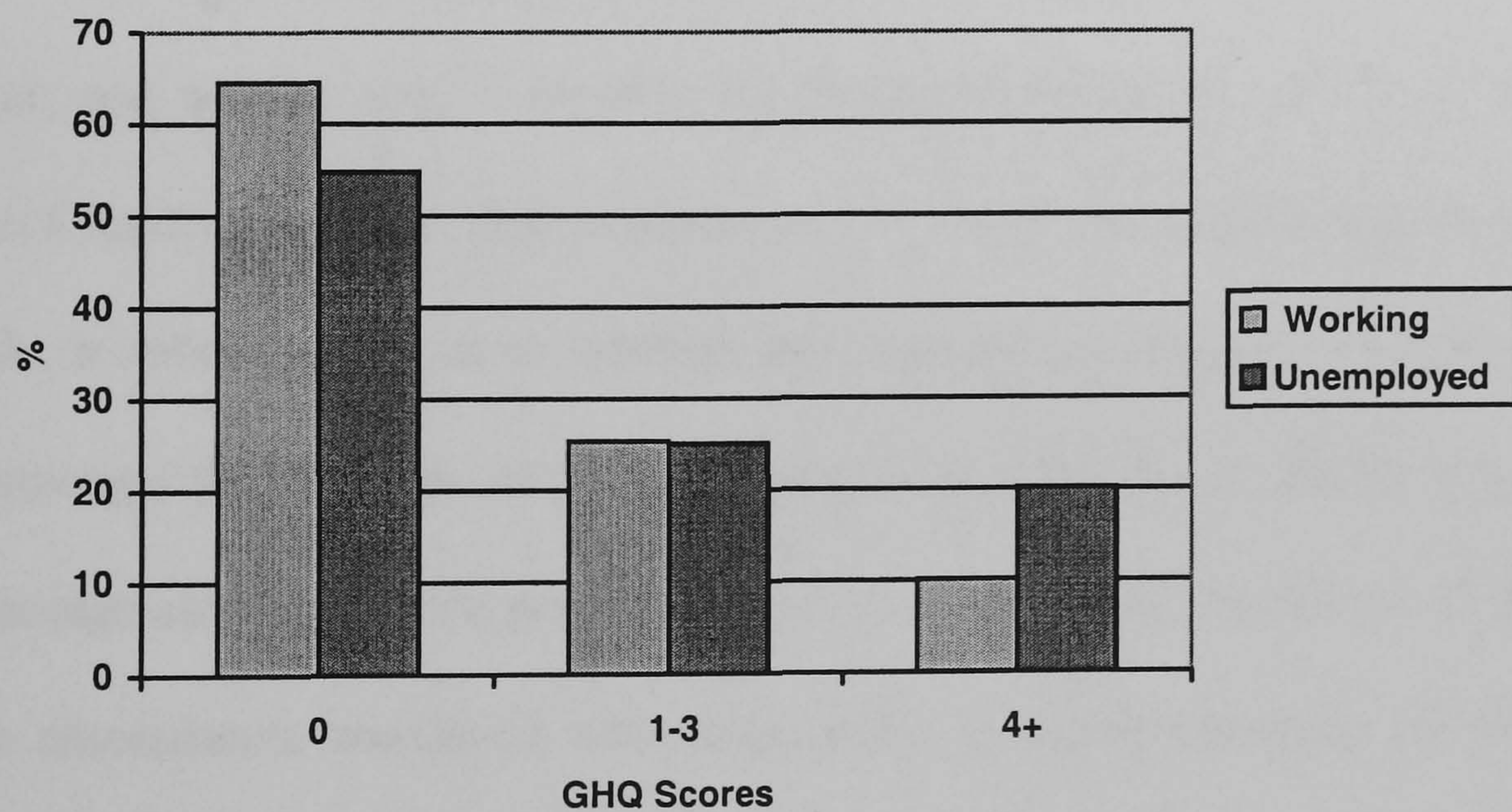
Source: Adapted from Table 6.27 in Boreham and Tait (1999: 251)

There is evidence, then, that gender, income, and work status all play a role in shaping psychosocial well-being, although a host of other factors have also been identified as important. For example, in the 1998 Health Survey for England men aged 35-44 were twice as likely as those aged 16-24 to achieve a score of four or more. More generally, there is growing evidence that marital status provides a degree of psychosocial health protection for men and women alike, but that 'being single (never married) presents the highest risk for men, whilst being divorced or separated (previously married) presents the highest risk for women' (Prior, 1999: 39).

Ethnicity has also been identified as important, although an inherent problem with large-scale surveys has been that relatively small numbers of non-white respondents have been included in samples. Consequently, what we know about the relationship between ethnicity and psychosocial health has not always been

derived through the use of GHQ scores, and this creates problems of comparability (Coppock and Hopton, 2000). There is also a problem in relation to how ethnicity should be operationalised, and whether factors such as country of birth, religion or 'family origins' should form the basis of analysis (Luck et al, 2000). As Berthoud and Nazroo also argue, 'the finding that one social group has more mental ill health than another can be interpreted as a criticism of that group' (1997: 303). Nevertheless, on the basis of a measure of ethnicity that asked individuals to indicate which ethnic groups they felt they belonged to, Berthoud and Nazroo did find evidence to suggest that the psychosocial health of Afro-Caribbean and Pakistani men, in particular, was worse than that of their white British counterparts.

Figure 5.4 Distribution of GHQ12 scores for men aged 16+ by work status



Source: The 1994 Health Survey for England. Data set obtained from the ESRC data archive

These broad patterns mirror many of the relationships that have been established between other measures of morbidity (see Gordon et al, 1999). One

exception to this is the relationship between psychosocial health, or indeed psychiatric morbidity based on 'neurotic' symptoms associated with depression more generally, and measures of social class based on the Registrar General's social class scale (Goldberg, 1999). In her secondary analysis of the Health and Lifestyle Survey, Blaxter (1990) nonetheless found some evidence of a social class gradient when both men and women's psychosocial health scores were combined (although her findings were based on a slightly different instrument to the GHQ). Yet she makes the point that the Registrar General's measure of social class 'implies differences in income, education, environment, power over resources, and behaviour, but measures none of them directly' (1990: 61). Hence, it can 'best be regarded simply as a starting point' for exploring these relationships in more detail (1990: 61).

The identification of these patterns does not necessarily imply a causal link however, and neither does it identify the processes involved. We have already seen, in Chapters 1 and 2, that explanations of observed patterns can vary. For example, a debate exists as to whether the 'causes' of poor psychosocial well-being amongst the those on low income are related to the direct effects of material disadvantage associated with poverty (Lynch et al, 2000), or the effects of relative income assessments combined with poor levels of social cohesion (Wilkinson, 1996). Similarly, whether unemployment and poor psychosocial well-being are due to the loss of 'latent' employment functions (Jahoda, 1982), or the material disadvantages associated with unemployment, alongside the 'restrictions' that unemployment imposes on human agency, remains an issue of some debate (Bartley et al, 1999; Jackson and Warr, 1984; Fryer, 1995). The relationship

between gender and psychosocial well-being more generally is also open to a variety of interpretations (see Annandale, 1998), as is the relationship between social support and psychosocial health (Thoits, 1982, 1982a, 1995).

Nevertheless, to what extent did the psychosocial health of the men who took part in this study lend support to these more general findings? As this was a qualitative study direct comparisons with GHQ scores were not possible, as rather than using a quantitative instrument I simply asked the participants about any recent/ongoing health problems they had or were receiving medical treatment for, and I also asked them to rate their overall 'mental' health (I used the term 'mental health' rather than 'psychosocial health' for the same reason as I used the term 'masculinity' rather than 'masculinities': i.e. in the belief that this would be a term that the men were more familiar with). But to facilitate some form of comparison their replies to this second question have been summarised into categories of 'good', 'fair', and 'poor'. Alongside recent/ongoing health problems they were either receiving medical treatment for, or had received treatment for in the previous twelve months (indicated by *italics*), these are illustrated in Tables 5.1 and 5.2. For the sake of simplicity, 'minor' difficulties, such as the flu, have been excluded.

Differentiating their replies to the second question into three categories required more than a little interpretation on my part. The 'good' and 'poor' categories were the most straightforward, as I placed replies such as 'fine', 'good', 'OK' and 'no problem' into the first, and replies such as 'unhealthy' and 'unhappy' into the second. But this still left a wide range of answers that fell

somewhere in between, and creating a set of intermediate categories would always have been an arbitrary process. I therefore decided to place all remaining replies into a 'fair' category. These included replies such as 'fairly healthy', 'reasonably healthy', 'better than I was', 'OK, except for...', and 'not too bad'.

Table 5.1 Self-Assessed Health Status (Employees)

Name	Age	Ethnic Group	Marital Status¹	Recent/Ongoing Health Problems	Self-Assessed Mental Health
Aftab	25	Asian	S	Epilepsy	Fair
Chris	27	Black	M	-	Fair
Leighton	27	White	M	-	Good
Jim	28	White	S	Epilepsy	Fair
Raj	29	Asian	M	Bad Back	Poor
Arthur	30	White	M	Asthma	Fair
Nigel	30	White	D	Asthma, <i>Depression</i>	Fair
Dave	30	White	M	Bad Back	Fair
Ben	33	White	M	Bad Back, <i>Depression</i>	Fair
Graham	33	White	S	-	Fair
Kyle	34	Black	M	Bad Back	Fair
James	37	White	S	-	Fair
Harry	39	White	M	-	Fair
Rakesh	42	Asian	M	<i>Heart Attack</i>	Fair
Paul	43	White	M	-	Poor

Notes: ¹ M = married or cohabiting, S = single, D = divorced and not cohabiting

Table 5.2 Self-Assessed Health Status (Unemployed)

Name (Years U/E)	Age	Ethnic Group	Marital Status ¹	Recent/ Ongoing Health Problems	Self-Assessed Mental Health
Naresh (1)	25	Asian	S	Asthma	Good
Tony (5)	26	White	S	Alcoholism, Depression	Poor
Brian (6)	27	White	S	-	Fair
Ian (13)	33	White	M	Depression	Fair
Len (8)	36	White	M	Epilepsy	Good
Sadiq (4)	37	Asian	S	Asthma, Depression, Visually Impaired	Fair
Alan (3)	37	White	S	-	Fair
Samir (17)	38	Asian	S	Depression*	Fair
Leslie (8)	40	White	S	-	Fair
Ron (1)	42	White	S	Depression	Fair
Keith (9)	42	White	M	Injury to Foot*	Fair
Peter (2)	42	White	D	Cancer, Multiple Injuries From Motorcycle Accident, Depression	Good
Steve (15)	43	White	M	Depression*	Fair
Tim (4)	43	White	M	-	Good
Joe (8)	44	White	M	Bad Back	Fair
Kashif (1)	47	Asian	M	-	Good
Darren (10)	47	White	M	-	Fair
Aadarsh (18)	51	Asian	M	Hypertension	Good
Lee (7)	57	White	D	Stomach Ulcer, Depression	Fair

Notes: * Reason for unemployment

¹ M = married or cohabiting, S = single, D = divorced and not cohabiting

So what do the tables tell us about the health of the men? Firstly, given that all of the participants existed on a low income, any overall relationship between income and health cannot be demonstrated as there was no basis for comparison. Because of the relatively small size of the sample, as well as the disparity between the number of employees and the number of unemployed (see Chapter 3 for explanation), caution is also needed as far as the interpretation of observed patterns more generally. However, very few men rated their mental health as 'good', and differences in the health experiences of the two samples do suggest a disadvantage for the unemployed - perhaps signifying employment status played an independent aetiological role in shaping the men's health, and one that could not be reduced to income levels alone.

Taking their recent/ongoing health problems as a starting point, amongst the employees back problems were the most common ailment, although asthma, epilepsy and a recent heart attack were also reported. Amongst the unemployed, mental health problems dominated, with six receiving treatment for clinically diagnosed depression on an ongoing basis, and two admitting that they had sought treatment over the course of the last twelve months. The unemployed men also reported a greater range of health problems than the employees, and the fact that a stomach ulcer, hypertension, and even alcoholism - conditions often associated with stress - are all represented amongst this group lends support to what much of the epidemiological evidence would seem to suggest in relation to the relationship between work status and poor psychosocial well-being more generally.

It would, however, be too much of a leap to conclude from this evidence that unemployment 'causes' ill-health. For example, a debate exists concerning the extent to which the relationship could be due to 'social selection' (i.e. health problems lead to unemployment rather than unemployment 'causing' ill-health)(see Bartley et al, 1999), and as indicated in Table 5.2, two of the unemployed men originally became unemployed because of their depression. Hence care is always needed when interpreting 'raw' statistics. However, as will subsequently be shown in Chapters 6 and 7, the accounts of the participants did suggest unemployment carried its own psychosocial dangers as well.

Apart from the observed association between unemployment and depression, associations between other demographic 'variables' were less easy to identify however. That said, three of the men who had been diagnosed with depression had clearly been out of work for a great deal of time (13, 15, and 17 years), and of the six men who had been diagnosed with depression, two were Asian (a slightly higher proportion than would perhaps have been expected given that only five of the unemployed men in total were Asian). Four of these six were also single and lived alone. This last finding perhaps suggests that social support, at least in terms of marriage or cohabitation, could be health protective. Indeed, evidence of this 'marital advantage' is common, and much of it suggests that men may gain more benefits from marriage than women (Annandale and Hunt, 2000). Nevertheless, even here the possibility of social selection cannot be dismissed entirely (i.e. it could be argued that once men are depressed they are less likely to find a partner). As Annandale and Hunt have also argued, the 'balance sheet' of this advantage remains unclear if set against the 'changing world of employment for men' (2000:

18). If, for example, marriage in the context of unemployment and low income also creates difficulties as far as the performance of traditional roles are concerned, it could equally be seen as a source of stress.

Yet whilst much of what has been discussed thus far is consistent with evidence from large-scale surveys, the same cannot be said of the men's assessments of their 'mental' health status. Only one of the men who had been diagnosed with depression rated his health as 'poor', whilst six of the unemployed men rated their health as 'good', as compared to only one of the employees. Neither were any patterns discernible in terms of ethnicity, age, or marital status, as the majority of the men's replies fell into the 'fair' category. The measure of psychosocial health based on three categories did not, therefore, lend support to the survey evidence. But because the 'fair' category was used to classify scores that did not fall within any straightforward measure of 'good' or 'poor', this clearly left more room for variance than tends to be the case with instruments such as the GHQ.

It is nonetheless possible that the men's assessments may have been influenced by a tendency to 'under-report' poor psychosocial well-being. And, as the following section will now discuss, when exploring the criteria the men drew upon when making their assessments, this did emerge as a distinct possibility. What will also be shown is that this had direct implications for measures of men's psychosocial health based on instruments such as the GHQ (Goldberg, 1972).

5.2 *Healthy in Relation to What?*

Measurements of health based on additive scores from survey 'variables', and even summarised evidence of the type used in the previous section, can be invaluable for identifying the existence of broad patterns. Yet there are many reasons why 'findings' based on such measures should be treated with caution. Cultural differences associated with class, ethnicity and gender could, of course, each play a role here. It could also be argued that admitting one's 'mental' health is poor carries wider implications, especially as the label of mental illness carries a degree of stigma and, as Radley has argued, a 'stigma bearer' risks being treated as 'less of a person' (Radley, 1994: 157). More generally, successive governments, both Labour (Department of Health and Social Security, 1976) and Conservative (Department of Health, 1992), have emphasised the need for individuals to take personal responsibility for their health, and to admit to ill-health at all could be perceived as tantamount to a failure to do just that. As Cornwell's (1984) ethnographic study of working class families in East London demonstrated, such fears lay at the heart of a distinction between what she called 'public' and 'private' accounts of health. Initially her participants talked about their health in ways that put a 'best face' on their situations. However, as a degree of trust and rapport was built up, these 'public' accounts started to give way to more 'private' accounts of illness episodes.

Gendered influences could also exacerbate these tendencies. Real has argued, based on his experiences as a practising psychiatrist, that in their attempts to live up to masculine stereotypes many men refuse to allow themselves to be seen as

outwardly depressed because they are faced with the double dilemma of 'the stigma of mental illness and also the stigma of 'feminine' emotionality' (1997: 22). For this reason he believes that a great deal of male depression remains 'covert' and hidden from view, because not only are men afraid to admit to feelings of depression, they also hide the signs from others and refuse to seek help. Real, like Seidler (1994, 1997), therefore implicates men's fear of emotional expressiveness as a reason for their suppression of emotionality and their denial of feelings that are perceived as 'unmasculine'.

There is also an issue surrounding what type of criteria individuals draw upon when making any form of health assessment. Blaxter (1990), in her analysis of data from the Health and Lifestyle Survey, found that lay concepts of health varied, and included references to notions of physical fitness, energy, social relationships, well-being, and the ability to function, as well as to the biomedical notion of 'absence of disease'. Furthermore, as she argued, 'lay concepts will, of course, affect consideration of the reliability or the meaning of the answers to questions' that are elicited from particular instruments (Blaxter, 1990: 35).

Accepting the possibility that all of the above factors could influence men's assessments of their health status does not, of course, mean that this will always be the case. Real's (1997) argument, for instance, attributes a greater degree of homogeneity to men than is consistent with the notion of plurality that the concept of masculinities insists upon (see Connell, 1995). Nevertheless, when asking the men to assess their 'mental' health their replies did suggest more complexity than the simple categories of 'poor', 'fair' and 'good', used in the previous section,

were capable of describing. Three themes emerged in relation to this: 'feeling depressed, unhappy, or tired', 'coping with life's difficulties', and 'feeling better or worse relative to their own and others experiences'.

The first theme, feeling depressed, unhappy, or tired, was mentioned in a variety of different contexts. One unemployed man, Steve, assessed his health in relation to both his ongoing depression and the barrier that he believed his 'illness' represented in terms of him getting a job after an extended period of sickness and unemployment:

I'm better than I was but I still suffer from depression and that, and I still sometimes feel a bit like that, you know. I mean I'm going out looking for work and that now...but realistically who's going to employ you after all this time on the sick (Steve).

Steve's assessment of his 'mental' health was therefore 'functional', as it was tied into his 'ability to do', and particularly his ability to work (Luck et al, 2000). In contrast to Blaxter's findings, however, he did not appear to regard his illness as directly affecting his ability to work, but rather, as limiting the possibility of his securing a job.

This type of functionality was not mentioned by any of the other participants, but the ability to function did seem to underlie much of what they said. Nevertheless, their replies often exhibited overlaps with other themes identified in Blaxter's study. For example, one of the employees, Ian, made reference to the damage smoking had on how 'tired and weak' (i.e. his energy levels) he felt:

I'm alright in myself like....it's just the smoking, because the smoking does put you down, you get tired and weak all the time. But if I didn't smoke I'd be great (Ian).

Another employee, Nigel, raised the issue of 'physical fitness' immediately after assessing his 'mental' health in terms of how 'content' he felt:

It's fair. It's not as good as it was because although I'm not content in my job I'm content in myself. But I'm not as disciplined in my training, going to the gym and going swimming and that sort of thing, as I used to be (Nigel).

Whilst social relationships, or the absence of close social relationships, were mentioned on several occasions. For example:

It's OK, but it's sometimes a bit depressing when you've got to go home after you've seen some friends. You go home and there's nothing to do like, you're on your own (Lee).

References to negative feelings were often, therefore, made in conjunction with some form of explanation as to why they felt the way they did. Yet this was rarely the case when positive feelings were emphasised. For example:

I'm fine. Depression and that, I don't suffer from that (Tim).

It's good. I don't feel depressed or anything (Aadarsh).

I feel good. I'm not a worrier (Kashif).

Nevertheless, the three men cited above were also something of an exception. Whilst they were not the only men in the sample to assess their health as 'good' on the basis of how they felt, they were the only ones to insist they 'never' felt down or depressed. The remainder of the men admitted that there were at least some occasions when they felt this way. Peter, for instance, initially told me 'mentally I feel great'. Yet when later asked if he ever felt down or depressed, he said 'oh yeah, sometimes I do feel that way'. Because of this it was often difficult to distinguish between the boundaries of 'good' and 'fair' because similar comments were also made by many whose assessments indicated a 'fair' rating was appropriate. The same could be said of the boundaries between 'fair' and 'poor'. For example, Paul and Raj both assessed their mental health as 'poor' because they were 'unhappy' with certain aspects of their lives. Yet when asked if they ever felt down or depressed they said they only suffered from such feelings 'now and again' (Paul) or 'on occasion' (Raj). So even 'poor' did not necessarily seem to mean that these men were any more or less depressed than those who had rated their health as 'fair', or even 'good'.

Part of this confusion seemed to stem from differences in the criteria men drew upon when making their assessments. For example, the second theme, coping with life's difficulties, brought agency into focus as the men talked about how well they felt they were dealing with life's difficulties. Alan, for instance, described his state of well-being as 'reasonable', but also said:

I tend to worry about things going wrong in my life. I tend to think that I can't manage to cope or get my way around it, especially at

Christmas time when you've got all these presents to buy and no money to buy them with (Alan).

The positive aspects of coping were cited more frequently however. As Darren, a 47 year old unemployed man put it:

I'm always cheerful but I'm constantly under stress. But I can cope you see. I can cope with stress because I've learned to cope with life. I've had to (Darren).

But whilst this description appeared to fit the 'fair' category, Darren later talked about how he tried to 'put on a brave face'. He also later admitted that he felt depressed 'many a time' because:

I've always got worries with four boys. You know, where's the next meal going to come from and how am I going to be able to afford clothes and shoes (Darren).

So his initial statement concerning his ability to cope was based on his ability to appear outwardly 'cheerful', irrespective of how he actually felt. His comment also highlighted the important role material influences played in creating his 'worries'. Indeed, as the interview progressed Darren talked about how unhappy he was with his life in general, how he felt that he had lost his self-respect through being unemployed for ten years, and how he and his wife frequently had major arguments over money problems. Nevertheless, he constantly added statements such as '...but I try to stay cheerful'. So to use Cornwell's (1984) concepts, his 'public' and 'private' accounts exhibited a degree of overlap.

Real's (1997) assertion that the mental health problems that many men experience remain 'covert' and hidden from view could also be seen as relevant in Darren's case. Nevertheless, his feelings did eventually started to reveal themselves, and the same was true of many of the men that I spoke to. Indeed, it became clear that their initial assessments often concealed a more complex picture. To explain this in terms of masculine inhibition alone would be overly simplistic however. The relative nature of well-being also requires people to draw on some form of comparative criteria against which they can measure their health against, and in itself this can serve to render statements such as 'good' and 'fair' open to interpretation.

This problem was particularly apparent in the third, and most common, theme: how men felt in relation to their own and others experiences. Time played a key role here, with many assessing their health as better or worse than it had been at some stage in the recent past. Ian, a 33 year old unemployed man who was receiving treatment for clinical depression, and whose wife had recently been released from hospital after an extended period of illness, told me he was feeling better than he had done because he now had his wife at home with him, and he was also attending an employment training course he was enjoying:

I feel much more cheerful now she's out of hospital (his wife). And I'm looking on this now and, although I've only been here a month, I feel more relaxed, I feel more happy, because I'm going out to try and get a placement (Ian).

But despite this, he later talked about how he constantly worried about paying bills and providing for his children. So 'more cheerful' did not mean 'cheerful' as such.

The use of this relative criteria offered one explanation for the paradox identified in the last section in relation to why five of the men, all of whom were receiving treatment for depression, made statements about their mental health which initially suggested a 'fair' rating was appropriate. All of these men based their assessments on how they felt at the time of the interview in relation to how they had felt at some point in the past. For example:

Mentally I'm up and down. I've been through a lot worse though, so I suppose I'd have to say it's reasonable at the moment (Sadiq).

My mental health is much better than it was, it's better than it's been for a long time (Ron).

When they subsequently started to talk about their depression and the problems that they were experiencing it nonetheless seemed clear that 'fair' was not a 'fair' assessment. But stoicism was common. For instance, throughout our conversation Ian constantly made statements such as:

That's just the way it goes and that's it. You get married, you have your kids, and you knew you were going to have all this. So you just have to stick with it, that's all there is to it (Ian).

Whether this could be seen as one aspect of 'learned' masculine behaviour, or what Wilson (1998) calls 'learned stoicism', is something that will be discussed in

the section that follows. But regardless of whether or not this tendency had a gendered dimension, it was particularly apparent in statements made by a number of men who assessed their mental well-being in relation to others experiences rather than their own. As Ben, a 33 year old employee, stated:

I wouldn't describe it as bad (his mental health). I mean I know people who are in a real bad way so I couldn't possibly. So I'm on the good side (Ben).

However, Ben had just been through a personal bankruptcy and he later admitted that he often suffered from depressive feelings which resulted in him, as he put it, 'shutting myself away because I can't face other people when I feel like that'. Another of the employees, Dave, who told me he constantly worried about money, even normalised his feelings on the basis that:

Oh depressed, yeah, it's a big one depression, I think everyone suffers from that. But I'm not even sure that depression's the right word. It's just melancholy really. It's just an acceptance of things. It's always there (Dave).

This 'normalisation' has a certain logic to it because, at one level, it could be seen as a form of coping. After all, the psychological consequences of seeing one's situation as 'bad' in relation to others could lead to poor self-worth, and perhaps even self-blame. Indeed, when the men talked about how they 'coped' with stress this relative dimension was something that many seemed to use in order to 'rationalise' and make sense of their situations (see Chapter 7). Dave's comment also highlights what could be seen as a limitation of the GHQ, which

focuses exclusively on recent 'changes' in feelings rather than feelings that, to use Dave's expression, are 'always there'.

But whilst depression appeared to be more widespread than initially suggested, the possibility that feelings of depression might differ from man to man also seemed likely, given the range of criteria the men had drawn upon. When subsequently asked to describe how they actually 'felt' during these periods their replies nonetheless embraced a range of similar themes:

Totally negative towards everything. Angry, sorrowful, despairing. You know, depressed (Graham).

I feel dead low. I don't want to do nowt. I don't care. I push everyone away (Ian).

You can't be bothered doing nothing. You hide away and just want to be left on your own (Harry).

Drained. You haven't got any energy. You don't want to know. You say to everyone 'leave me alone' (Darren).

So despite the relative nature of health assessments, their experiences also had common elements.

So by way of a summary, this analysis has suggested that measures of health based on scales or categories should be treated with caution. Not only are they incapable of taking account of the criteria that men used to define their health status, they do not allow for the possibility of 'under-reporting' that such criteria, along with men's tendency towards stoicism, can lead to. This has direct implications as far as the measurement of psychosocial health by instruments such

as the GHQ is concerned. After all, whilst answers such as 'better than usual' on the GHQ scale attract a zero-rating, 'usual' health is not the same as 'good' health. Because this relative dimension is ignored, and on the basis of what has been discussed within this section, especially in relation to the GHQ's exclusive focus on 'change', it seems likely that such instruments may have underestimated prevalence rates for psychological morbidity amongst men.

But what role did masculinities, in terms of the men's attitudes and behaviours, play in shaping the criteria the men drew upon and their apparent tendency towards stoicism? This is not a question that can be readily answered as yet. Stoicism could certainly be seen as an aspect of masculinities, but could just as easily be seen as a class characteristic, or even a human characteristic (see Doyal and Gough, 1991), or even a combination of many different characteristics. Without some basis of comparison, i.e. the criteria that women might use when assessing their health, any hard and fast conclusions are not, therefore, possible. Equally, there did not appear to be any obvious association between the themes raised by the men in Chapter 4 and their health assessments, although stoicism could certainly be seen as part of what they referred to as the 'macho thing'. Stoicism could, of course, be a 'mind-independent' (Sayer, 1992) element of masculinities (i.e. something that men do not consciously associate with gender). But before such an assumption can be made, more evidence is needed. Could, for example, stoicism also shape how men respond to depressive feelings? This is one of the issues that the following section now addresses.

5.3 Going to the Doctor

Whilst it seems clear that difficulties exist when using self-assessed health measures as a basis for comparative analysis, such measures are not necessarily more problematic than evidence of medically diagnosed mental health problems. This type of evidence (albeit based on self-reports) was drawn upon in section 5.1 and, as was demonstrated, it did not appear to be directly related to men's assessments of their 'mental' health status. However, it would be wrong to regard such evidence as more 'objective' than self-assessed health. We have already seen that depressive feelings were not confined to those who had been diagnosed with depression. Furthermore, the evidence of diagnosed depression might simply have reflected differences in the men's willingness to seek medical help.

Why such differences might exist is open to debate. For example, Freund and McGuire have argued that 'Orthodox Western biomedicine is only one of several healing systems available in most societies. Other options include nonallopathic practitioners and various indigenous healers and healing groups. The individual, then, has a range of help-seeking options' (1999: 186), and these could include such things as leaning on family and friends for emotional support rather than 'treatment' *per se* (see also Bury, 1997, Freidson, 1970). The presence of medically defined symptoms does not necessarily imply, therefore, that medical help will always be sought.

Gender may also play a role in shaping any decision to seek medical help. For example, the stoicism identified in the previous section could influence help-

seeking decisions, as could hegemonic masculine values that emphasise the need to appear strong and in control. As Bruckenwell et al have argued:

Seeking help is unmanly. That's what many men still think, and that's often what puts them off from taking care of themselves. It's this fear of unmanliness that keeps many men from visiting their GPs (1995: 3).

Yet essentialist statements of this type can be taken to task on the basis that all men are not the same, and given that none of the men admitted adherence to such 'macho' values when discussing their 'personal masculinities', how relevant it might be to the men who took part in this study remains unclear. But, as Table 5.3 illustrates, one thing is certain: throughout their lives men tend to visit their GP's less than women.

But can this pattern be explained by implicating 'masculinities' as the main reason? This is one possible explanation, but certainly not the only one. The tendency for women to seek medical help more than men could also be explained by the fact that they also report more ill-health throughout their lives, or even to specific health problems that women consult the medical profession for in relation to, say, childbirth and pregnancy (Annandale, 1998). To explain such differences in terms of men's 'attitudes' or gendered perceptions of illness alone is therefore problematic. Nevertheless, when asked the question: 'do you think men visit the doctor more, less, or about the same as women?', eight of the men (four unemployed and four employees) did refer to factors that could be seen as tied into masculine attitudes and behaviours.

Table 5.3 Consultation Rates With GPs or Practice Nurses by Age and Sex

		16-24	25-44	45-64
% consulting at least once per annum	<i>Male</i>	61.9	60.7	69.2
	<i>Female</i>	89.4	86.5	83.1
Average number of consultations per annum	<i>Male</i>	1.7	1.9	3.1
	<i>Female</i>	4.3	4.3	4.7

Source: adapted from Wilson (1998: 260). Data drawn from 4th National Morbidity Survey

Alan, one of the unemployed men, told me that he thought men were more embarrassed than women at the prospect of being examined, whilst Raj, one of the employees, thought that women worried about their health more than men:

Well men don't like being prodded about down the doctors do they, whereas women don't seem to mind. Maybe it's because we're more embarrassed or something. I know I feel that way (Alan).

Women are always down the doctors because they're worriers. I mean nowadays you do get men who are the same and if they so much as sneeze they're down the docs. But overall I think most men only go if they have to. I mean unless I physically cannot move I won't go. If I've just got a little cold or something I'll just go to bed and wait until it's gone (Raj).

Dave, on the other hand, another of the employees, referred to social role differences, but recognised that rather than an 'essential difference' (Schor and

Weed, 1994) between men and women, situational factors were the most important influence:

I think women probably do go to the doctors more than men because it's a way of coping with their responsibilities, whereas men tend to run away from that sort of responsibility by being at work...But women don't have a job, they have a responsibility...if we have a day off work we won't get the sack immediately just for having a day off work. I mean some of us even get paid for it, so it's not really that big a deal. But women go to the doctor because they have to get well, there's no up side for them because they just have constant responsibilities (Dave).

Whilst Naresh, a single, unemployed Asian, felt that men would be more likely to go to the doctor because, in his opinion, it was the man who had to bring money into the household:

I think men go more, although this is a guess like. But if you look at it, at the end of the day, when they've got a family it's mostly the man that's got to have a job. He's the one who'll be looking after the family and he's got to be able to work to do that (Naresh).

But whilst implying that gender differences in help-seeking were influenced by more than the existence of symptoms, the reasons they put forward seemed to be more complex than Bruckenwell et al's (1995) view that men perceive help seeking as 'unmanly'.

Such views also represented the opinions of a minority as the remaining men all told me they thought men visited the doctor just as frequently or infrequently as women. Yet apart from routine visits for such things as 'repeat prescriptions', this

was not a course of action that they embarked on as a matter of course. When asked when their last visit had been comments such as ‘how long’s a piece of string’ (Paul), ‘at least 12 months but probably longer’ (Alan), and ‘I can’t remember it’s that long ago’ (Tim) were common amongst employees and unemployed alike. The main justification for this was that they were rarely ‘ill enough’ to warrant a visit and that ‘minor’ illness such as colds and flu were things that they could self-medicate for without the aid of professional treatment. So the perceived ‘seriousness’ of ill-health seemed to be the major reason for infrequent visits to a GP.

Perceptions of ‘seriousness’ could themselves be influenced by masculine values and beliefs of course. For example, Wilson has argued that men internalise what he refers to as ‘learned stoicism’ during their socialisation, and that this partly explains why men not only seek medical help less than women, but also ‘why men seem less perceptive to symptoms and less able to accept that they may be unwell’, irrespective of whether they are consciously aware of this influence (1998: 261). However, as has already been argued, stoicism could equally be explained in class or human terms. Furthermore, the accounts of three of the men suggested that material and practical considerations were at least as important as any perceptions of seriousness influenced by a tendency towards stoicism.

Joe, one of the unemployed men, told me he rarely sought medical help for a chronic back problem. There seemed to be two reasons for this. Firstly, although he said that if his back was ‘particularly bad’ he would ask the doctor for pain killers, he also said that the benefits of these were minimal. The second reason for

not seeking help was financial however. He told me that in the past treatment by an osteopath had helped him, but he could no longer afford to choose this option because, at £70 per visit, his finances would not stretch that far.

Similar problems were raised by two employees, Paul and Arthur, both of whom said that taking time off work to visit the doctor meant losing money. Arthur felt that this problem was only likely to get worse in the future because so many employers paid sick pay at the minimum level. This was something that had been introduced at the nursery where he worked but which he saw as representative of a more general pattern related to the changing nature of work:

So many jobs now are casual work and you don't get sick-pay and you don't get time off, so you don't go (to the doctors) when you're ill. I mean it happened at the nursery. The first day you were off sick you lost your wages for that day, and people just carried on coming in really ill. You know, it's that sort of mentality. If you're going to lose money, then you're not going to stay off work (Arthur).

However, in this respect, and in one of the few instances where this seemed to be the case, the unemployed men were at an advantage: in as much as they did not face financial penalties if they chose to seek medical help. Perhaps then, this might have been one reason why a disproportionate number of the unemployed men seemed to have sought treatment for mental health difficulties. Alternatively, of course, the possibility of unemployed men suffering from more distress than the employees may also have been a factor. However, given the difficulties of comparison that were highlighted in the foregoing section, the extent to which this may have been the case was difficult to assess.

Nevertheless, seeking medical help for 'mental' as opposed to 'physical' ailments may also create something of a dilemma for men. In the case of depression, for example, presenting oneself in front of a doctor and admitting that you can no longer cope could potentially generate 'dramaturgical' anxieties (i.e. a mismatch between the 'face' a man wants to present to the outside world and the 'face' he believes he is presenting) if depression itself is perceived as a sign of weakness (Freund, 1999). This could then deter men from seeking such help in the first place, or alternatively, playing down their symptoms even if help is sought. As a consequence, doctors may fail to diagnose depression because, as Prior argues, 'Individuals who become patients present themselves in specific ways, and if the mode of presentation is not acceptable, the distress will go unrecognised' (1999: 43). It is here, therefore, that Bruckenwell et al's (1995) assertion that men regard seeking help as 'unmanly' may be relevant.

Some support for this came from the men themselves as, when asked the question: 'would you consider going to the doctors when you are feeling depressed or under stress?', seventeen answered 'no' (nine of these men were unemployed and eight were employed). But when asked 'why?', the idea that there was 'no point' was the most common explanation, although reasons for this varied. In line with the central theme that emerged throughout the discussion of help-seeking, most felt that their depression was never 'serious enough' to warrant medical attention. However, Tim, one of the unemployed men, was also concerned that his doctor would not take him seriously:

Imagine going to the doctor and saying that you're depressed. They wouldn't believe it I don't think because doctors, they don't think men suffer with it. I wouldn't imagine so anyway, not doctors (Tim).

And Keith was concerned that if he went to the doctors with depression he might become 'addicted' to anti-depressants. For this reason he avoided going and, as he put it:

You just carry on don't you. Life goes on and you say to yourself 'just keep moving on' (Keith).

He also believed that there was no point seeing a doctor for depression because they didn't have the time to sit and listen:

It's a very hard thing to put over to the doctor. I mean I have done once, but they can't do much for you. I mean stress, they can't do much. All they can do is say 'talk to somebody', but when you try to talk to the doctor the doctors always busy. You know, he's got a lot of things on his mind and they're always in a rush, doctors. So you just can't really talk to a doctor (Keith).

Keith had therefore constructed a 'rational' basis for his stoicism. Interestingly, however, as both of the last two quotations would seem to suggest, neither of these men necessarily accepted biomedicine's presentation of itself as a rational, objective, 'science' (Mishler, 1989). Indeed, this could provide one explanation why 'results from several surveys show that many serious mental and physical complaints go untreated' (Morgan et al, 1985: 77).

But issues of 'weakness' and/or feeling unmanly did not emerge, explicitly at least, as key issues - although one of the unemployed men, Joe, did make this connection when he said:

Well we're into that macho thing about not wanting to admit weakness, and I think most men would feel embarrassed to go to the doctor and tell him that you couldn't cope. I certainly would (Joe).

Interestingly, Joe defined his personal masculinity as 'just about having a bit of space to myself', and he made no initial reference to his identification with this 'macho' tendency. However, Joe was an exception. Furthermore, half of the men I spoke to expressed no reluctance whatsoever as far as seeking help for mental help problems was concerned. Indeed, six were receiving treatment for clinical depression at the time of the interviews, four had sought help within the previous twelve months, and one had sought help several years before. The remaining six stated that they were not fundamentally opposed to seeking help, it was just that, like any other form of ill-health, they had never considered their depression 'serious' enough. As Kyle put it:

I mean if I have to go and see the doctor then I'll go and see the doctor. But if I can get by without going then I will, and so far it's never been that bad (Kyle).

Table 5.4 Attitudes to Seeking Medical Help for Depression by Work Status

	Would not seek medical help	Have sought help in the past but not currently being treated	Have never sought help but would be willing to do so if necessary	Currently receiving help
Work Status				
<u>Employees</u>	8	3	4	0
<u>Unemployed</u>	9	2	2	6
Total	17	5	6	6

Table 5.4 summarises their views in relation to this issue by work status. As has already been shown, more unemployed men than employees were being treated for depression than employees, but apart from this pattern no clear association between work status and attitudes to help-seeking seemed to exist. Certainly the unemployed men had more time and less financial disincentives than the employees when it came to seeking help but, proportionately, only minor differences seem to exist in relation to their willingness to do so. Nevertheless, to explain help-seeking behaviour by reference to attitudes and perceptions alone is to ignore the material antecedents that may have given rise to any symptoms in the first place, along with availability of resources that would have perhaps enabled the men to 'cope' with their feelings in other ways.

But by way of a summary, on the basis of the men's accounts help-seeking behaviour seemed to depend on a range of different factors, including material constraints, perceptions of 'seriousness', and the perceived therapeutic benefits of

seeking such help. There was also evidence that perceptual and role differences between men and women played some role in shaping patterns of help-seeking, and although fears of appearing 'weak' or 'unmanly' were rarely cited by individual men, the role of such fears could not be dismissed altogether. Indeed, precisely because admitting to 'fear' could itself be regarded as problematic, lack of reference to this fear could be interpreted as evidence of its existence. It could, for example, be seen as an underlying reason behind the stoicism and associated tendency to regard depression as rarely 'serious enough' to warrant medical help. However, as has been pointed out, some caution is required before attributing stoicism to masculinities alone. What was apparent, however, was that a diagnosis of mental illness depended on more than just the existence of symptoms that generated an automatic help-seeking response.

5.4 Concluding Comments

Several key issues have emerged from the analysis in this chapter. Perhaps most significantly, feelings of depression appeared to be more widespread than the men's initial assessments of their 'mental' health status suggested, as a tendency to 'under-report' permeated the men's accounts. There seemed to be a range of underlying reasons for this. In relation to their self-assessed health status, the criteria the men drew upon were not always confined to whether or not they felt down or depressed. Instead, their perceptions of their ability to cope with material hardship, their perceptions of how 'serious' any symptoms that they did experience were in relation to their own past experiences and the experiences of

others they knew, combined with a general tendency towards stoicism, all contributed to how they assessed their health. Stoicism also appeared to influence their willingness to seek medical help, although here concerns over the therapeutic benefits of doing so, as well as material considerations, i.e. the prospect of losing money, were also identified as important factors.

Masculinities, in relation to men feeling 'embarrassed' about visiting a doctor, perceptions of differences related to men and women's social roles, and the 'responsibilities' that went with them, were also implicated, as was the 'macho thing', in relation to a fear of appearing weak. However, only one man mentioned this last influence and so some caution is required. Nevertheless, it was argued that such fears might also have underpinned the general tendency towards stoicism that was so common, along, perhaps, with a wish to be perceived as someone who was strong and in control. Indeed, despite the diversity that the men's accounts revealed, the general tendency to under-report mental health problems did seem to point to the existence of common antecedents. Contrary to what the analysis in Chapter 4 suggested, the men may, therefore, have adhered to a common set of values, including those associated with 'macho' notions of self-reliance, emotional inexpressiveness, fear of appearing weak, etc., to a much greater extent than they were initially willing to admit to. Alternatively, perhaps such values were largely 'mind-independent' (i.e. values and beliefs that the men did not consciously recognise as gendered), and consequently, not something the men were explicitly aware of (Sayer, 1992).

The 'mind-independence' of such values, if indeed they did underpin the men's tendency towards stoicism, nonetheless renders any emphatic statement concerning their existence problematic. It would also be wrong to explain the tendency to under-report in terms of masculinities alone. The men also made many references to material difficulties creating additional pressures and problems throughout the chapter – which, in turn, of course, can be seen as related to the men's class position and the material disadvantages associated with it (see Chapter 3). Alongside these influences the role of individual perceptions and perhaps even the ability to fulfil 'human needs' (Doyal and Gough, 1991) may also have been important.

Work status also appeared to be related to the men's health status more generally, as the unemployed men appeared to be at greater risk of mental health problems such as depression to a greater extent than the employees. However, this tendency only existed in relation to 'illnesses' that the men had received medical attention for, and when it came to the men's self-assessments of their 'mental' health this pattern was far less clear-cut. Indeed, the various criteria that the men drew upon when assessing their health also rendered any comparisons between the men difficult.

This problem also appeared to have wider implications in relation to the way psychosocial health has been measured in large-scale surveys. Whilst much of what we currently know about men's psychosocial health has been derived through large studies such as the Health Survey for England, the analysis suggested that instruments such as the GHQ (Goldberg, 1972), which ask research

participants to assess their current health in relation to their previous health experiences, may well have underestimated the extent to which men actually suffer from psychosocial health problems. By focussing on recent changes in feelings, rather than feelings that are 'always there', it is possible for individuals who are 'usually' very depressed to achieve a low score on the GHQ score (which is interpreted as meaning an individual has 'good' psychosocial health). It was also argued that measures of psychiatric morbidity based on diagnosed conditions were no less problematic, because decisions to seek medical help are always influenced by more than just the presence of symptoms.

In the process of exploring these issues what this chapter has shown is that, far from being an unproblematic 'outcome', men's willingness to report and seek help for psychosocial health problems is itself influenced by a range of factors, some of which are gendered, as individuals engage with, and attempt to make sense of, their environments. Seen in this way, health status can be regarded as being embedded in stress-related transactions rather than simply an 'outcome' of those transactions. Indeed, how men assess their health status can be seen as part of the appraisal process more generally.

Chapter 6 now goes on to explore this appraisal process in more detail by focussing on the reasons for the feelings of depression that so many of the men admitted to. In so doing it investigates, *how*, *if*, and *why*, material circumstances, particularly the men's relatively low levels of income, were perceived as sources of stress by individual men, how such perceptions combined with masculinities to

shape such perceptions, which aspects of masculinities were important in this respect, and how such processes were crosscut by the men's work status.

Chapter 6

Feeling ‘Stressed’: Experiencing Life on a Low Income

The foregoing Chapters have set the scene for the issues the remainder of this thesis now explores. What has been shown so far is that masculinities do have relevance to the lived experiences of actual men. Thus far, however, precisely which ‘attitudes’ and ‘behaviours’ play the most important role in shaping men’s psychosocial well-being remains an issue that would seem to require further investigation. Although there was some evidence to suggest fears of appearing weak, stoicism, and a more general concern with coping with difficulties had played a role in shaping health assessments and help-seeking behaviour, these were not values or characteristics that any of the men explicitly associated with their gendered identity. There was also little evidence of any association between the ‘personal’ themes raised by the men in Chapter 4, and those that emerged in Chapter 5. What did emerge from this analysis, however, was a general tendency to ‘under-report’ ill-health, as well as a strong indication that many of the men experienced feelings of depression to a much greater extent than general epidemiological evidence would suggest as likely.

Taking this last finding as its starting point, this chapter works back from the men’s health assessments and examines why so many experienced feelings of depression, and what processes this involved. In so doing it also explores how

masculinities (in terms of the explicit themes raised by the men in Chapter 4, and values and beliefs that appeared to have more in common with the ‘macho’ values they had previously denied identification with) combined with material difficulties to shape their stress-related perceptions, and how these, in turn, impacted on their sense of well-being. It therefore addresses the experiential aspects of the question: *how do men on low incomes experience and respond to their situations, what role do masculinities play in shaping those experiences and responses, and what impact does this have on their psychosocial well-being?* Along the way it also examines the issue of work status, and how this mediated the men’s experiences in various ways.

To use Lazarus and Folkman’s (1984) stress-related terminology, the focus of this chapter will therefore be about men’s ‘cognitive appraisals’ of their situations, and the meanings they constructed around the difficulties that many of them faced. However, consistent with the broadly ‘realist’ framework within which this thesis is situated, these ‘appraisals’ will be firmly located in the materiality of the men’s lives, the resources that were available to them, and their ongoing attempts to cope with their difficulties, often at an emotional price. Biographies (by which I mean the past, present and hoped for features of people’s lives) will also be brought more clearly into focus than has tended to be the case in existing ‘stress and coping’ research.

In doing this the analysis first focuses on how the participants described the stress of life on a low income, before moving on to discuss how continuity and change gave rise to various forms of what I refer to as ‘biographical disruption’

and 'biographical dissonance'. The chapter then examines how work and unemployment served to create additional, and qualitatively different, sources of stress for the participants. The influence of masculinities in shaping these experiences will also be discussed throughout, and the concept of 'covert masculinities' will be introduced as one way of understanding the contradictions and uncertainties the men's accounts revealed. Finally, the chapter concludes by arguing that material circumstances and relative assessments both played a role in shaping the men's psychosocial health and well-being, and that masculinities mediated these processes in a variety of ways, some of which could be described as 'covert' rather than 'overt'.

6.1 *The Stress of Life on a Low Income*

People on low income are continually exposed to potential sources of stress, even though many 'show great resilience and resourcefulness' in their efforts to deal with the problems that their lack of financial resources creates (Kempson, 1996: xi). Yet their ability to 'cope' does not resolve the root cause of their difficulties, and however skilled individuals may be, constant exposure to 'stressors' can all too often leave their mark on their psychosocial well-being.

Nevertheless, little agreement exists as to why this should be the case. Wilkinson (1996), for example, emphasises the combined role of relative income assessments and poor social cohesion, whilst Lynch et al insist that 'links between income inequality and health must begin with the structural causes of inequalities,

and not just focus on perceptions of that inequality' (2000: 1202). Consistent with this neo-materialist approach, Fryer (1995) has also pointed to the ways in which poverty and unemployment restrict human agency and damage self-esteem, whilst Jahoda (1982), whose analysis has more in common with Wilkinson's work, has emphasised the importance of psychosocial factors connected to employment status that render the unemployed more 'vulnerable' to psychological distress. There is also, as we have seen, evidence to suggest that such processes might be mediated by values and beliefs associated with masculinities (see Chapter 2).

To assess precisely which of these factors played the most important role in shaping the psychosocial health of the participants, this section turns to the accounts of the men themselves. In so doing it explores how a range of financial problems impacted upon the men's well-being by discussing two emergent themes: the men's descriptions of 'stressful' experiences, and the related difficulties sources of stress gave rise to. As a precursor to this, the meanings the men attached to the term 'stress' are also considered.

Feeling Stressed

Whilst it has been argued that stress is best conceptualised as a process, this is not necessarily compatible with non-academic usages of the term (Helman, 1994). Indeed, for this reason all of the men were asked what, precisely, they thought stress was, and their replies indicated that, rather than a process or a source of difficulty, it was associated with a 'feeling', i.e.:

Stress mainly just means that you feel dead low in yourself like (Aadarsh).

It's about worry and discontentment with, well, whatever. It's a state of mind I suppose (Steve).

I think it's just about feeling down (Brian).

However, several men also linked such feelings to the notion of 'pressure':

Stress is built on pressure. All the little aggravations that build up inside you and make you feel like you're going to explode (Chris).

I think it's just a multitude of things that build up on top of you (Len).

Whilst one employee related it to feeling out of control:

It's about not having control and not being able to think straight about something that's important. You know, anything really that you just can't get your head around because you don't know what to do about it (Ben).

But were these 'feelings' any different from the 'depression' the men talked about in Chapter 5? To clarify this issue the men were asked whether or not they thought stress and depression were related. Their replies were broadly divided into two camps. Fourteen (six employees and eight unemployed) told me stress and depression were exactly the same thing:

I think they both come in together. They're the same thing really; it's just two different names for it (Darren).

Whilst the remainder described it in terms of a forerunner to depression:

Depression is normally the end result of stress. Depression's just gone one stage further (Nigel).

In addition to this association of stress with depression, there was also widespread agreement that stress and ill-health more generally were related. For example, one employee told me that he often suffered from a bad stomach when he felt under stress:

Over the years I've come to realise that I get a bad stomach when I get stress. You know, if you have a really bad day or something really awful happens. You know, when you really get bad depression or things aren't going your way, then you can get really poorly and ill (Arthur).

Other stress-related symptoms referred to by the men included asthma attacks, colds and flu, stomach ulcers, chest pains and even hair loss. By far the most frequently mentioned problem, however, was sleep disturbance. Indeed, twenty-three of the men told me that when they felt 'stressed', they suffered from insomnia.

Contrary to any Cartesian notion of mind and body existing as separate, unrelated entities, it therefore seemed clear that interactions between the two were very much an embedded feature of the men's knowledge about ill-health. However, at this stage none of the men talked about what 'caused' them to feel

‘stressed’. When subsequently asked this question it nonetheless became clear that many of their experiences had common antecedents.

Endless Pressure and Future Fears

The most striking theme to emerge from my conversations with the men about the ‘causes’ of stress was the degree of similarity their accounts suggested. Financial problems, in particular, seemed to lie at the heart of the difficulties that both the employees and the unemployed experienced. However, there was also a tendency, in line with the ‘stoicism’ identified in Chapter 5, for them to dismiss such problems on the basis that they were just a ‘routine’ part of everyday life. As Harry, one of the employees, stated:

Well I get stressed out about money and that, with bills coming in and never having enough to pay them. I mean we can manage, but at the time you do get stressed out about them. But at the end of the day you always seem to get by, even though you worry about them when they do come in (Harry).

Consistent with the ways in which they had previously defined stress, references to feeling ‘under pressure’ were also common, with material ‘pressures’ identified as the main source:

It’s the pressure on you when it comes to paying the food and paying the electric and that. I mean I always pay my electric and my gas. But when the bills come in for fifty or sixty quid, well that’s a struggle, that’s a lot of pressure (Darren).

Concerns about an uncertain future also preoccupied many of the men, although the way this was expressed varied. One of the unemployed men, for instance, said he worried about household appliances breaking down:

I'm always worried about things going wrong or things breaking down. Like for example, if the freezer broke, well that would be dreadful. I don't know what I'd do because I couldn't afford to replace it (Alan).

Whilst an employee said he suffered 'a lot of stress' because of job insecurity - an issue identified as a significant influence on psychosocial well-being, especially if future unemployment is anticipated (Bartley et al, 1999):

Well I'm always afraid that I could lose my job or something. I suppose what makes me feel under the most stress is just the constant pressure of never knowing how secure I am and whether I'll have enough money coming in from week to week (Dave).

But despite these worries and pressures taking a variety of forms, a fear of not coping with ongoing or future disparities between their incomes and expenditures appeared to underlie much of what they described. This lent support to Fryer's (1995) 'restricted agency' theory, as he identified 'uncertainty' about the future, itself linked to material factors that could 'restrict' an individual's ability to overcome their problems, as a significant influence on psychosocial well-being.

The ability to cope was also mentioned in Chapter 5 when the men talked about their 'mental' health, and given that traditional ideas associated with masculinities emphasise characteristics such as self-reliance and rationality, the

possibility that these fears could be attributed to masculinities suggested itself. Like the tendency towards stoicism identified in Chapter 5, some caution is nonetheless required in attributing this to masculinities alone. It could, for example, be interpreted as a 'human need' for autonomy. As Doyal has argued, such 'needs' are based on 'the ability to reason and to act on the basis of reasons. These attributes create the unique human potential to choose future goals and actions: to plan one's life' (1993: 115). If Doyal is correct, then the frustration of such needs, or even the fear of such frustration through the 'restriction' of agency (Fryer, 1995), could well be perceived as a source of stress by anyone unable to fulfil this need. In turn, however, this also raises questions of ontology (i.e. the nature of being) that are difficult to verify by empirical means.

Nevertheless, if we accept that, at an ontological level, 'human needs' influenced what the men described, this does not mean masculinities played no role. As Lazarus and Folkman have argued: 'A threat appraisal can arise without the person clearly knowing the values and goals that are evaluated as endangered' (1984: 52). They imply, therefore, that some values and beliefs can remain 'mind-independent', and gendered values and beliefs could well form part of these. Perhaps then, and this is necessarily a tentative proposition, masculinities have, to borrow a term from Real (1997), a 'covert' (hidden) component that remains a 'passive' (i.e. not consciously reflected upon) element of masculine subjectivity, but which nonetheless continues to affect how men think and act?

This possibility will be explored in more detail as the analysis proceeds. However, the role of masculinities did emerge more tangibly in the form of comments made by two men about their family ‘responsibilities’:

I think what causes me the most stress is the demands that I place on myself to make sure that the money comes in to pay the bills. I suppose it’s all linked to this stuff about what I think I should do, and what I think my responsibilities are (Kyle).

I put a lot on myself. I have to put pressure on myself otherwise I wouldn’t get out of bed in the mornings and I wouldn’t take care of my responsibilities (Dave).

Both Kyle and Dave identified with the breadwinner role (albeit in a ‘loose’/ ‘flexible’ way), and it seemed clear that their ideas about ‘responsibility’ were tied into this. What both men’s statements illustrate is that stress, in the form of the ‘pressure’ these men experienced, was not simply about material difficulties, but also about the ‘pressures’ the men put themselves under, as men and breadwinners, in order to deal with material difficulties. Thus, their experiences could be seen as an outcome of the combined influence of material constraints, gendered beliefs, and the ‘practices’ (Connell, 1995) these gave rise to in order to ensure compliance with a hegemonic, masculine norm.

But how do these accounts relate to the broader theoretical positions mentioned at the beginning of this section? Much of what the men said lent support to Fryer’s (1995) notion of ‘restricted agency’. Poor material situations appeared to generate stress-related feelings because of the restrictions they placed on the men’s ability to ‘initiate, influence and cope with events in line with

personal values, goals and expectations of the future' (1995: 270). In contrast, relative income assessments and the 'latent' functions of employment did not appear to be key factors (Jahoda, 1982). Contrary to what much of the men's health literature has suggested, there was also little evidence at this stage to indicate any form of identity dilemma created by the 'performance' of the breadwinner role being 'inhibited' by poverty (Fryer, 1995: 271). However, adherence to the role, for two of the men at least, provided a source of motivation to cope with financial difficulties, albeit one that could also serve as a source of stress in its own right.

These 'pressures' and feelings of uncertainty were only part of the picture however. As the interviews progressed it also became apparent that the difficulties the men described often gave rise to a range of related problems as the men attempted to deal with the situations they found themselves in.

A Cycle of Stressful Transactions

A central component of Lazarus and Folkman's (1984) 'transactional' model of stress is the inclusion of a temporal dimension that takes accounts of the way that sources of stress can change their form as individuals engage with their environment. The men's accounts lent support to this notion as initial pressures and uncertainties were often only a single link in a chain of transactions. The impact of these transactions on individual men depended on a range of factors, particularly their family situations, and single men seemed to suffer much less than those who lived with wives, partners, children, etc. Nevertheless, four issues

emerged as key concerns: the effort of 'making ends meet'; 'doing without'; financial arguments; and debt.

'Making ends meet' was spoken about in both positive and negative terms. Whilst all the men found 'scrimping and scraping' a 'stressful' experience, many were proud of their money management skills. Khashif, for example, one of the unemployed men, described how he carefully planned the household expenditure:

I'm always worrying about how we can save money. But with the low income I'm on I just try to work my spending out and just make sure I can pay the bills. The first thing I do is pay the bills before anything else... I sit and plan and work it all out, and with the gas, the electricity and things like that I just use the amount that I can afford (Khashif).

This form of 'management' could nonetheless create other sources of stress because of the difficult decisions it entailed. For example, prioritising the needs of some family members over oneself was a common theme, especially in relation to ensuring children were fed and clothed. As Joe, one of the unemployed men, said:

If you're going to manage it properly you have to go without yourself. But as long as you make sure that the kids have got what they need, then that helps a lot (Joe).

Joe admitted that he found this aspect of his life 'stressful', but as long as he felt that he had 'managed it properly', he said he could 'cope' with 'going without' himself.

Yet 'going without' did not necessarily mean that men and women bore this hardship equally (see Kempson, 1996). Indeed, some evidence of dietary differences between men and women were indicated in several of the employees' accounts. For example, Paul, one of the employees, commented:

We make sure that the children are eating but we do without ourselves because, well, it's the right thing to do and it becomes the natural thing to do. I mean the wife, for example, she goes without food herself to give it to me so that I'm fit and healthy to go to work. Because she knows that if I can't go to work I'll be like a bear with a sore head because I'll lose money (Paul).

The roles men adhered to, as well as the relative status that both men and women attached to such roles, therefore had the potential to shape the practical strategies that were used to deal with material hardship. Indeed, Paul felt that he 'should' be the breadwinner in his family, and on the basis of his account he appeared to regard this role as more deserving of the household's limited resources than his wife's - despite describing his relationship as an 'equal thing'. Yet he also said that his wife supported him in doing this, and nothing he told me suggested this caused any tension between them.

Similar comments were made by many of the men regarding what they believed their wives and partners thought their role in the relationship should be, and even those who rejected the idea of being a breadwinner occasionally made reference to feeling 'under pressure' to conform to this stereotype from wives, partners, girlfriends, and their peers. Yet much of what they said also suggested they received support and encouragement from them when difficulties arose. But

expectations could also lead to accusations and arguments when financial pressures started to mount. One of the unemployed men, for example, said that he and his wife argued about money problems 'all the time'. He laid the blame for these arguments firmly at her feet because he felt that she spent money without thinking of the consequences:

If she had a hundred pounds she wouldn't think twice about spending it. She just doesn't bother. She doesn't think of the next day when there's nothing left... So it's always on my shoulders to sort it out (Darren).

Yet, according to him, his wife blamed their difficulties on the fact that he was unemployed, and he said that she threw his accusations back at him by making comments such as 'you want to get out and get a job'; implying that their situation was his fault. Darren told me that the frequency of these arguments had 'destroyed' their relationship to such an extent that:

We don't talk to each other much now because in the end it always ends up in rows. I mean we've been married for 23 years now but we just don't bother with each other anymore (Darren).

Arguments of this type were apparently common, although on the basis of what the men told me they were usually resolved more amicably than in Darren's case. It nonetheless seemed clear that potential sources of social support - in terms of the emotional support that a spouse could provide - could easily turn into sources of stress as the 'stressful commerce' in the men's lives gained momentum (Bartlett, 1998). Thus, as Freund and McGuire have pointed out, 'social support

should not be treated as a stable, constant factor', as financial difficulties or unemployment 'may put a strain on the entire family relationship' with the result that even 'intimate relationships' can become problematic (1999: 104).

Against a background of such difficulties it is hardly surprising that, for some, the need to 'get by' became an urgent imperative that led to short-term decisions with long-term consequences. For instance, many told me that they had borrowed money to resolve financial problems. In doing this most had asked friends and family for help rather than applying for 'official' loans - an option which their levels of income largely precluded. This was something the Asian men I spoke to appeared to resort to on a regular basis. Indeed, Naresh, one of the unemployed Asian men, told me that in 'their culture' they 'expected' help from extended family members if they fell on 'hard times'. However, he also said this could serve as an additional source of 'pressure':

Food, clothes, bills and that are no problem. You just borrow the money... But it's when it comes to paying it back, that's when the stress comes (Naresh).

Asian men were not alone in experiencing these 'pressures' however. Leslie, a single, white, unemployed man, told me he was caught up in a cycle of debt. He said he constantly resorted to pressing the 'emergency' button on his electric meter (which allows use of a limited amount of electricity without payment) because he always ran out of money prior to his giro arriving. He also borrowed money from his sister each week so that he could afford essentials such as food. Reflecting on this he said:

On giro day I'll get a tenner's worth of electric cards, but I've only really got a fiver's worth haven't I? So I'll stick that in, but I've only got a fiver's worth when I've paid off the emergency. So I'll have to press the emergency again before the next giro arrives, and then I'll probably have to borrow back the tenner that I've just paid back to my sister, otherwise I won't be able to manage. But then I'll have to do the same again next time round. So it's just constant stress (Leslie).

This 'constant stress' could result in more worry, more pressure, more difficult decisions, more family arguments, and, ultimately, more debt as the men tried to keep their heads above water. Thus, sources of stress and the men's attempts to cope with that stress appeared to be related to each other. Indeed, whilst the men certainly exercised their agency in a range of different ways, there was often an emotional price to pay in terms of the additional 'pressures' this could then give rise to.

However, not all outcomes were negative. For example, many of the men had managed to pay off large debts and now actively avoided borrowing money from anyone. Far from being passive victims of their circumstances, therefore, their accounts indicated that many had become 'experts' in making ends meet, despite the stress this could involve. This is not generally recognised, although much of the gender-related literature has pointed to the expertise of women who manage limited budgets (e.g. Graham, 1993). Yet what the men's accounts appeared to show was that they had developed such skills as well. That said, all of those who lived with wives or partners also admitted that the day-to-day juggling of the budget, in terms of actually paying the bills and buying the necessary food, was something the women in their lives took the major responsibility for. Hence,

although 'making ends meet' was a source of stress for men as well, women continued to 'bear the brunt of these continual worries' (Kempson, 1996: xi).

Nevertheless, the potential for stress when resources were limited seemed to be vast. Financial problems clearly lay at the heart of the men's difficulties, but role expectations (especially in relation to being a parent and/or a breadwinner), even 'flexible' ones, also appeared to make a contribution. It was here, therefore, that masculinities, in terms of what the men expected of themselves and what they perceived their wives and partners expected of them, seemed to play one of the most tangible roles, especially for men who lived with wives and partners. Single men, in contrast, did not raise the issue of role expectations, although they also talked about the difficulties of making ends meet and going into debt. But what all appeared to suffer from was a sense of uncertainty about the future. As Dave, one of the employees, put it:

It's a fine line between providing for your family and ending up an alcoholic selling the Big Issue, and there's always the possibility that you could go either way (Dave).

In the context of this uncertainty many found themselves reflecting upon their lives in ways that brought issues of self-esteem and self-worth sharply into focus.

6.2 *Troubled Biographies*

Whilst Lazarus and Folkman (1984) emphasise the role of ‘cognitive appraisal’ in the stress process, they confine their discussion of appraisal to a ‘basic distinction’ between ‘primary’ and ‘secondary’ appraisals - the first refers to an individual’s evaluation of a situation, the second to whether or not they believe they can do anything about it. Much of what has been discussed so far can be seen as falling into these categories. However, as the interviews progressed it also became clear that the men’s experiences were not confined to appraisals of specific (or future) events or situations. Rather, what I call the ‘biographical appraisal process’ also seemed to take place, in which concerns about their lives more generally were reflected upon.

This section explores issues raised by the men in relation to these ‘biographical appraisals’ by analysing two dominant themes. In both, theoretical concepts from sociology and social psychology will be drawn upon to explore how both change and continuity in the men’s lives, which are respectively referred to as ‘biographical disruption’ and ‘biographical dissonance’, influenced the way they appraised their lives in relation to their future goals and their sense of self-worth.

Life Changes and ‘Biographical Disruption’

The concept of ‘biographical disruption’ was developed by Mike Bury (1982) as a theoretical device for understanding how difficult circumstances disrupted an individual’s relationship with the world, their explanatory frameworks, and their

sense of self. He described this as occurring when individuals had been diagnosed with some form of chronic illness. But, as Williams (2000a) has recently pointed out, it could also be seen as an aetiological mechanism (i.e. as a factor that could influence ill-health). Indeed, he goes on to say that, implicitly, it is already a theme in much of the existing life-events literature, as life-events are themselves a 'disruption' of sorts (see Chapter 2 for a discussion of 'life-events' research). In a similar vein Nettleton and Burrows have argued that 'biographical disruption' can occur when individuals are faced with financial difficulties because of the changes these often demand - i.e. getting used to less money in order to pay off a debt - and they argue that these can have 'profound consequences' on such things as an individuals' self-esteem (1998: 186). If seen in this way biographical disruption could therefore be viewed as a dimension of the stress process.

These ideas were relevant to an issue raised by a number of the men: namely, the impact certain life-events had played in shaping their well-being. But in contrast to the rather individualistic tone of much of the existing life-events literature, their accounts suggested that much of the significance of specific events was due to the fact that they rendered what were already very difficult circumstances much worse. They nonetheless affected the men in a number of different ways.

The biographical changes events gave rise to appeared to represent a source of stress in their own right, irrespective of whether or not they affected the men's self-esteem. For example, Paul had recently been made redundant and, although he had managed to secure another job almost immediately, this involved a

substantial drop in income. This had 'devastated' him because of the way in which he had been forced to modify his expenditure:

Whereas I used to be able to go to the bank and draw out say a hundred pounds, or one hundred and fifty pounds, and didn't have to worry what I was spending it on, now I can draw about sixty to ninety pounds. But that has to go on petrol and cigarettes. We don't go out now. Mind we haven't gone out for years, but we can't go out now. And Christmas is what, just over a month away (Paul).

So his new situation not only resulted in him having to 'cut back', it also created fears for the future, i.e. how to pay for Christmas, as well as focusing his attention on the fact that 'going out' was no longer a matter of choice. He admitted that he occasionally felt 'on a real downer' because of this. But whilst this was clearly a difficult period in his life, he was also proud he had avoided unemployment, and his self-esteem appeared to have remained largely intact. As he commented:

It's not about that. That's something that's inside of you that's got nothing to do with money. It is for me anyway. Money is just about hassle. That's what I think anyway (Paul).

Not all men who had experienced a life-event felt the same way however. For instance, an unexpected epileptic fit had generated a variety of problems for Jim. This disruption had resulted in forced biographical changes, such as having to give up driving and drinking alcohol, both of which he described as a source of 'irritation'. But what really concerned him was the possibility of finding himself out of work if it happened again. He told me he was continually 'stressed out' about this because he had only just started to get back his 'self-respect' following

an extended period of unemployment, and he felt that he would lose this if he lost his job because:

I want to be able to hold my head up high and not have to live off the dole. You know, I want to shout to the world: 'I'm a taxpayer' (Jim).

Yet whilst admitting that it had made him feel 'a bit down', he felt that to 'allow' himself the 'luxury' of feeling depressed would only worsen his future job prospects:

If I go on the sick for depression no employers going to want to know you. I mean there's always going to be some sort of pressure at work and they don't want someone who's just going to fly off the handle at the first sign of pressure (Jim).

The need to retain self-respect, along with a realistic assessment of the job market, therefore influenced his experience and response to an event which, potentially at least, threatened the foundation upon which his self-respect was based.

However, for one man self-esteem was tied into more than financial independence. Ben had recently been through a bankruptcy that had disrupted his family's life. Describing this he said:

I think it was the bankruptcy that was the main cause of my stress. You know, people I cared about were going to be affected by something I couldn't do anything about. It made me feel really helpless, you know. My self-esteem really took a knock and it was then that I started to get depressed (Ben).

Feeling helpless in the face of a situation that affected people he was 'responsible' for also impacted on his sense of himself as a man. At one point he even started to question his own 'manhood' because he felt that he was 'failing' to fulfil the expectations and needs of people who relied on him. These 'dramaturgical' (Freund, 1998) anxieties seemed to have affected Ben far more than many of the men that I spoke to, and, in part at least, appeared to be related to his personal belief that it was his role to be the family breadwinner. However, the fact that he *was* responsible for people, irrespective of whether he and others felt that he *should* be responsible for people, played at least as an important a role. As he put it, 'it's the fact that if you're responsible for anybody, then you don't want to let them down'. Unfortunately, he did feel that he had let people down, and he came to the conclusion that he only had himself to blame:

Well I felt a fair amount of desperation at the time because of the sort of self-analysis I went through as to why it all happened... You know, I was being forced to think, 'how the hell did I get into this', and 'I could have seen this coming', and 'why do I do these things'... And I felt very isolated because a lot of the answers that I came up with weren't particularly positive. They were to do with the conclusion that it was just me (Ben).

These 'why me' questions have been identified as crucial components of 'biographical disruptions' related to chronic illness, in which people engage in 'narrative reconstruction' as part of 'coming to terms' with their condition (Williams, 1984). In his qualitative study of people suffering from arthritis Williams found that individuals constructed stories, or 'narratives', to explain the onset of their illness in ways that lent meaning and a degree of order to their lives. These 'narratives' formed part of an 'interpretative process' in which people

reflected on their biographical experiences in ways that allowed them to reconstruct the past and forge meaningful connections with the present, and to 'reconstitute and repair ruptures between body, self, and world' (1984: 197). In this sense they were also a form of what could perhaps be called 'biographical reconstructions', as biographies, and the attempt to set individual biographies into a meaningful framework, were central to this process.

Ben's attempt to address the 'why me' questions can also be seen as an attempt to reconstruct his biography in a meaningful way following his bankruptcy. Unfortunately, rather than allowing him to 'come to terms' with this biographical event his self-analysis was far from positive. His inability to explain the 'why me' questions satisfactorily resulted in him seeking medical help for depression. And whilst he told me that he had now managed to come through his 'depths of despair', he doubted he would ever completely regain his sense of self-worth.

Biographical disruptions associated with significant life-events therefore represented potent sources of stress for several of the men. Moreover, the impact of these disruptions largely stemmed from the fact that they resulted in material changes in the men's lives that created additional hardships - and this is not something the 'life-event' literature has tended to address. However, past experiences, future fears, the social roles they found themselves in, their values and beliefs, and their perceptions of how much control they had over their situations also interacted with each other to differentially shape the way in which events and changes in material circumstances impacted on the men's well-being -

and masculinities, whether 'covert' or 'overt' (the opposite of covert, i.e. identification with the breadwinner role), could be seen as forming a part of each these things to a greater or lesser extent. Nevertheless, all their experiences had a common reference point: the 'material circumstances and practical contexts' of their lives (Sayer, 2000: 17). And, as will now be discussed, such disruptions only served to worsen the issues of self-esteem that many had already reflected upon.

Continuity and 'Biographical Dissonance'

Whilst the concept of 'biographical disruption' captured how the men felt when exposed to specific events, events were not a necessary precondition for 'biographical appraisals' to take place. Compared to the theme that will be explored in this section they were also mentioned relatively infrequently. What appeared to be far more pertinent were their perceptions of a mismatch between their actual lives and the biographies they would ideally write for themselves if their material circumstances allowed. This theme was mentioned on no less than fifty-three separate occasions, albeit in a variety of different forms. The 'lack of control' many felt they had over their lives nonetheless seemed to lie at the heart of their concerns.

At one level, for example, many men talked about feeling 'stressed out' because they could not afford to do or buy the things they wanted to:

Not having enough money means that you don't have the sort of freedom that you wish you could have. You can't just turn round and decide to buy something or go somewhere, and not being able

to make that decision makes you think about your life and just makes you wish you could improve upon your lot (Joe).

I think it all really boils down to money. You know, if you had a few quid then if you need fags or you need food, or anything else for that matter, then you could just go out and get it. But because you haven't got the cash you just end up sitting there thinking 'I can't do this and I can't do that' (Leslie).

Bauman's (1998) view that the experience of poverty is now tied in to people's perceptions that they are 'flawed consumers' appears relevant here, because the inability to take part in a 'social feast to which others gained entry' can serve to bring the relative dimension of poverty clearly into focus (Bauman, 1998: 38). Conceptualising the men's 'wants' in this way also allows us to locate them within a broader social context in which goals and aspirations can be seen as expressions of psychosocial 'need'. However, their apparent desire for more 'control' over their lives also suggested that aspirations to be a 'consumer' were, at best, only part of the problem. Furthermore, 'consumerism' only represented one dimension of this mismatch, as many described it in relation to more specific goals/aspirations.

Darren, for instance, one of the unemployed men, wanted a better social life:

The problem is that you can't afford to go out and have a few pints, and that's what I would really like to do. I mean I'd like to go out a couple of nights myself, and I'd like to take the missus out as well. But I can't do it. I just can't do it (Darren).

Darren's comments pointed to his experience of poverty being shaped by his perception of being 'excluded' from 'customary' activities that he regarded as

social norms. This is consistent with Townsend's (1979) classic notion of 'relative poverty', which emphasises 'exclusion' over and above the rather narrow concept of 'consumerism' that Bauman draws upon.

Graham, on the other hand, one of the employees, felt his life was no longer his own because financial circumstances had forced him to take a lodger who 'filled' the house with 'rowdy' friends:

I've been forced to retreat upstairs. You know, I've got all this stuff that I could do. I want to sit in front of the telly for an hour or two, or do some of the metal working that I do. So that sort of depresses me (Graham).

Whilst Chris described this mismatch in terms of his unfulfilled labour market potential. As a black man living in a 'white European country', he believed institutional racism had prevented him getting employment appropriate to his qualifications (HND in business studies). This was a source of 'psychological disappointment' for him because he had been forced to accept a low status, low paid job (door to door salesman) that 'wasted' his talents. As he put it:

Your talent and your drive and your application are saying that you should be at X, but the reality of it is that you're at Y. So it's not really the amount of money that you're earning...it's more a question of self-fulfilment. It's a self-worth issue as opposed to a net-worth issue to me (Chris).

But whilst issues such as wanting to go out for a drink could be seen as being influenced by 'masculine' values, there did not appear to be any explicit

connection between what the men wanted from life and their personal descriptions of their masculinity. The one exception to this was identification with the breadwinner role, but as the influence of this took place on a number of different levels it will be discussed in more detail in the section that follows. What was clear, however, was that these mismatches were frequently related to the men's sense of self-worth. But unlike Chris, who was something of an exception to the rule, most comments in relation to this pointed to self-worth being tied into the 'restrictions' that lack of income placed on the choices they were able to make; thus lending further support to Fryer's (1995) 'restricted agency' theory. As one of the unemployed men stated:

It's money that plays the huge role in causing stress, or rather lack of money. It plays a huge part in the way we feel about ourselves, our self-worth if you like. And you feel as though you can't do things if you haven't got it. So it does cause me a lot of stress because it stops me from doing things I want to do... so I have no control over my life (Samir).

At times we all want more out of life, whether that means more money, a better social life, or simply a job that we enjoy doing. Yet the crucial difference between such general wishes and what the men seemed to be talking about was that they felt 'trapped' in situations that were beyond their control. From a social psychological viewpoint, such feelings could be seen as an outcome of what Festinger (1957) called 'cognitive dissonance'. This occurs when there is an 'inconsistency' between an individual's 'cognitions', which Festinger defines as 'any knowledge, opinion, or belief about the environment, about oneself, or about one's behaviour' (1957: 3). In the event that such inconsistencies cannot be

resolved - in this case an inconsistency between the men's aspirations and the situations they found themselves in - Sennett has argued that this can lead to people feeling they are 'never getting anywhere' and 'always at square one'. As a result, they become a 'prisoner of the present, fixated on its dilemmas' (1998: 91).

This certainly appeared to form part of what the men were describing, whilst also having much in common with Fryer's ideas about poverty and unemployment cutting individuals 'off from the future, making looking forward and planning very difficult' (1995: 270). Yet there was also evidence that past experiences were reflected upon during this process. Hence, I prefer the term 'biographical dissonance' as a broader concept for understanding the way in which the ebb and flow of past, present and future experiences and aspirations interacted to create this perceptual miss-match.

The way past experiences influenced the men's experiences was particularly apparent in the accounts of three of the unemployed men, all of who were receiving medical treatment for clinical depression, and all of whom made reference to childhood experiences. Their accounts suggested early experiences had served to wear away their self-esteem in a way that rendered them, to use a term from the stress literature, more 'vulnerable' to ongoing sources of stress - a notion Brown and Harris (1978) endorsed in their study of depression in women. For example, Ian blamed his depression on the fact that his father had mistreated him as a child:

A lot of stress is through my background and my dad. I was the black sheep, and my brother was the black sheep, so we was ill-treated, locked in the bedroom all the time. We couldn't go nowhere, we weren't allowed out until we were 18. So we had a lot of distress ourselves, me and my brother... But a lot of stress like gets passed through your family. My mum always kept arguing with my dad, hitting him with a frying pan, things like that... And the reason why I was distressed a lot, and I was backward and that, and never went to school, was because of my father. He always had his favourites, his daughters, and he always put us two lads out of the way...he didn't want to know...we were pushed out, and locked in the bedroom all day and all night, and never went to school. That's had an effect all through my life (Ian).

Tony and Ron, both of whom felt they had been 'neglected' or badly treated as children, made similar comments. Tony had spent most of his childhood in care because, as he put it, 'my mum didn't want to know me'. He still felt depressed when he thought about this, especially as he had been sexually abused whilst in care. Ron, on the other hand, related his ongoing depression to his 'unhappy childhood' at both school, where he had been bullied, and at home, where his parents had largely ignored him. All three also found the material difficulties that they faced on a day-to-day basis stressful, but as Ron, in reflecting on the 'causes' of his depression, said:

I think there's always more than one thing that makes anyone depressed. And some of that impact is things that happen to you when you're a kiddie which you never get rid of. You bear permanent scars from that the rest of your life (Ron).

Ron's comment is consistent with growing evidence of a link between child abuse, particularly sexual abuse, and mental health problems in adulthood for those individuals who have experienced such traumas (see Pilgrim and Rogers,

1999: 87-90). However, depressive feelings were not, as has already been discussed in Chapter 5, confined to those who had been medically diagnosed with clinical depression. Such feelings were experienced by the majority of men 'on occasion', and 'biographical dissonance' appeared to open up one of the most potent 'psychosocial pathways' to such feelings, as references to 'feeling down' or 'feeling depressed' were common when the men reflected on these issues. Nevertheless, they also appeared to require a 'trigger'. Sometimes these 'triggers' were directly related to money problems, and on other occasions the cumulative effects of different pressures, or even the feelings of 'envy' or 'exclusion' that some admitted to feeling when they interacted with other people. For example:

It's when I have to spend money I can't afford. You know, you've got to buy something but you know you can't afford it. So it's when I have to go into debt. I hate that (Peter).

I certainly don't feel like that all the time. But it's when people say 'we're off to the States' or something. And I think to myself 'I wish I could do that' (Joe).

It's just the constant reoccurrence of things which builds up. It's like a computer crashing if it gets overloaded. I just get to the point where I can't take anymore and I crash (Kyle).

But ultimately, irrespective of what 'triggered' the process, biographical dissonance and depression did appear to go hand in hand, and in a way that brought self-esteem strongly into focus. These feelings were clearly grounded in the men's past experiences, their hopes for the future, and the brute materiality of their everyday lives. Moreover, they can be regarded as entirely understandable responses to the difficulties faced by the men. Indeed, consistent with the basic tenets of realism, it makes little sense to regard their perceptions as isolated or

entirely subjective perceptions, as they were clearly influenced by a range of material and ideological factors.

The biographical appraisal process, particularly in relation to biographical dissonance, also raises an interesting issue relevant to existing explanations for socioeconomic health inequalities more generally. Whilst much of what the men talked about resonated with Fryer's (1995) theory of 'restricted agency', the biographical dissonance process also lent support to Wilkinson's (1995) argument concerning the importance of relative status assessments based on income levels. At one level, for example, it could be seen as an outcome of individuals assessing their future prospects and situations in the light of what they perceive others around them possess. Indeed, the comment made by Joe, above, would seem to indicate just that. Not that assessments based on relative indicators of poverty are incompatible with Fryer's theory. Fryer has argued that relative poverty is a crucial influence on psychosocial health and that 'it is not just a matter of not having enough money' (1995: 271). But what the men's accounts appeared to suggest was that their actual income levels, and the 'pressures' and 'worries' these could generate, underpinned and even 'triggered' biographical appraisals based on relative assessments and future aspirations. These, in turn, then shaped the men's emotional responses to the sources of stress in their lives by impacting upon their sense of self-esteem and creating feelings of helplessness and frustration. Particularly in the case of those men who suffered unhappy experiences during childhood, this also appeared to be affected by the extent to which past experiences had influenced their 'emotional capital', in terms of their reserves of self-esteem, that they were able to draw upon (Williams, 1998).

But what of the role of masculinities, especially as regards men's adherence or otherwise to the breadwinner role? It is to this issue the following section now turns.

6.3 *Feeling 'Less of a Man'*

Given the role that self-esteem seemed to play in shaping the men's experience of stress, and also given the fact that many believed it was their 'job' to be the family breadwinner, the possibility of low income interacting with role identification (albeit 'flexible' identification) in a way that impacted on self-esteem seemed likely - especially as this is suggested in existing studies (e.g. Crowley, 1998). Comments made by the men in relation to 'biographical dissonance' also pointed to this possibility, as goals and aspirations were often tied into the notion of 'doing one's best' for the family. This was a dominant theme amongst those who identified with the breadwinner role:

I wish I could just do things better...but like I have to go to Wellesbourne market and that, and you're just buying low standard gear from there. I mean my kids would love Addidas trainers and stuff but I can't afford them. And like it does make you feel down in the dumps (Peter).

You feel guilty in yourself because you want to take the wife on holiday and give her a good life. You know, if you had the money. But you can't, you've just got to accept that. But it does make you feel bad (Ian).

Yet the men themselves rarely linked these feelings to issues of identity. Only Arthur, an employee, said he felt 'less of a man' because of his financial situation.

This, he told me, was because he was often forced into making financial compromises in relation to his family that he found 'depressing'. And when asked to describe this feeling he said: 'you feel less of a man, less of a person really. You don't feel right inside'. Describing what 'triggered' this identity dilemma he said:

Well not having cared very much about money, or ever having has much money, I never really gave it a thought that I wasn't earning very much. I mean I thought I was earning all right. But when you have a family you realise that you're not earning all right. And when you go to car-boot sales to buy clothes for your kids it's like 'Oh'. There's nothing wrong with it, but the first time we did it I thought 'Oh God'. But we couldn't afford anything else. But I felt bloody awful (Arthur).

Arthur identified with the breadwinner role but insisted this was because he was the one who was working, and that if his wife could earn enough to replace his wage he would be 'happy' to be a 'househusband'. However, it seemed that even this 'flexible' adherence could not protect him from psychosocial risk, even though, when describing his 'personal' masculinity, he also said, 'I don't do anything because I'm a male'.

Arthur was the exception to the rule however. When asked whether financial problems had any effect on their sense of themselves as breadwinners, the remainder who identified with the role told me that as long as they were doing their 'best' and/or were earning more than their wives or partners, they felt they were fulfilling their 'responsibilities'. As one of the Asian men put it:

If my wife was earning more than me then I'd feel less of a man, and not just because she was earning more than me, but because I'd think 'well I'm the breadwinner in the house and it's not right'. So I'd feel like a failure, only half a man. But I do earn more than her so I am doing what I'm meant to do. It's not an issue (Raj).

Struggling to cope with difficult circumstances could even have a positive dimension. Dave, for example, was forcing himself to work seven days a week in his job as a security guard, and he spent a great deal of time, as he put it, 'wishing I had the money to live a different sort of life'. But whilst he 'sometimes' felt depressed because of this, his sense of masculine identity had not suffered. Rather, as he stated:

You feel that you should take care of your family. I try to do the best for my family and it gives you a sense of pride which makes you feel, well, 'I must be a real man for doing that' (Dave).

The dissonance he experienced was therefore, at one and the same time, a source of depression and a source of what Carricaburu and Pierret (1995) call 'biographical reinforcement' - i.e. it affirmed who he was and who he thought he *should* be. Masculinity therefore served as a form of compensation for the material sources of stress in Dave's life. This was despite the fact that, when defining his personal masculinity, Dave said: 'I aint got any of that mate. I don't care about anything like that', because he clearly did care.

Yet becoming a breadwinner had represented a form of dissonance in itself for Nigel, who had only recently come to terms with his gay sexuality. Prior to this he

had been married, and he told me the 'pressure' he had felt under to be a 'good provider' had been a 'very stressful' experience because:

I thought 'I've got to do the straight life to fit in with my straight friends'. I thought 'I don't want to do this but I'll conform'. So I did what my friends wanted me to do, and what my family wanted me to do. I wasn't doing anything for myself because I thought 'I've got to please everyone' (Nigel).

But eventually Nigel and his wife divorced - an event that allowed him to come to terms with who he really was. Unfortunately the divorce also created new problems, especially when the debts he amassed during his 'straight life' caught up with him, and he found himself reflecting on the fact that he 'owned nothing'. Even his house was rented from his employer and furnished with second-hand goods, and he experienced a great sense of loss because of this. He even attempted suicide at one point because:

I'd lost everything. I mean I used to have a nice house. OK, it was only two bedrooms, but they were nice bedrooms and it was nicely furnished. Lots of debt make it like that of course, but I loved it and I was paying for it. Now I've got nothing and I'm like 'whoa', you know, everything I've worked for someone else is now getting the benefit of... So at that point I really did want to die. You know, I thought there's no good in my life at all...I don't own anything, nothing here belongs to me. Apart from my clothes nothing is mine (Nigel).

The concept of 'loss' has been recognised as something that can have a profound impact on well-being, especially when it involves the loss of a 'role or cherished idea about oneself or someone close' (Brown, 1996: 39). In this respect the concept of 'biographical disruption' is also relevant here. But what Nigel also

seemed to be describing was a form of dissonance that had changed its form from one in which issues of identity had dominated, to one in which his material situation became the key issue.

But by way of a summary, the breadwinner role clearly affected the men's sense of well-being in a variety of ways, with its impact largely depending upon 'how' rather than 'if' they identified with it. Within this, perceptions of 'role failure' were far from a 'typical' response, as adherence to the role, even a 'flexible' adherence, could serve as a source of compensation for more material difficulties, although for Arthur and Nigel this was certainly not the case. But apart from the breadwinner role, how else did masculinities influence the men's experiences? This was an issue that became more apparent when moving on to talk to the men about sources of stress related to work and unemployment.

6.4 Waged Work and Unemployment

So far, no explicit distinction has been made between the experiences of the unemployed men and those with full-time jobs, as their accounts exhibited more similarities than differences. However, work status has traditionally been regarded as a mainstay of masculine identity (Collinson and Hearn, 1996). For this reason the men were also asked to describe their stress-related experiences relevant to this.

The Stress of Work

Work stress is a major theme within the stress literature, with many theorists emphasising the role psychosocial factors, such as a perceived lack of control, play in shaping patterns of mortality and morbidity amongst employees (Marmot et al, 1984, 1991, 1999; Marmot and Feeney, 1996, also see Bosma et al, 1998). Others have focussed on sources of stress related to the type of jobs that working-class men do, i.e. workplace accidents, excessive noise, exposure to toxic substances, job insecurity, poor job satisfaction and lack of management support (Scan and Addley, 1998). Increasing recognition has also been given to the psychosocial risks that many men face at work as a result of ‘aggression’, ‘violence’ and ‘bullying’ (Luck et al, 2000). This literature therefore suggests that income levels may only be one of the sources of stress that men are exposed to throughout their lives.

Many of these issues emerged during my interviews with the men, with few expressing any real ‘satisfaction’ in respect of the jobs they did. Gareth, one of the single men, even said his job was the biggest source of stress in his life:

I work in a shitty plating factory with dodgy chemicals and I hate it. You know, it’s pretty naff. A low skill level, lots of drudgery, quite dangerous, and quite unhealthy. So it’s dangerous and it’s boring. I’ve also had some harassment and bullying lately. You know, there’s these two brothers and one of them is a nasty bastard. And I could be leaning over some hydrochloric acid or something and he’ll walk by saying ‘I’m going to kill you in a minute’. So that’s a real strain (Graham).

Bullying was not a common theme, but given the tendency for work to be an arena in which masculine statuses are 'negotiated' (Back, 1994), this was possibly because it carries a degree of stigma which goes against notions of 'toughness' and 'strength' associated with hegemonic masculinities. Yet the issue of bullying does illustrate that the 'gender order' is as much about men's power over other men as men's power over women (Connell, 1995). The fact that Graham mentioned the issue at all may therefore tell us as much about his masculinity as his working life. Indeed, he explicitly rejected 'macho' values (see Chapter 4), and this rejection may well have influenced his willingness to admit to these difficulties.

'Macho' values can nonetheless become so ingrained that they can intensify what are already very real hazards in the workplace, irrespective of personal values. For example, Harry, a demolition worker, said he found the dangers of his job stressful:

I get a lot of stress at work from the situations I'm always in. I mean I work with toxic materials, asbestos and things like that, and there's buildings and that constantly coming over. I mean I've had a seven ton machine come down on me and nearly kill me. That was a bit stressful (Harry).

But despite these hazards he also admitted that he rarely wore safety clothing on the basis that:

I'm just not used to wearing it, safety goggles and stuff. I mean, if you wear them they only steam up and that, so I tend not to bother.

You just get on with it don't you, and you just do what everyone else does (Harry).

Doing what 'everyone else' did could be seen as a strategy that Harry was using to prevent his 'manliness' being called into question by his work colleagues - despite his insistence that masculinity was not something he ever thought about because he was just a 'working class bloke'. Yet if he had failed to conform to what other 'working class blokes' did, he clearly risked being identified as 'different', and his status amongst his colleagues being questioned. As Collinson and Hearn (1996: 68) have argued, such statuses are hard won and usually the outcome of 'tests of manhood' which define who comes to be seen as one of the group and who is 'kept at a distance'. Harry's willingness to take risks could therefore be seen as one such 'test'.

However, the negotiation of masculinity is never simply about conformity to unwritten rules. It can also have roots in racist and homophobic practices that, in turn, structure the relationships that men have with their colleagues. Racism was mentioned by one of the Asian men, who told me that insults by his white colleagues were commonplace:

To give you an example, me and my mates at work were chatting away in Punjabi one day, just because it's easier and we can communicate with each other faster. And one of the white blokes turned round and said to me 'I fucking hate it when you jabber on in your own fucking language', and I got really offended about that. So I physically threatened him and yelled at him and that, and that was that (Raj).

Name-calling can, as Back has argued, form part of the 'piss-taking' and 'wind-ups' which men use to 'ritually express' their own masculinity and status, with the latter providing the 'platform' for the former (1994: 179). However, in responding to these insults Raj 'resisted' this racism by threatening his tormentor with physical violence, another hegemonic feature of masculinity, which in turn served to 'affirm' his own masculine status and position within the workplace (e.g. Canaan, 1996). He nonetheless told me that this was still a source of stress.

Homophobia also played a role in shaping the experiences of one of the men. Nigel, who I introduced in the previous section, told me he had recently made a point of telling all his colleagues at work that he was 'gay'. But after doing this he suddenly found himself the brunt of false accusations and complaints related to his sexuality, which eventually led to a disciplinary hearing:

I've had some really nasty claims made against me, saying that I'd brought my partner into the home when we were drunk, that I'd made various intimate comments about what me and ...(partner) do, and that my work wasn't what it should be. And I was sitting there listening to the manager telling me all these things and I was thinking 'what's going on here, I've got a major problem here'. And she'd been speaking to all the other members of staff and they were apparently all saying the same thing (Nigel).

To add insult to injury Nigel's employers then forced him to make a public apology for things that he insisted he had never done, but which he felt had no choice over for fear that he would lose both his house and his job. Indeed, in 'coming out' his financial security was rendered increasingly uncertain, and this only served to intensify what was already a very difficult period in his life.

Of course the nature of work can also be stressful in its own right, and comments about the 'pressures' of long hours, hard physical labour, and the monotony of the jobs the men did were common. Yet the majority also regarded these as necessary and even 'acceptable' pressures. As Arthur put it:

Work can be very emotionally demanding, but it's stress that you come to understand and to deal with. So you don't treat it as stress, you just treat it as part of the job (Arthur).

In general the employees also considered themselves fortunate to have a job at all when so many were unemployed.

The Problems of Unemployment

Unemployment can represent a significant source of stress for men because, as Beale has argued, 'bringing home the bacon' has traditionally been seen as a foundation upon which men's sense of identity and self-worth has been founded (1998: 95). This view has been reinforced by successive governments, who have continued to promote the values of family life based on a male breadwinner model, in which the man is supposed to take his responsibilities seriously (Elliot, 1996). Those who are unable to live up to this standard risk stigmatisation and 'hassle' from official, as well as unofficial, sources. And for the long-term unemployed, in particular, 'victim blaming' ideologies all too often become the order of the day; along with the profound psychosocial consequences that this can then have on both men and their families (Waddington et al, 1998).

More generally, the psychological consequences of unemployment have also been associated with the 'loss' of 'latent' employment functions (Jahoda, 1982) and 'restricted agency' associated with material disadvantage (Fryer, 1995). However, in common with much of what has been discussed so far, when the men were asked which aspect of unemployment they found the most 'stressful', money worries, rather than 'loss' of employment, remained the dominant theme. As the conversations progressed three related issues nonetheless emerged as significant concerns: their feelings of self-worth in relation to how they believed other people perceived them, the stress of 'signing on', and the boredom and feelings of hopelessness that unemployment could generate.

The perception that they were being 'judged' by others was mentioned in a variety of different contexts, but the following quotation by Sadiq, one of the single men, represented a typical statement:

When you're not working you lose your self-respect. I mean people who are working say things to you like 'we're tax payers and we have to pay out too much money for social security to pay for these people living on benefits'. I've had that said to me many a time, but unfortunately that's just what life's like (Sadiq).

Sadiq said when he reflected on this he 'sometimes' felt depressed, and other unemployed men made similar comments. However, these perceptions seemed largely, although not exclusively, confined to those who had earlier stated that they identified with the breadwinner role. Keith explicitly stated this connection:

You've got no respect. You're looked down on by others...and you know that they're thinking, 'you've got no money and we don't want to know you, you're lower class'. And you feel they're saying, well if there's a party or something, 'I won't invite him'. So you don't get asked to go to those things. But it does damage your self-esteem. And a lot of it comes back to that breadwinner thing. You know, at least if you've got a job you've got confidence. But if you've got no confidence in yourself you start listening to what other people are saying and wondering if they're right (Keith).

So Keith's self-worth was influenced by a lack of confidence in his inability to live up to the breadwinner role, as well as the way in which other people then reinforced this perception. He also told me that he felt 'excluded' from society because of this.

Another man, Aadarsh, who made reference to the cultural norms of Asian 'society', also mentioned the subject of social exclusion. He said in his 'society' if a man couldn't fulfil his responsibilities the whole of his family would look on him with 'contempt', and would treat both him and his wife as 'social outcasts'. Because of this he avoided contact with 'society people'. There was little evidence, however, to suggest this was something other unemployed Asian men I interviewed had experienced.

Nevertheless, social expectations of what men's roles *should* be are always influenced by cultural values that have their roots in wider social relations of power (see Connell, 1995). The breadwinner role, for instance, is based on the supremacy of the heterosexual, patriarchal family, and those who fail to live up to this model risk being seen as 'different'. For example, one of the unemployed

men I spoke to, who also happened to be a single parent, said in addition to being 'judged' as an unemployed man, he was continually labelled as gay:

I get quite stressed out when I hear little comments about me when I'm picking the kids up from school. You know, 'where's his wife and is he gay'. I mean I've been told I'm gay many times, and it does tend to wind you up (Peter).

However, the fact that Peter was 'wound up' by these accusations seemed to indicate that, despite stating that he had now discovered a 'feminine side' to his masculinity which he felt comfortable with since becoming a single parent, the hegemonic preoccupation with heterosexuality as a 'norm' was not something he had completely abandoned.

Alongside such difficulties many also spoke about the hassles and humiliation they faced when 'signing on'. As Alan commented:

Well being on the dole is stressful for two reasons. One is, for example, when your giro doesn't arrive on time and you think 'Oh no, they've cancelled my benefit', which they do all the time. Then the second is when you have to go down to the dole, cap in hand, and join this big group of people waiting for their cheques. That's very humiliating and very stressful. You feel like the lowest of the low (Alan).

So for Alan, part of the stress of unemployment was due to the 'surveillance' and control he felt under – something that has been highlighted by Foucault (1977), in particular, as being entwined with modern forms of what he refers to as 'disciplinary power'. In turn, this surveillance seemed to increase the sense of

powerlessness and hopelessness that Alan felt. And from what I was told by others, such feelings could eventually lead to a sense of life lacking any real purpose. This was certainly how Leslie felt:

Some mornings I wake up and I think 'I just don't want to get out of bed'. You know, say eight or nine o'clock and I'm sitting there thinking 'what have I got to get up for anyway?'. And I just turn over and go to sleep, and don't wake up again till two o'clock or something. It's just so boring and you can't see the point in doing anything sometimes. And it does get you down (Leslie).

The longer men lived this way the worse it could get, especially if they started to lose hope in the future. Samir described how this had affected him:

Well if a bloke aint got no work he just sits around the house all day thinking and thinking, and it gets worse as you go along. When you first go on the dole you don't think your going to be on it for that long. But once twelve months has gone by and you've been turned down lots of times for jobs, well that's when it starts to hit you. Put it this way, when you first start looking for jobs you hope that you're going to get a decent one which will pay you enough to let you have nice holidays and go out and enjoy yourself and stuff. But once you realise that you're not going to get one, then your dreams gone hasn't it. That's when you get stressed (Samir).

With his 'dreams gone' Samir admitted that he rarely sought employment on the basis there was 'little point'. Yet contrary to the victim blaming ideology that surrounds long-term unemployment, all of the unemployed men told me they would prefer to work if given the choice. But this did not translate into taking just any job - something the unemployed are increasingly pressured to do - but a job that would lift them out of poverty. Indeed, despite the stresses of unemployment

that many of them talked about, there seemed to be a consensus that there was little point taking a job that paid no more than they received in benefits, despite the difficulties associated with unemployment. In the end then, everything came back to money.

By way of a summary, issues of self-esteem seemed to be tied into the men's experience of unemployment at a number of different levels, especially in relation to the way that they felt 'judged' by wider society. A perceived inability to achieve desired goals and a more general feeling of lack of control were also key elements in their accounts. 'Agency' theory (Fryer, 1995), once again, therefore had most relevance to what they told me, although Jahoda's (1982) arguments could not be dismissed. Indeed, the imposition of a 'time structure' to the day that employment may have resulted in, as well as contact with people, goals that go beyond those of the individual, and the improved social status employees enjoy relative to the unemployed, may all have served to reduce the boredom of unemployment, feelings of being judged, and the sense of 'lack of purpose' that the unemployed men experienced. However, these factors clearly need to be set in the context of the 'imposition of restrictions' that both relative poverty and the corrosion of self-worth have on an agent's ability to make sense of, and strive for, a meaningful existence (Fryer, 1988: 58).

6.5 Concluding Comments

This chapter has dealt with a range of issues related to the men's experience of financially related stress, and it has attempted to set these experiences in the context of the chronic difficulties the men shared. In doing this it has provided some support for Lazarus and Folkman's (1984) transactional model of stress. For example, 'time' played a key role on a number of levels, with past experiences, future goals and aspirations, ongoing transactions, change and continuity, and the duration of exposure to stressors (especially in relation to unemployment), all emerging as important factors. Whilst the focus of this chapter was primarily about the men's 'appraisals' of their situations, what also became increasingly apparent was that no hard and fast distinction should be made between 'appraisal' and 'coping'. Indeed, at various junctures, the men's attempts to deal with their situations, often at an emotional price, were tied into the sources of stress they were exposed to. Nevertheless, the analysis also pointed to a need for the concept of 'appraisal' to be 'adapted' (Layder, 1998) to take account of what I have referred to as the 'biographical appraisal process'.

The analysis has also contributed to our understanding of the psychosocial processes and mechanisms that may influence health inequalities more generally. What has been shown is that actual income levels, along with the difficulties these can give rise to, remained significant sources of stress for the research participants. However, it has also been argued that the biographical appraisal process can also be seen as being related to relative assessments, as actual income levels could 'trigger' appraisals in which men reflected upon their situations

relative to others around them. Nevertheless, this clearly took place on a number of levels and, at least in part, this also appeared to depend upon the goals and aspirations of individual men. Therefore, whilst lending some support to the ideas of theorists such as Wilkinson (1996), the analysis pointed to a need to relate individuals' relative status assessments to the materiality of their lives *and* their individual perceptions and aspirations to a much greater extent than has thus far tended to be the case in contemporary 'psychosocial' research. Overall, however, the analysis lent most support to Fryer's (1995) notion of 'restricted agency', which appeared to be relevant to the accounts of employees and unemployed alike.

Differences between employees and the unemployed were nonetheless identified. Whilst the relatively low income levels of both groups suggested a commonality of experience, work status did appear to play an important role in exposing men to a range of other 'stressors', and in ways that placed the unemployed men at a distinct disadvantage. On the basis of the men's accounts, the unemployed seemed to be exposed to sources of stress that placed them at greater risk of damage to their self-esteem. In particular, their perceptions of being 'judged' by wider society, the hassles associated with signing-on, and the boredom and feelings of hopelessness that long-term unemployment could lead to were all identified as key factors in this respect. That said, the extent to which these various processes differentially impacted on the psychosocial health status of individual men remained somewhat ambiguous because of the problems identified in Chapter 5 in relation to the various criteria the men drew upon when assessing their health.

The same could be said of the influence masculinities played in differentially shaping the men's well-being, although masculinities clearly played a role on a number of different levels. The breadwinner role, in particular, appeared to influence the ways in which men appraised their situations in a range of both positive and negative ways. Here, however, simple identification with the role appeared to be less important than *how* the men identified with the role and *what* responsibilities associated with the role they regarded as important.

The analysis also pointed to the possibility of values and beliefs, which could be seen as forming part of what the men earlier referred to as the 'macho thing', also playing a role, despite the fact that none of the men explicitly described these values and beliefs in gendered terms. For example, fears of not coping and concerns about having no control over their lives permeated the analysis. Like the themes identified in Chapter 5, the possibility of 'mind-independent' elements of masculinities exerting some influence therefore suggested itself, and here the concept of 'covert masculinities' was introduced to describe these values and beliefs. Indeed, based on what the analysis appeared to suggest, perhaps it is appropriate, in line with the 'realist' framework discussed in Chapter 2, to regard the influence masculinities played in shaping the men's stress-related appraisals as taking two forms: one of which was 'overt' (i.e. breadwinner role identification), and another which remained 'covert' (i.e. mind-independent). And, as Chapter 7 will now go on to show, when moving on to investigate in more detail the various ways in which the men 'coped' with the difficulties described within this Chapter, masculinities, both 'covert' and 'overt', did indeed appear to exert their influence.

Chapter 7

Managing the ‘Psychological Repercussions’ of Life on a Low Income

From what has been discussed so far, Fryer’s (1995) concept of ‘restricted agency’ would seem to have much to offer our understanding of how men on low income (both employees and the unemployed) experience, or ‘appraise’, day-to-day difficulties associated with material deprivation. The role played by masculinities in shaping these appraisals has also been considered, and it has been suggested that their influence could be regarded as taking two forms: one of which was ‘overt’, and another which remained more ‘covert’ in form. However, what has also been shown is that far from being passive victims of difficult circumstances and powerful gendered influences, the men also exercised their agency in a variety of ways in an attempt to overcome their difficulties. This, however, is entirely consistent with ‘agency theory’, as it conceptualises individuals as ‘active social agents who strive to assert themselves, initiate and influence events, are intrinsically motivated and live in a perceived world in which what they do depends on their view of, and plans for, the future as well as memories of the past’ (Fryer, 1988: 57). The point Fryer makes, however, is that this agency can be ‘thwarted’ in ways that have ‘psychological repercussions’, especially when people are faced with ‘inescapable and formidable difficulties’ (1988:58).

Yet even in the context of limited resources individuals may still exercise agency within the limits of the 'restrictions' imposed upon it. Hence this Chapter now turns to the second part of the question identified in Chapter 1: how the men responded to material difficulties, and what role masculinities played in mediating these responses. It is therefore primarily concerned with how the men 'coped' with sources of stress and their 'psychological repercussions'. This issue has, of course, already been touched upon in the previous chapter when exploring how the men 'appraised' their situations. However, this was perhaps inevitable because coping and appraisal processes are interrelated. Indeed, as Freund and McGuire have pointed out, a person's 'cognitive-emotional appraisal of a situation is in itself a way of coping or managing stress' (1999: 86). Nevertheless, a conceptual distinction between 'coping' and 'appraisal' is useful because it allows us to bring 'actions', along with the social resources that both enable and constrain such actions, more clearly into focus. Moreover, as my 'conversations' (Rubin and Rubin, 1995) with the men progressed it became apparent that the strategies they utilised were more diverse than those initially identified when discussing the themes that emerged in Chapter 6.

In doing this several questions are addressed: namely, what strategies did the men utilise to cope with stress?; how were these strategies related to the resources that were available to them?; what role did masculinities, whether 'covert' or 'overt', play in shaping these strategies?; and, ultimately, did they work? Along the way the mediating role of work status is also examined. In the process of identifying what I refer to as 'problematic' and 'non-problematic' strategies, what will be shown is that much of what the men described involved extensive

'emotional labour' (Hochschild, 1983). Furthermore, that this was routinely 'restricted' by material and emotional resources, as well as 'dramaturgical' (Freund, 1998) issues associated with gendered values and beliefs, both 'overt' and 'covert', that required 'negotiation'. However, before engaging with the men's accounts, it is to the concept of 'coping' that the Chapter first turns as a basis for clarifying the meaning of this problematic term.

7.1 *The Concept of Coping*

Whilst 'coping' is a key element of the stress process it is also sociologically problematic. This is because 'dispositional approaches', which focused on how individual resources (i.e. 'personality' characteristics) shaped coping strategies, dominated early work in this area (Radley, 1994: 148). As a result, normative assumptions about what constituted 'good' or 'bad' coping became common, and inevitably this opened the way for 'victim blaming'. But in recognising this problem much of the contemporary literature has now started to move towards a more 'relativistic' framework, within which the efficacy of different strategies is regarded as partly depending on the social contexts in which they are exercised (Bury, 1997: 131).

Lazarus and Folkman's work is characteristic of such an approach, as they relate 'types' of coping to the 'constantly changing cognitive and behavioural efforts to manage specific external and/or internal demands that are appraised as taxing or exceeding the resources of the person' (1984: 141). They also argue that

'coping' is synonymous with 'control' - which draws attention to how much 'power' different social groups possess, as well as the resources that they have at their disposal (Cassidy, 1999). Nevertheless, 'cognitive processes' remain their central concern, and the abilities of the individual are emphasised over and above wider structural influences. Consequently, not only have issues of 'power' been neglected, but as Freund and McGuire (1999) have argued, there has been little recognition that the 'dramaturgical' work that various forms of coping utilise could serve as a source of stress in itself.

However, this does not have to be the case if 'coping' is located within the context of the structural, cultural, and intersubjective domains within which it is situated (Layder, 1997). This is not the same as saying that individual actions are solely determined by social factors because, as intentional beings, the meanings people attach to situations will always generate a degree of diversity (Sayer, 2000). However, choices are never made in a vacuum, and sometimes the need to choose, often between a range of unattractive options, may be forced upon us.

Yet within these 'restrictions' individuals can still make choices. Lazarus and Folkman (1984) have identified two broad 'types' of coping strategy: 'emotion-focused coping' and 'problem-solving coping' - with the first referring to affirmative actions that people take to confront and remove sources of stress (i.e. working overtime in order to earn more money), the second to attempts to manage their emotional meaning (i.e. coming to terms with the 'psychological repercussions'). However, choice of strategy will also depend on the availability of resources, be they material, i.e. income levels, or to do with issues such as

levels of social support or socially transmitted values and beliefs. Hence, studies which have shown that men prefer problem-solving strategies over emotion-focused strategies (Ptacek et al, 1994; Zuckerman, 1989) may reflect the stereotypical fear of emotional expressiveness associated with hegemonic masculinities (Seidler, 1994).

As important gendered values and beliefs may be, material resources may nonetheless override their influence. For instance, in the context of inadequate material resources strategies that keep financial problems at bay may not be possible (Freund and McGuire, 1999), and it is precisely when such problems appear 'insoluble' that Fryer's (1995) notion of 'restricted agency' is most applicable. Indeed, in such situations men may be forced to rely on strategies that reduce the emotional impact of stressors simply because options for problem-solving are 'restricted'.

A hard and fast distinction between emotional and problem-solving strategies is problematic however. Emotions come into play whenever a situation is appraised as stressful, and irrespective of whether that results in physical actions, the overt 'venting' of emotions, or attempts to 'control' emotional reactions, all involve 'emotional management' - which can be defined as 'an effort by any means, conscious or not, to change one's feeling or emotion' (Hochschild, 1998: 9). Hence attempts to remain 'unemotional' are no less a form of 'emotional management' than any other strategy. Nevertheless, as Williams and Bendelow have argued, emotions tend to be viewed as phenomena that 'need to be 'tamed', 'harnessed' or 'driven out' by the steady (male) hand of reason' (1998: xv),

especially by men (see also Seidler, 1994). Perhaps unsurprisingly then, when asked how they 'coped' with sources of stress, references by the men to the need to 'control' their emotions were common.

7.2 Strategies of Emotional Control

When asked 'how do you personally cope with stress?' the themes that emerged from the men's accounts were all related to their attempts to 'control' their emotional reactions. No method was necessarily better or worse than any other, and often a variety of techniques were used. Moreover, the need to control emotions seemed to crosscut such things as age, ethnicity, work status, etc. For example:

Stress aint worth the hassle. I mean I deal with it, because I don't allow it to govern or control me. I'm aware of it but I just don't let it bother me or interfere with what I want to do (Len).

I just hold it all inside. It's all down inside, that's where it all goes, and you don't let go. You just control it, that's all, you have to control it (Darren).

You've got to control stress. I mean you can never make it disappear as you please, but you can control it. You can keep on top of it (Kyle).

These statements were consistent with the findings of research that has highlighted coping differences between men and women. In a survey carried out by the Health Education Authority (1995: 68-9), over 34 per cent of men admitted that they would 'try not to think about it' as compared to just over 25 per cent of

women - and 'not thinking about' stress is one way of 'controlling' its impact. Interestingly, however, none of the men raised the issue of 'control' in relation to their 'personal' masculinity. Nevertheless, what I referred to as 'covert masculinities' in the preceding chapter may be relevant here. As Seidler has argued, 'dominant definitions of masculinity often call for this suppression of emotions because we learn that we are supposed to be 'rational' and 'in control' (1997: 154). Indeed, one of the unemployed men explicitly made this connection:

I think, as men we all want to stay in control because, well maybe because you think that you've got to maintain the idea that you're a strong person. I mean men have a dog, women have a cat, and that sort of thing. So we (men and women) just look at life differently (Alan).

But whilst the need to stay in control may have had a gendered dimension, once again there are problems associated with attributing this to gender alone. Control could be viewed as an aspect of the need for autonomy that Doyal and Gough (1991) regard as a universal 'human need', and also as something connected to a more general desire to exercise agency (Fryer, 1995). It could equally be tied into broader ideas about taking 'personal responsibility' for one's health and maintaining the correct 'attitude of mind' (Pollock, 1993: 56). In itself, as Radley has argued, these ideas are associated with notions of 'self-help' that provide a 'rhetoric of optimism'...[whilst]...at the same time being the basis of the charge that failure to cope is the result of either a 'defective or inadequate will'' (1993: 3).

However, these ‘possible’ explanations are not mutually conclusive as they may combine with each other in ways that persuade both men and women, albeit to different degrees, that emotional control is desirable. To remain ‘unemotional’ nonetheless requires more than a little effort, and for the men this seemed to involve two related processes: firstly, their attempts to explain and ‘come to terms’ with their situations, and secondly, their mobilisation of various strategies to manage their emotional impact.

Making Sense of it All

If, as already suggested, a ‘failure to cope’ is seen as a product of individual failings, it is hardly surprising that individuals ‘strive’ to overcome their difficulties (Radley, 1993). However, in order to do this successfully it clearly helps if they can also maintain a sense of self-worth by avoiding self-blame. Chapter 6 highlighted the dangers of self-blame when discussing the ‘biographical disruption’ that Ben experienced following his bankruptcy. His failure to come up with any explanation other than ‘it’s just me’ had a tremendous impact on both his sense of self-worth and his subsequent mental health difficulties. This problem also surfaced in the account of another man receiving treatment for clinical depression. When asked what ‘caused’ his depression he said:

It’s when I’m trying to sort out all the various problems I’ve got and why I’ve got them. I tend to be very critical of myself when I’m doing this. I start to think of all the deficiencies in my character, and that doesn’t help at all because I find that I end up blaming myself and just putting myself down (Samir).

Yet these men were an exception. In general, the 'why me?' process seemed to allow for the formulation of explanations that enabled men to avoid self-blame, whilst also helping them to put their problems into perspective.

Understanding tended to be regarded as the crucial first step. As Lee, one of the unemployed men, explained:

Well when I feel under stress I tend to look at it objectively. I take a step back and say to myself 'what's going on here?'. And that's how I cope I suppose. I like just try to sort out what's going on and talk my way out of it (Lee).

This strategy has a certain logic to it because a problem can only be effectively tackled if the causes of that problem are first identified. However, Lee's emphasis on 'objectivity' could also be seen as a reflection of what Williams refers to as modernity's 'irrational passion for dispassionate rationality', and the associated privileging of reason over emotion (2000: 297). Seidler (1994) has even suggested that this ideology may have played the key historical role in justifying and reproducing patriarchal structures of power on the 'unreasonable' basis that men are rational beings whilst women are ruled by their emotions. It is therefore difficult to separate ideas about 'objectivity' and reason from wider issues of men's power over women, and the 'patriarchal dividend' that men all gain, to a greater or lesser extent, from their position in the 'gender order' (Connell, 1995).

An aspect of this dimension surfaced in the account of an employee, who linked a need to 'explain' the stress he experienced at work to an association of masculinity with 'violence' (see Thurston, 1996):

I'm probably like a lot of men in this, but I think that when I'm under stress the first thing I have to do is explain it. And I think that's why, even at work, that when men are under stress they try to do something about it very quickly. I think it's like you feel that if you don't sort things out you might get violent or something with the people who are causing you stress, so you have to sort it out. And at work it always seems to me that when men have got problems they always get actioned quicker than women's problems, where nothing ever seems to get done. I don't know if employers are more intimidated by us or what, but I think they feel they have to do something when men have problems (Leighton).

For Leighton, then, masculinity acted on the world in a way that reinforced the 'patriarchal dividend' that men enjoyed in the work place (Connell, 1995). This was despite the fact that this dimension was not referred to by him when initially describing 'general' and 'personal' masculinities in Chapter 4. However, as the quotation aptly illustrates, it was clearly something that he associated with masculinities on deeper reflection. Indeed, his account perhaps offers some insights into the nature of what I earlier referred to as 'covert masculinities'. Perhaps, rather than conceptualising these as entirely 'unconscious' elements of masculine identity, it would be more appropriate to describe them as phenomena that 'drift' in and out of the conscious mind, depending on the situations men find themselves in. As Layder has argued:

...there is no clear dividing line between unconscious and conscious levels of awareness. The ease with which mental elements pass between different levels of awareness will depend

upon the intensity of their effects on particular people and the corresponding levels of repression, resistance and self-deception that are 'activated' and which inhibit their effects to varying degrees (Layder, 1997: 37).

Thus, 'covert' elements of masculinities may well become 'overt' (i.e. consciously reflected upon elements of gender) at different points in time.

However, Leighton's comments were not voiced by anyone else. Instead, most simply talked about wanting 'answers' that enabled them to 'rationalise' their feelings.

Occasionally this meant drawing on specific resources. For example, in the previous chapter I introduced Chris, a Black African, who believed institutional racism had prevented him getting a job appropriate to his educational attainment. Yet he also believed his education had helped him 'come to terms' with this because:

I understand what's going on. Maybe the average guy, the Black man in the street, who's under the same pressure as me but can't make sense of it will get swallowed up in a pit of depression. In fact, maybe not understanding it is even worse than experiencing it. But fortunately, through my education and my intelligence and my ability to read, I can put things into perspective, put them in context. I can understand what's happening to me and why it's happening. I can rationalise it (Chris).

The availability of a resource, in the form of religion, had also helped Ben cope with the depression he suffered following his bankruptcy. Describing how this had helped him he said:

Well things started to get better when I came across a book on Buddhism. And it made a lot of sense to me. It made me realise why things are what they are, and once I understood what it was about it made it much easier to deal with things (Ben).

Although Ben and Chris's accounts contain similarities, in the sense that both emphasise the importance of 'understanding' the reasons for their difficulties, a contrast can be made between Chris's 'rational' understanding, based on knowledge of the world as it exists, and Ben's 'religious' understanding, based on faith in a particular philosophy. Nevertheless, both served a similar purpose, and appeared no more or less effective than each other.

References to the use of such resources were uncommon however. In general, the men simply drew on their knowledge of the world in a way that allowed them to come to an understanding of what the 'causes' of their difficulties were. But, like the examples cited so far, the 'answers' they formulated did appear to allow the deflection of self-blame. For instance, many unemployed men blamed their unemployment on a shortage of jobs. As Len, after eight years on the dole, said:

Well I've spent a lot of time sitting and thinking and churning things over in my mind. You know, why did this happen and why am I still on the dole? Well it happened and that's that. There's not enough jobs to go round so that's why I'm here. But I'm surviving and I'm not actually hurting anyone, so that's ultimately the bottom line for me. That's why I don't feel guilty about not having a job (Len).

So by blaming the system rather than himself, not only was he able to avoid feelings of guilt, he was also able to retain a degree of self-respect.

This 'rationalisation' process also seemed to involve a process of comparison. For example, Peter, one of the unemployed men, said that whenever he felt depressed he would ask himself whether he really was that 'badly off' when 'so many people out there haven't even got a telly'. As a result, he told me that he usually started to feel 'grateful' for what he did have. Whilst few of the employees were satisfied with either their jobs or their level of wages, many also said they felt 'lucky' to have a job at all when unemployment rates were so high. This form of comparative 'rationalising' therefore allowed the men to put their difficulties into perspective in a way that drew attention to the positive rather than the negative aspects of their lives.

Yet the view that many people had 'only themselves to blame' was also common. Joe, one of the unemployed men, said many people failed to 'manage' the household budget properly:

I mean there are people who are definitely in worse situations than us but I think that's because they don't manage their money properly. I know people who get their money and then just spend it on silly things (Joe).

Employees and unemployed alike also talked about people they knew who were living on state benefits through choice. Paul, for example, told me about someone he knew in this situation:

His attitude was 'why should I go to work when the social will give me money'. And I used to get mad at him and say 'yeah, but it's coming out of my money that is. I have to work to provide the money so you can go down the post office on a Tuesday and cash

your giro'. So that really got up my nose, and there's a lot of people like that (Paul).

Such opinions are nonetheless understandable when set against the 'victim blaming' and 'underclass' discourses that have surrounded social welfare over the last few decades (e.g. Murray, 1994). However, there also appeared to be a more practical component to this 'victim blaming'. By measuring themselves against people who had 'only themselves to blame' they were able to set themselves apart. Indeed, the process of 'judging' others seemed to allow them to retain a degree of self-respect on the basis that 'at least I'm not like them'.

In their attempts to 'control' the impact of sources of stress the men therefore engaged in an interpretative exercise that allowed for the deflection of self-blame, whilst also enabling them to put their difficulties into comparative perspective. There was little evidence to suggest that any were better at doing this than others as, with the exception of the two men mentioned at the beginning of this section, all appeared to have successfully avoided blaming themselves. Nevertheless, what also became clear was that these processes only represented part of series of highly complex strategies.

Going Beyond Understanding

As important as the need to 'understand' seemed to be, spending too much time 'thinking' about a situation carried its own psychosocial dangers, especially if too much time was spent 'dwelling' on problems. To avoid this the men utilised a variety of techniques that helped them to either stop thinking about their

difficulties and/or 'face up' to those same difficulties. Three strategies emerged as dominant themes: keeping active, keeping different aspects of their lives separate from each other, and learning to 'accept' life's problems.

Keeping 'active' was something that was generally regarded as positive, and it was here that the benefits of having a job were recognised. Whilst both the employed and unemployed men said that jobs carried their own 'pressures', there was widespread recognition that the routine and activity associated with employment was beneficial. Activity was seen as imposing a degree of order on their lives that allowed them to feel that they had both a purpose and a degree of control. These were benefits that many unemployed men hoped to regain once they had secured employment. As two of them stated:

If I was in an active job then I would definitely feel better in myself. I'd think I'd feel in more control over my life because I'd know what I was doing and when I was doing it (Samir).

A job would at least get me out of bed. I'd have to get up, have a shave, make myself presentable. It'd keep me active and give me a reason to get up in the morning (Ron).

Employment was also seen as an effective antidote against boredom and social isolation. As Tony put it:

You'd make new friends and that and you'd feel better because of that. I mean when you've got nothing to do but sit at home on your own thinking and thinking it's terrible (Tony).

Leslie also said that not only would the 'routine' of work help him, it would also prevent him from 'dwelling' on his problems:

Well if I got a job it might be just what I need. You know, 8 to 5 or whatever, I'd be back into a routine again. And then I'd come home too tired to worry about anything. I wouldn't be sitting there just thinking about my problems all day long (Leslie).

Unfortunately, in the absence of this resource the unemployed were forced to find other ways to 'keep busy' by involving themselves in non-work related activities. These included socialising, watching TV, gardening, fishing and even doing voluntary work, and as well as keeping them from thinking about their problems these were used to promote 'relaxation'. As Keith stated:

Well when I feel that wound up and tired I just try to find things to help me wind down, relax and clear my mind. I mean I'll spend a couple of hours playing drums, then I'll listen to some music, then I'll go and piss about in the garden, then I'll do this, that and the other. And I find that helps me deal with things (Keith).

These were activities that the employees also engaged in to help them relax. However, the unemployed men were at a definite disadvantage because, whilst it may be relatively easy to fill a limited number of 'leisure' hours with relaxing pursuits, it is far more difficult to fill an entire day 'actively' relaxing - and 'passive' relaxing (i.e. doing nothing) can soon turn to boredom. Hence, as already discussed in Chapter 6, boredom and inactivity still formed a major part of the unemployed men's lives because they lacked the key resource which would have kept them 'busy' all day. In this respect, Jahoda's (1982) argument

concerning the psychosocial damage of loss of employment functions would appear to be relevant, as the structure provided by employment did appear to be a key coping resource. That said, lack of employment was not, in itself, the major source of stress in the men's lives. Rather, it simply added further 'restrictions' (Fryer, 1995) to unemployed men's ability to exercise their agency in the context of financial constraints.

The same also seemed to be true in relation to a strategy eight employees mentioned, but which, perhaps significantly, was not mentioned by any of the unemployed men: namely, cognitively separating different aspects of their lives. For example, Dave said:

I think work's good for my health because it allows me to stay active and busy all the time. But I also separate work from my home life and I never take my work problems home. I mean I do the same with everything. If I'm socialising it's nothing to do with work or home, and if I'm home it's nothing to do with work or socialising. I lead different lives which have nothing to do with each other, and that helps me deal with stress (Dave).

Leighton also found this form of separation useful and said the fact he lived in a different area from where he worked helped him do this because:

Nobody knows me as anything other than just one of the neighbours here. And that helps me leave the pressures of work behind so that they can't follow you into your personal life. It allows you to keep everything apart (Leighton).

This strategy can be seen as providing evidence that multiple role occupancy could be health enhancing, perhaps because the more roles that an individual takes on, the less they formulate their sense of identity on any single aspect of their life (Barnet and Baruch, 1985). Additionally, when one role is threatened perhaps others represent a safe refuge where an individual can 'distance' themselves from problems associated with that role. These potential benefits nonetheless need to be set in the context of problems that multiple roles could also raise in relation to balancing their different demands, as well as the 'quality' of the roles themselves (see Annandale 1998: 148, for a review of the multiple-role hypothesis in relation to women's health issues). Furthermore, even if the overall effect could be positive this strategy first requires the existence of roles that an individual can retreat into. In the case of the unemployed, the fact that they were without a job clearly limited their opportunities for doing this, and may even have 'restricted' their ability to socialise by reducing the size of their social networks beyond their immediate family (see Jahoda, 1982).

Values and beliefs associated with particular roles are also relevant here, although these do not necessarily require employment as a precondition. For example, whilst the breadwinner role has already been discussed in relation to the way it could increase the 'pressures' that the men felt under (see Chapter 6), many of those who identified with the role also talked about the need to 'face up' to their problems for the sake of their families:

Well with coping with stress I've just got to get on with it. I've got to think of my kids because that's all that's in my mind, my kids

and my missus, they rely on me and I've just got to get on with it. That's all I'm interested in, my kids and my missus (Ian).

As one of the employees also stated: 'if you think it's your job to go out and provide for your family at least you've got a purpose in life' (Arthur). So in as much as the breadwinner role could provide a sense of purpose, it seemed that identification with the role could have a positive as well as a negative influence. Nevertheless, the need to 'get on' and 'face up' to difficulties was not exclusive to those who identified with the role. This was perhaps because all of the men appeared to share a common goal - their desire to remain 'rational' and 'unemotional' - which appeared to lend a degree of purpose to all of their lives.

Nevertheless, feeding into this desire there was also general agreement that this was only likely to be successful if combined with a degree of 'acceptance' that some 'stress' (see Chapter 6 for the meanings the men associated with the term) was 'inevitable'. As Arthur, one of the employees, commented:

Well you do adapt over time. As long as the kids have got clothes and food, and you've got clothes and food, you're doing alright, and maybe you'll even get out occasionally. That's how we are. I think you just accept it and you get on with it as long as you're able to keep ticking-over (Arthur).

One of the unemployed men, who had previously assessed his mental health as good on the basis that he 'never' felt depressed, even talked about how a traumatic life-event in his past had helped him to achieve this. At one point he had served a seven-year term in prison that had initially made him feel 'very depressed'. But

after several months he said he learned to 'accept' his imprisonment because he came to realise that 'getting depressed aint going to help me, so there's no point feeling that way' (Kashif). He now thought about his financial difficulties and the fact that he was out of work in exactly the same way, and he was able to 'rationalise' his present situation on the basis that 'nothing could be as bad as what I've already gone through'. So whilst the short-term impact of this life event was traumatic, in the long-term he claimed that it also served as a resource that helped him cope with more mundane sources of stress. Contrary to what much of the stress literature has suggested, therefore, past difficulties did not always seem to result in greater 'vulnerability' (see Brown and Harris, 1978).

Over time a number of men had also attempted to modify their values and beliefs to achieve 'acceptance'. We have already seen how one of the unemployed men rejected the breadwinner role on the basis that it carried 'dangers' (see Samir's account in Chapter 4). Other men also talked of how, over time, they had become 'less interested in material things' (Joe) as part of learning to 'adapt', and one Asian man even said he purposefully kept his expectations of life low because 'a man with low ambitions is a happy man' (Raj). There is a certain logic to this because the 'biographical dissonance' discussed in the previous chapter was ultimately a product of unfulfilled goals and ambitions. However, Raj was only partially successful in doing this because he still wanted more money and more control over his life. He also described his mental health as 'poor' on the basis that he was 'not really content' with what he did have.

But whatever strategy was utilised, the need to stay in control and to accept a degree of stress were generally seen as important, and similarities seemed to be greater than differences in this respect. Masculinities, in the form of the values and beliefs associated with the breadwinner role, also seemed to play a role, although when set against the additional 'pressures' that such values could also create the benefits of this were difficult to ascertain. What was clear, however, was that the unemployed men had fewer coping options open to them. This did not necessarily mean that they felt more stressed/depressed than the employees because, in the main, they seemed just as able to 'cope' - and six even described their mental health as 'good' on the basis that they had learned to 'accept' and 'face up' to 'reality'. Yet, as discussed in Chapter 5, 'good' did not always translate into meaning that they never felt down or depressed. Irrespective of how skilled the men were at using these strategies, many also felt the need for a little extra help.

'Risky' Strategies

The concept of 'risk' has become a central theme in mainstream sociology over the course of the last decade or so, with some theorists (e.g. Beck, 1992; Giddens, 1991) arguing that 'late modernity' has become a 'risk society' that is dominated and organised on the basis of 'the identification and awareness of risks' (Higgs, 1998:177). Within this discourse it is argued that various 'expert' groups have turned their attention to individual 'subjective' states, and the ways in which people manage their responses to the risks associated with such things as their work and their financial situations (Lupton, 2000). In the process, 'victim

blaming' has become the order of the day for those who engage in health-damaging behaviour as part of this management. And as Bunton argues, 'Risk takers'...[have]...become demonised as new 'Sinners' in a society where our ability to be 'reflexive' is used as a justification for pathologising social problems (1998: 30).

Ideas about 'risk management' and 'risk factors' are nothing new however. Government documents such as the 1992 *Health of the Nation* focused on the need to educate people to live less 'risky' lifestyles, whilst the identification of 'risk factors' has long been the province of social epidemiology (Blaxter, 2000). But whilst these approaches tend to be individualistic in orientation, if set within the material contexts of peoples lives the 'risks' people are exposed to, whether 'material' or 'lifestyle', can be seen as related to each other. For example Graham, in her study of women in low-income households, found 'links between smoking and gender responsibilities, and smoking and class circumstances' (1993: 116). Specifically, the women used smoking as a way of 'making and marking out time' for themselves (1994: 117), to relieve their boredom, and as a way of coping with difficulties associated with low income. Thus, as Graham has suggested, smoking can be seen as 'a resource which can be accessed instantly when caring responsibilities are many and material resources are few' (1994: 121).

But could Graham's arguments be applied to men as well? The men's accounts suggested this was the case as many told me that smoking, drinking, and using soft drugs (smoking cannabis) helped them 'feel better' whenever they felt

down or depressed. Table 7.1 provides a summary of the distribution of these behaviours by work status.

Table 7.1 'Risky' Behaviours and Work Status

	<u>Smokers</u>	<u>Drinkers</u>	<u>Soft Drugs</u>
<u>Work Status</u>			
Employees (N=15)	9	13	1
Unemployed (N=19)	14	17	2

Work status was the only factor related to the 'lifestyle' choices that different men adopted, and, as the table illustrates, the unemployed were proportionately more likely to engage in each form of behaviour in comparison to employees. Any hard and fast conclusions in relation to this are problematic, however, because the majority of men, irrespective of their work status, smoked and drank. But whilst similarities seemed to outweigh any differences, the fact that other studies have also identified a relationship between unemployment and 'risky' behaviours such as smoking would seem to suggest the observed patterns were more than just a chance occurrence (e.g. Jarvis and Wardle, 1999).

This could be due to the fact that unemployed men appeared to be disproportionately exposed to sources of stress that threatened their sense of self-esteem (see Chapter 6). However, it could equally be argued that, for example, the

higher proportion of unemployed smokers reflected the fact that they had less coping options to choose from (i.e. less structure and activities in their day). But whatever the reason, what was clear was that employees and the unemployed alike 'used' these behaviours, albeit to a greater or lesser extent, as a form of coping.

The following comments by Darren, an employee, and Sadiq, one of the unemployed men, were typical in relation to the perceived 'benefits' of smoking:

Well smoking helps me, it really does. I know it's a bad habit but it helps, it helps to calm me down. It's amazing really, when I feel stressed if I go and sit down and have a fag I just calm down. It relaxes me (Darren).

Cigarettes are like a comfort to me and, I know that this sounds stupid, but I find that I can make decisions better if I have a cigarette. I mean my girlfriend wants me to stop but I said to her 'I'm afraid I can't stop. Smoking's just like a part of me that allows me to cope with my problems. It's like a medication for me' (Sadiq).

Similar statements were made in relation to drinking, but here the ability to get a 'good nights sleep' seemed to be important, especially when they felt 'stressed'. Going for a drink also served as a vehicle for 'socialising' - something the unemployed men mentioned more than the employees. Drinking was therefore tied into social support and the need for social contact. Lee, for example, said that going for a drink made him feel less isolated because:

If I'm feeling depressed about something then you've got to get out of the house. So that's why I go for a drink. I'll go for a pint and say 'hello mate, you alright', and have a good talk like, you know what I mean. That helps, and it saves you just sitting there talking to yourself (Lee).

Drinking could also be used as a form of coping in its own right. For example, a number of men admitted that 'very occasionally' they would go 'on a session' to gain a 'temporary release' from their difficulties. These 'sessions' were expensive and could be viewed as a luxury the men could ill-afford. However, as Leslie, one of the unemployed men, explained to me, sometimes this was a price worth paying:

It all comes back to the fact that unemployment is so boring, and at times I've just got to get out. You know, I'll always ask myself if I can afford it and how much will I have left if I first pay this and that. But there's never anything left. So I go out and just think 'bugger the lot of it'. I just say 'balls to the electric cards and balls to the shopping' and I just go out anyway. I feel better at the time like, but the next morning I've only got fifteen quid or something left and I'll think 'oh God, not again'. But I still feel better for having done it (Leslie).

The three men who admitted using soft drugs (smoking cannabis), whilst emphasising that this was not something they did regularly, also talked about how this helped them cope with stress. One said it not only helped him to relax, it also enabled him to make sense of his difficulties and come up with solutions:

When I'm feeling really down, well if I drop a joint I feel, well obviously I get a high. But once I've got through that and the effects worn off I feel a lot better because it's given me time to relax. And then, once you've relaxed, you can think things over better and mull them over in your mind. And you come up with a more serviceable answer to your problems. And then you say 'right, I'm going to do it that way or this way, and then you go from there. You're instantly out of it if you know what I mean (Paul).

But against such 'benefits' the men also acknowledged the negative aspects of each of these behaviours. Smoking, in particular, was recognised as 'dangerous', and many said that they had tried to give up on numerous occasions. Few had succeeded in doing this for any length of time however, despite many admitting they suffered from 'bad chests' and even 'asthma' because of the habit. For instance, one of the employees - who was 'trying' to give up following a heart attack, which he blamed on both the stress he had suffered from the long hours that he worked as a security guard, and the sixty cigarettes that he used to smoke each day to cope with the boredom and monotony of those hours - was unwilling to say that he would never smoke again on the basis that:

I've tried giving up before, six or seven times, but there was always something that came up, problems at work, problems with money, problems with my missus, and I just went back to them. So I'm not going to say 'that's it' (Rakesh).

Another unemployed man, Joe, also said that the idea of giving up was particularly difficult in his situation, even though he admitted that 'if I could really put my mind to it I'd probably like to give up'. However, he also said 'you tend not to want to give up the few things that you can do, so you don't'. So his 'choice' not to give up was itself a reflection of his limited resources. Indeed, his comments aptly illustrate the need to analyse the way that 'material' *and* 'lifestyle' factors constantly interact with each other rather than exclusively focussing on 'material' *or* 'lifestyle' explanations for ill-health.

To see smoking, drinking and drug use only in terms of coping strategies would be wrong however. As Hart and Carter have argued, people also find 'risky' behaviours a 'pleasurable experience', and consequently they can be seen as forming part of a more general 'search for gratification' (2000: 249). Yet what the men's accounts seemed to illustrate was that patterns of consumption were also shaped by the materiality of their lives. Furthermore, whilst 'risky' behaviours can, on the one hand, be health damaging, on the basis of what the men told me they could also be health enhancing (psychologically) if seen as a form of coping that helped them to deal with the emotional impact of the difficulties in their lives. Indeed, in relation to this it is interesting to note that whilst only five of the unemployed men were non-smokers, three of these men were also receiving treatment for clinical depression. Conversely, of the seven men who described their health as 'good', five were smokers. I am not, however, suggesting that the 'depressed' men would have benefited from smoking. Even if they had gained some short-term mental health benefits from doing this, this always has to be set against the additional expenditure and health risks that this would also have involved.

Perhaps for these reasons the excessive use of such 'strategies' was something that the men appeared keen to play down. Most said smoking and drinking were things they only did when they could afford it, and that bills and household expenses almost always took priority. Hence, drinking usually meant 'a couple of pints now and then', and smoking around ten to fifteen cigarettes (often hand-rolled) per day. So their lifestyle choices were always limited by their material constraints, although within such constraints choices were still possible.

Values and beliefs can also contribute to the way that such choices are decided upon, and it is here that masculinities can play a role in shaping the lifestyles men adopt. As Bruckenwell et al have argued, 'The pursuit of a brave, manly face' directly affects men's approaches to such things as smoking and drinking because the risks of cancer, respiratory illness and the like often take second place to the need to prove that 'we are harder, got more 'bottle'... and more daring than other men' (1995: 10). And it is this type of behaviour that is usually implicated as the main reason why men die younger than women (Annandale, 1998). However, whilst studies using instruments such as the MGRSS (Eisler and Skidmore, 1987) have also found that such behaviours increase the more one is committed to such stereotypical ideas, there was little evidence of a link between any aspects of the men's personal masculinities in this study and the lifestyle choices they made. But given the fact that all of these 'choices' cost money, perhaps excessive indulgence in such behaviours is a privilege that only those with money can actively pursue. Hence, even if 'risky' behaviours can be conceptualised as masculine 'props', material circumstances appeared to limit their use.

7.3 When Control is not Enough

All of the strategies that have been discussed so far were unproblematic as far as masculinities were concerned. After all, keeping a tight reign on one's emotions by 'rationalising' one's situation, searching for 'causes', keeping active, and even resorting to the use of 'risky' substances, are all consistent with stereotypical masculine characteristics such as being 'strong, aggressive, rational, independent,

task orientated, invulnerable and successful' (Craib, 1998: 88). These strategies had other common elements as well: firstly, none involved 'outer' emotional displays such as crying, and secondly, they were strategies men could utilise without help from others.

Nevertheless, sometimes the men also resorted to more problematic courses of action that threw their ideas about 'what a man should be' into sharp relief. Indeed, it was here that the men's personal beliefs about masculinity started to surface in ways that, contrary to many of their initial statements about their 'personal' masculinities, suggested 'macho' beliefs, particularly the need to avoid being seen as weak, were still adhered to.

This section explores how these problematic strategies were utilised, conceptualised and negotiated by the men through an examination of three emergent themes: crying, leaning on others for emotional support, and the difficulties of talking to others.

Having a 'Good Cry'

Crying is the antithesis of remaining emotionally inexpressive and for this reason it is not something that men are expected to do (see Seidler, 1997). Indeed, there are strong social pressures on men to find other ways of coping because, as Real succinctly argues:

Men are not supposed to be vulnerable. Pain is something we are to rise above. He who has been brought down by it will most likely

see himself as shameful, and so too, may his family and friends (1997: 22).

Admittedly these assertions are open to the accusation of essentialism because, as many theorists have been at pains to point out, all men are not the same (e.g. Connell, 1995). Furthermore, as Craib has argued, as feminism has gained a foothold in society 'masculine' stereotypes have become increasingly problematised, and 'the feminine' has started to be 'held up as a social ideal' to which men themselves should aspire to, including the ability to express emotions and cry if need be (1994: 138). But the question that remains is this: have men really changed that much in this respect?

My conversations with the men in this study suggested that the answer to this question was a definite 'No'. Throughout the fieldwork the issue of crying was rarely mentioned, and when it was, by only four of the men, its problematic significance was recognised. For example, one of the unemployed men, Ron, described himself as a 'sensitive person' who would probably have benefited from showing his emotions more than he did. However, he said that when he was a child 'crying and sadness wasn't the done thing', and when he did cry his parents had told him to 'pull yourself together'. Even now he found it difficult to 'rid' himself of the idea that he shouldn't cry because:

You get brought up in an environment where it's OK for a girl to cry but it's not OK for a boy. It's seen as sissy, and if you do it you're looked down on as less of a man rather than just someone who's being honest with himself. And it's hard to get rid of what you've been brought up with, so even though I'm a sensitive type

of person it's just something that I've had to learn to live with (Ron).

Despite the difficulties that socially transmitted ideas can create, three of the employed men had nonetheless managed, albeit with varying degrees of success, to overcome this type of 'conditioning'. Paul even included the issue within his description of his personal masculinity, which he defined as the ability to 'accept' problems and cry 'if you need to'. Indeed, this was one of the few occasions where an explicit relationship between personal masculinity and coping seemed to exist, and Paul's ability to define it in these terms seemed to have resulted in him regarding it in a largely unproblematic way.

The other two men also expressed the view that crying was something that helped them cope, but unlike Paul they seemed to regard it as something that required justification and/or explanation. Both men, Nigel and Arthur, described themselves as 'emotional', and both said they had always felt 'different' as children. They also said their families were more 'emotional' than most. As Nigel put it:

I love a good cry. But I've always been an emotional sort of person. But I come from an emotional family. My dad cried and he was a very soft sort of person, and all my sisters cry as well. I mean we cry at happy things as well as sad things. It's just the way we are (Nigel).

Arthur also said that his father had never taught him to be 'macho' and that his mother had been the 'strong' one in the family. But for Arthur this was also an

issue of concern because, as already discussed in Chapter 4, whilst he felt that crying was beneficial he also felt that he should be 'stronger'. So he ultimately associated crying with weakness and as something that, despite its benefits, he had reservations about. In describing his dad as 'soft' Nigel also seemed to be implying that his dad was different from the norm, although he did not seem to regard this as a problem. This was perhaps because, as a gay man, he regarded himself as equally different, and had no aspirations to live up to any of the characteristics associated with stereotypical masculinity.

But on the basis of what was said it seemed clear that the ability to cry was inherently tied into ideas about what men should or should not do. Paul seemed to have resolved the difficulties that surround crying by reformulating his masculinity in a way that allowed him to cry without feeling 'less masculine', and Nigel's gay masculinity also seemed to allow him to cry without worrying too much about what others might think of him. But in common with Arthur, he still saw it as something that set him apart from other men. And perhaps more telling than any of these men's accounts was the fact that the majority of men failed to raise the issue at all. In effect then, crying was not a resource that most felt they could draw upon, or at least admit to drawing on, when they felt under stress. And in Arthur's case, any benefits that he gained when he did cry need to be set against the dilemmas that this also seemed to create in terms of his more general sense of identity as a man. These dilemmas also surfaced when talking more generally about sources of emotional support.

Drawing on Emotional Support

Whilst it is widely accepted that social support and positive mental health are related, social support also appears to play a role in shaping wider social patterns of ill-health. It is here that Wilkinson's (1996) work is relevant, as it is concerned with the benefits populations derive from levels of social cohesion, which has much in common with the concept of social support. But whilst Wilkinson largely concerns himself with the relationship between social cohesion and income distribution at a macro level, levels of social support may also mediate the psychosocial consequences of low income between different groups within societies, as levels and perceptions of support also reflect the density of the social relationships and associated cultures within which people live out their lives.

It is here that gender may play a significant role. For example, men have been found to use and provide social support less than women, even though men's social networks seem to be larger than those of women's (Hegelson, 1995). As Thoits succinctly puts it, 'Male participation in social networks across the lifecourse is more "extensive" but less "intensive"' (1995: 65). Men and women also draw their support from different sources, with men seeming to gain more mental health benefits from marriage than their female counterparts (Stansfeld, 1999). However, they are only likely to benefit from this if their 'relationship is also characterised by emotional expressiveness, mutual self-disclosure and empathy', and many of the hegemonic characteristics of traditional masculinities represent barriers as far as the 'enactment' of each and any of these is concerned (Hegelson, 1995: 76).

But how did such issues relate to the men who took part in this study? When asked the question: 'Do you feel that you have anyone you can lean on for emotional support?', twenty-five answered 'yes' and only nine answered 'no'. As only three of this second group were employees, whilst the remaining six were unemployed, this may reflect the fact that the unemployed had less access to sources of support beyond their home environment. Perhaps more significantly, three of these unemployed men were also receiving treatment for clinical depression. Some caution is nonetheless needed in interpreting this in terms of cause and effect because not only could depression itself lead to diminishing support (Radley, 1994), the other three unemployed men who said that they had no-one they could lean on for support described their mental health as 'good'. However, unlike the men who had been diagnosed with depression, these three, as well as two of the employed men who answered 'no', also expressed strong doubts about the benefits of support.

These doubts seemed to be based on the notion that leaning on others for emotional support was a waste of time:

I don't think emotional support or sympathy from other people helps at all. It doesn't change anything, does it? If I wanted to commit suicide and you said 'don't do anything stupid, you've got lots to live for', that's not going to change the way I feel (Aadarsh).

I don't think life requires emotional support, not from some well-meaning idiot or whatever, or someone's job it is to care. I mean I just don't have any respect for those types, so what good would their advice do me? (Dave).

So when saying that they had no one they could lean on for support this did not necessarily mean they had no one that they could talk to about their problems. Rather, they seemed to be implying that they 'chose' not to lean on anyone because there were no benefits to be gained. Such comments are, of course, consistent with the stereotypical masculine ideology that emphasises self-reliance (Hegelson, 1995).

In contrast, however, the three 'depressed' men said they would have benefited from having someone they could lean on. As Sadiq stated, 'I've got no-one, so if I was really desperate I'd have to see a counsellor or therapist in order to talk'. It would nonetheless be too much of a leap to conclude from this that their lack of perceived support played a major role in their mental health problems, because the other three men who had been diagnosed with depression did feel there were people they could speak to when they felt down. But if viewed as one more resource that these men did not have access to, it can still be seen as a factor that contributed to their susceptibility to mental health problems.

The role social networks may have played in shaping their mental health status beyond their subjective perceptions is also worthy of mention. Six of the men who had received treatment for depression were unemployed, thus reducing the options open to them as far as 'help-seeking' was concerned - an issue which also feeds in to the multiple role hypothesis discussed in the previous section - as well as their ability to socialise (something equally affected by lack of financial resources). Four of these men also lived alone (two of whom said they had no-one they could lean on), thereby further diluting the density of their networks and the

sources of support which may otherwise have been available to them. Therefore, all six of the men who had been diagnosed with depression were at some disadvantage in terms of objective and/or subjective sources of support. Having said that, the three unemployed men who expressed strong doubts about the benefits of support were all married, and so even the availability of a resource did not mean that it would necessarily be drawn upon.

The view that social support was a 'waste of time' was rare however. In general the 'benefits' of talking to other people were acknowledged, with the following quotations representing typical statements:

Talking to people helps me because sometimes the problems that you've got, well when you tell somebody else they say 'it's not that bad', and that always stops me from over-reacting (Alan).

I talk to my mates when I feel down, because they've got the same problems as me so they understand. So we'll go for a drink or something and have a good chat, just for an hour or two. That helps (Ian).

In recent years, of course, a culture has started to emerge which views 'talking' about problems as inherently positive. Indeed, from British Telecom's 'it's good to talk' television commercials, to popular psychology texts that insist on the efficacy of developing 'communication and trust' with those around us as a basis for effectively coping with stress (Saunders, 1997: 94), the message that it is 'good to talk' is constantly reinforced. However, whilst the above comments would seem to suggest that, to some extent at least, men have bought into this culture, this did not mean that they would talk to anyone. Over three-quarters of the

married men said that they spoke to their wives more than anyone else, whereas the single men used friends and family members. Nevertheless, even then 'talking' was something that many also found 'difficult'. Consequently, rather than seeking help as soon as they felt down, twenty-seven said they tended to 'bottle up' most of their problems.

When asked why they did this two explanations were given, frequently alongside each other. Many started off by insisting that it was an 'individual thing', and made statements such as 'it's just me' or 'it's just the way I am'. As they expanded on this, however, comments that linked this 'individual' behaviour to the male gender-role also emerged, and it was here that their personal beliefs concerning stereotypical characteristics, such as remaining strong and unemotional in the face of difficulties, started to surface in ways that suggested the 'macho thing' was not simply a remnant of the past. Indeed, what could perhaps be considered as 'covert' elements of masculinities (i.e. values and beliefs that the men had not previously associated with their 'personal' masculinities, or at least not explicitly) were suddenly thrown into sharp, 'overt', relief:

I think all men tend to bottle it up inside, and I think it's all tied into this masculinity thing. You know, being a man, being able to cope with everything that's put in your way, not showing any weakness (Samir).

Well as men we all tend to think we don't need anyone else's help. 'I'll cope with this on my own' type of thing. So it's a stereotype I suppose, but we all still do it (Aftab).

Men have pride in their minds and they don't want to show their stress, they don't want to show their weakness to other people. So I would never tell my story to others because I would be showing my weakness, and I don't want to be a weak person (Aadarsh).

I suppose it's because we don't feel that we've lost our edge if we don't talk about things, our masculinity if you like. I mean I will talk about certain things, but not others I suppose. I can't think of the things I wouldn't talk about at the moment though, because you don't think about it on that level do you? You just go with the flow (Kyle).

However, rather than preventing the use of a potential resource altogether, there was evidence that many had succeeded in exercising their agency to break through this socially transmitted barrier that, along with material circumstances, could have 'restricted' their ability to do this (Fryer, 1995).

Happy to Talk?

Whilst the tendency to 'bottle up' emotions appeared partly due to the values and beliefs associated with masculinities, as the interviews progressed it became clear that reservations about talking to others were also open to a degree of negotiation. Despite finding talking 'difficult', as long as various conditions were satisfied this was something that many were prepared to attempt. There were variations in terms of how much emphasis was placed on precisely which conditions were important, but three strong themes emerged: firstly, the person they decided to talk to understood their problems, secondly, that they would benefit from talking, and thirdly, that they could do so without feeling uncomfortable or embarrassed.

Talking to someone who 'understood', was generally regarded as important. As Tony, one of the unemployed men, explained:

Well if I've got to talk I'll talk. But you need someone who's been through the same sort of problems as you. You can then have a good conversation with them because you know that they can understand. But I wouldn't talk to just anyone, not just for talking's sake (Tony).

However, whereas Tony emphasised the importance of talking to someone who had been 'through the same sort of problems', the majority told me that 'understanding' was most likely to be achieved with close friends or family who were on 'the same wavelength' as them. Having said that, employees and unemployed alike also drew support, as needed, from other sources. For instance, many of the unemployed men told me they talked to other unemployed men about the difficulties of finding a job and the problems they had experienced with the social security office. The employees appeared just as likely to confide in their 'work mates' when something about their work was getting them down. But their willingness to talk to any of these people, including those they 'usually' turned to, also depended upon whether they felt there were any benefits to be gained.

When assessing such 'benefits' it seemed apparent that talking was generally regarded as secondary to any actions or 'emotion work' they could do themselves.

As Aftab, one of the Asian men, explained:

Well if I think I can't solve something, and I've tried to do my best to solve it, but I feel that I can't do anymore on my own, then I'll probably ask for some help. But only then (Aftab).

But as Aftab then went on to explain, this was not because he was afraid of 'appearing weak', something he admitted was 'probably' at the back of his mind, but because talking could sometimes make things worse:

I find that most people, when you ask for help, start pointing out problems that might come up that I haven't even thought about. So they can sometimes make my stress even worse (Aftab).

For this reason he confided in others only as a 'last resort', preferring instead to 'sort things out myself whenever possible'.

This view was common and could once again be linked to the stereotypical masculine emphasis on self-reliance. However, the 'limitations' of talking tended to be emphasised over any gendered influence. Nevertheless, there were exceptions. Seven of the men (four employees and three unemployed, all of whom were white) said they were 'happy' talking 'in depth' to anyone about their problems, and regularly used this as a form of coping. This was despite recognising this was not something that 'men in general' tended to do. Indeed, all told me they always felt better after a 'good talk', and, perhaps significantly, the way that three of them had earlier defined their personal masculinity seemed to be related to their ability to utilise this strategy.

One of these men was Paul, who also felt that crying was something that he benefited from, and who had defined his masculinity to include this within its frame of reference. Another was Leighton, who had also included emotional expressiveness within his personal definition of masculinity; which, for him, was

all about 'being a shoulder to lean on and an emotional wall to bounce off' whenever his wife or children needed someone. Whilst the third man, Peter, stated that he had recently 'discovered' his 'feminine side' since becoming a single parent. These three were the only ones to bring issues of emotion and/or so-called 'feminine' characteristics into their personal concepts of masculinity, and the fact they also felt 'happy' talking about their problems seemed to show that they had successfully 'adapted' the gendered aspect of their 'emotional capital' (Williams, 1998) in a way that allowed them to be emotionally expressive. Having said that, there was nothing specific about the other four men's descriptions of their masculinity that indicated any such link. Nevertheless, whilst only seven of the thirty-four men had earlier defined their mental health as 'good', two of these seven also came from this group (Peter and Leighton). However, caution is once again required before attributing some form of causality because, as already discussed, three of the men who saw 'no benefits' in talking also defined their mental health in the same terms.

Nevertheless, the majority of men were far more cautious when it came to talking about their problems, especially if they felt it could lead to embarrassment or a breach of confidentiality. Aadarsh, one of the Asian men who earlier stated that he felt talking was a 'waste of time', said one of the reasons he never talked to other people, apart from seeing it as a form of 'weakness', was because he feared that if he spoke to members of his extended family they would 'gossip' about him behind his back:. Far from accepting the message that 'it's good to talk', Aadarsh therefore believed talking carried its own psychosocial risks:

If you want help then you go to someone outside your family, friends or someone else who might help you. But never the family, they're not interested in you, they're only interested in rumours and gossip. If you tell them you just let them put petrol on the fire, you know (Aadarsh).

Raj expressed similar fears. He told me he would never talk to work colleagues about his personal problems because they would spread what he had told them round the factory, and expose 'weaknesses' that could then be used against him in some way. For this reason, he said that if he had something 'really personal' that he wanted to get off his chest he preferred to speak to a complete stranger:

A stranger doesn't know you so he won't think too hard about what you've said. But a friend will. If you talk about your deep, inner feelings to a friend, you'll see them the next day and they'll give you that look that says 'listen chap, I know what's fucking your head up', and then I'd feel really embarrassed. But if you speak to a stranger who you're never going to see again, well they can take some of your stress away because you can unburden yourself (Raj).

This view was also expressed by another two men, both of whom said that when they talked to people they hardly knew they were more likely to 'let it all out' (Lee) because their conversation would remain confidential.

Issues of confidentiality and feeling comfortable emerged again and again during the course of the interviews, although the 'benefits of strangers' was not something that was frequently mentioned. Yet the fact that most seemed happy talking to me about 'personal issues' seemed to indicate that this might have more general relevance. I was, after all, a 'stranger' that they were unlikely to meet

again; thereby minimising the potential for embarrassment. Indeed, Leslie, one of the unemployed men, implied this when asked under what circumstances he would consider talking to another man:

I don't know really, but I'm talking to you now aren't I, and it's really strange because I'm sitting here telling you all this stuff that I wouldn't mention to anyone. But it's like different isn't it. I feel comfortable here and what I tell you aint going to go any further (Leslie).

What Leslie's comment, along with those who talked of the 'benefits of strangers', seemed to suggest was that the men faced something of a paradox. They were not fundamentally opposed to talking about themselves, but in order to be completely emotionally expressive, emotional distance sometimes helped. Dramaturgical anxieties related to fears of appearing 'weak' in front of others seemed to lie at the heart of these issues, and as already discussed in relation to the men's tendency to 'bottle up' their problems, hegemonic ideas about how men should act were recognised by the men as playing a role in shaping such fears. Consequently, they were not always able to take full advantage of a potential resource because the gendered dimension of their 'emotional capital' (Williams, 2000) created a form of 'stage fright' (Freund and McGuire, 1999) at the prospect of performing what they regarded as a socially inappropriate, and therefore embarrassing, activity.

Nowhere was this difficulty more apparent than when the men talked about the unwritten 'ground rules' that guided their conversations with other men. Here the

principle of 'nothing too deep' seemed to allow all parties to 'keep face' whilst still 'touching' on issues that caused concern. As two of them explained:

Well you do talk when you go out for a drink and that, and you do get things off your chest. But never too much, you know what I mean? We have a drink with each other and keep the conversation at a piss-taking level, and away from the personal level. No-one gets embarrassed then (Colin).

Well when you go down the pub you do talk to your mates like, I mean blokes do talk about their problems to other blokes. It's that male bonding stuff I suppose. Having said that, we don't really go into any depth, we just skim the surface. We just get the basics off our shoulders (Kyle).

But getting the 'basics' of their shoulders, as Kyle put it, seemed to preclude talking about emotions themselves. This is perhaps not that surprising given the stereotypical tendency towards emotional inexpressiveness that the men themselves seemed aware of. After all, as Bruckenwell et al have argued, emotions are something that have traditionally been associated with femininity and,

To link yourself with traditionally feminine qualities of vulnerability, weakness and helplessness often feels like being less of a man. That's what discourages men from taking their everyday pains and anxieties seriously, or asking for support (1995: 3).

However, the need to be 'accepted' by the group seemed to influence the men's decision to keep their conversations at a surface level at least as much as any fear of admitting weakness. Indeed, keeping the conversation from getting 'too deep' seemed to form part of a dramaturgical performance which not only

safeguarded the men's sense of identity, but which also prevented them from being socially excluded or stigmatised. As the following quotations illustrate:

It's all about what other people think of you isn't it? You know, you don't go into the pub and talk about depressing things...you just keep schtum about things like that. I mean, if you say something like 'oh, I'm feeling really depressed', everyone would jump up and look at you as if to say 'lets get up and move somewhere else (Leslie).

If you're sitting and talking, all the lads like, all having a good few pints, well if one of you's low you'll get pushed out if you understand what I mean. You'll just get pushed out because the other lads are having a good time and a good laugh. So you don't do it because you want to keep in with them (Ian).

Such constraints should not be interpreted as meaning that the men gained no benefits from this strategy however. The ability to socialise and confide in others at even a superficial level not only allowed them to feel 'part of the crowd', it also helped them counter social isolation and boredom in a way that was, at one and the same time, relaxing and distracting. Small wonder then that most said they felt 'better' after a 'good night out'. If viewed as a strategy that would have been threatened if they had attempted to talk about their feelings and emotions on such occasions, the surface level of their conversations can even be seen as an effective survival strategy which enabled them to make the most of the gendered, 'dramaturgical' confines of the social interaction they took part in.

There also appeared to be room for a degree of negotiation. Masculinities, as discussed in Chapter 4, are always constructed and negotiated in the process of social interaction, and as such are never static (Cornwall and Lindisfarne, 1984).

For example, one of the unemployed men said that whilst his conversations with other men generally stayed at the 'surface level', if he felt that they might be amenable to talking at a deeper level he would test the water to gauge their reactions. He did this by slowly introducing his problems into the conversation:

If someone was willing to talk to me then I'd be happy to talk, and you can usually tell because they start talking about their problems first. So then I do the same by bringing things out slowly. You know, after a while I'll say 'I have a problem', and then maybe we'll talk. So I have done that, but a lot of men don't want to listen. They just turn round to you then and say 'forget it, I've got enough problems of my own. I don't need yours as well'. But if they come into the conversation with you then you're probably fine. But you just have to tread carefully (Darren).

But if it did work he said that he felt he had gained a friend who he could freely turn to should he feel the need to talk again at some future point in time. In other words, he exercised his agency to ensure the availability of a resource - another person - who he could talk to without worrying about issues of 'keeping face'.

Similar comments were made by Ian, another of the unemployed men, who told me that, over time, he and certain friends who were also unemployed had 'learned' to talk to each other because:

We've got to know and trust each other over the years, so we do sit there and have a chat about life. You know, 'what the fuck can we do about this and that' and 'where can we go from here'. And in the end we always end up saying something like 'well we've just got to carry on aint we'. But for some reason you do end up feeling better for that (Ian).

But both Ian and Darren also made the point that they would first try to deal with problems on their own, and that they still 'bottled up' most of the things that worried them. However, talking to others was an option that they were clearly prepared to do, and gain benefits from, if they felt the need to do so. So norms of male sociability, far from being 'fixed', could be subverted to an extent, as long as the social conditions in which social interaction took place had been carefully negotiated.

So whilst leaning on others for emotional support was recognised as problematic by the majority of men, this did not mean, albeit with a number of exceptions, that this was something they would never do. Quite the opposite, in general the men appeared willing to confide in others as long as they felt they would benefit from this, and could do so without fear of embarrassment or stigmatisation. But if they were unsure about such issues then 'bottling it up' remained the preferred strategy. This was not simply a question of their individual preferences, but a product of both their socialisation and the interactional contexts in which they found themselves. In this respect masculinities can be seen as playing a role at various levels in shaping their fears of talking, and on the basis of the preceding analysis, it seemed clear that the 'macho thing' played a very important role in shaping how, when and to whom they chose to speak to.

7.4 Conclusion: Contradictions and the Limits of Agency

Coping and agency seem to have been regarded as synonymous with each other in much of the psychologically orientated stress literature, and as this chapter has illustrated, the men were certainly capable of mobilising a range of different, often ingenious, strategies in order to manage their emotions. What their accounts did not shed light on, however, was the issue of whether one specific strategy was better than any other, as contradictions rather than any hard and fast patterns seemed to be the norm. For example, whilst seven of the men who said they were 'happy to talk' seemed to gain some benefits from this, the same could be said of the three men who also defined their health as 'good' but saw talking to others as a waste of time. Of course, as discussed in Chapter 4, the men's health assessments were themselves problematic, in as much as they did not necessarily mean that the men never felt down or depressed, although all three of this second group did insist that this was the case. Having said that, it could be argued that the fact that these three also seemed to be preoccupied with the need for self-reliance prevented them from admitting to 'poor' health on the basis that it would have been tantamount to admitting to a failure to cope.

Nevertheless, to see any of the above strategies in terms of individual choices alone would be wrong. As this chapter has illustrated, the need to 'control' emotions was something that all of the men seemed to identify with, and when it came to the use of 'outer' emotional strategies which required a degree of emotional expressiveness, the men seemed to recognise the barrier which the gendered dimension of their 'emotional capital' (Williams, 1998) represented.

Some were clearly more successful in overcoming this barrier than others, but the fact that such problems existed meant that their actions never took place within an ideological vacuum. Hence, as far as talking to others was concerned, what seemed to exist was a rather strange mixture of what could be called 'traditional' and 'non-traditional' masculine strategies (Gordon, 1995). At one level, for example, traditional, or 'covert', aspects of masculinities surfaced in the form of the men's reticence about talking and their tendency to bottle things up. However, this was then combined with a willingness to talk, and to even negotiate this, if certain conditions were satisfied and certain ground rules observed. These rules and conditions nonetheless served as a 'restriction' that required more than a little effort to overcome (Fryer, 1995).

But whilst the men's 'emotional capital', or at least the gendered aspect of it, seemed to represent a resource which they had some degree of control over, the ways in which they drew upon this capital were limited when faced with other, more material, constraints. It was here that unemployed men appeared to be at a disadvantage, in as much as their situations seemed to limit their coping options in terms of strategies such as 'keeping busy', cognitively separating aspects of their lives, and drawing on the support of work colleagues. And the fact that six of the unemployed men were receiving treatment for 'depression' when interviewed may reflect this lack of options. Perhaps more significantly, these six men were also at a disadvantage in terms of objective and/or subjective dimensions of social support more generally. However, contradictions also seemed to exist amongst the unemployed, in as much as the majority seemed able to exercise their agency

to make the best of what limited resources they did have to reach some degree of emotional 'acceptance'.

Agency had its limitations however. Not only were the choices of strategies they used limited by material, ideological and intersubjective constraints, such strategies were only partially successful. As discussed in the previous chapter, all except the three men mentioned above admitted that they still suffered from depression resulting from the pressures and dissonance that their material situations served to create. Therefore, as skilled as many of these individuals were, and whilst the resources they drew upon clearly played a role in shaping what choices were open to them, without the availability of what would have perhaps been the ultimate resource - a well paid job - their actions only served to minimise, rather than overcome, the psychosocial impact of their low levels of income due to 'restrictions' that were largely 'insoluble' (Fryer, 1995). Hence, whilst 'rules and resources' certainly influenced their ability to exercise their agency (see Giddens, 1984), the most important 'restriction' was rooted in material rather than cultural/ideological aspects of their lives.

Masculinities nonetheless combined with these material 'restrictions' to shape the experiences and responses of individual men. Indeed, the analysis lent further support to the notion that masculinities influence men's psychosocial health in both 'covert' and 'overt' ways. However, it also became apparent that 'covert' aspects of masculinities were not entirely 'mind-independent'. Rather, in times of crisis they could 'drift' into men's consciousness and become 'overt' in form. But whatever form they took, it was their interaction with material difficulties and the

men's attempts to exercise their agency that ultimately determined their overall influence.

Chapter 8

Summary and Concluding Discussion

The development of an approach to masculinities and men's health that is firmly grounded in the materiality of men's lives has been a central objective of this thesis. In pursuing this objective it has explored the meanings and significance that the men who took part in this study associated with masculinities; it has investigated their psychosocial health status, and in the process assessed the extent to which masculinities influenced their willingness to report or seek help for ill-health; and finally, it has highlighted the stress-related processes and mechanisms, both material and gendered, that influenced their psychosocial well-being. The role of work status in mediating each and any of these processes has also been investigated throughout. In so doing it has also addressed each of the questions identified as worthy of further research in Chapter 1:

1. How could the concept of stress help us understand the role both masculinities and low income play in shaping patterns of health inequality?
2. What meanings and significance do individual men attach to masculinity/masculinities?
3. How accurate are existing measures of health and to what extent do they reflect the lived experiences of actual men?
4. How do men on low income experience and respond to their situations, what role do masculinities play in shaping those experiences and responses, and what impact does this have on their psychosocial well-being?
5. How does work status mediate the relationship between masculinities and men's experiences and responses to life on a low income?

These questions will also serve as a guide for this final chapter, which summarises the main findings of the study. Thus, in the sections that follow, questions 1-5 will be addressed in turn, and the extent to which the analysis has furthered our understanding of each issue will be considered. Finally, the chapter concludes by discussing how this study has contributed to our knowledge of inequalities in men's health more generally.

8.1 *Stress, Masculinities and Realism*

The question addressed in Chapter 2 was whether stress, as a problematic and contested concept, could help us understand the combined role masculinities and low income play in shaping men's psychosocial well-being. This was explored by returning to the 'original source' of the so-called psychosocial perspective (Elstad, 1998), namely stress research, and critically discussing theoretical approaches to the concept of stress, stress and socioeconomic inequalities research, and gender-related stress research. From here it then went on to engage with theoretical approaches to the concept of masculinities, before finally considering how both stress and masculinities could be brought together within a single framework.

In doing this, strengths and limitations of these bodies of work were identified. Firstly, in relation to stress research, it was argued that Lazarus and Folkman's (1984) transactional framework, with its emphasis on appraisal and coping, offered the potential of putting meaning and agency firmly onto the agenda, and in a way that would also keep the material contexts of men's lives firmly in focus.

The stress and socioeconomic inequalities literature also pointed to a need to acknowledge that individuals faced many sources of stress, including economic hardship, and not just those associated with relative deprivation (e.g. Wilkinson, 1996). However, the positivist orientation of much of this literature has meant that the experiential aspects of stress have been neglected. For the most part, the identification of statistically significant relationships between variables has remained the central concern, and there have been few attempts to examine broader questions concerning the relative influence and interaction between structure and agency. Furthermore, although stress research has attempted to explore what role gender might play in mediating aspects of the stress process, men and women have tended to be conceptualised as two distinct homogenous groups who occupy rather static roles and act on the basis of values and beliefs consistent with those roles.

The masculinities literature was equally problematic in its own way. Whilst the theoretical basis of masculinities has been discussed in some detail by theorists such as Connell (1995) and Seidler (1994), and in a way that does connect individual experience and action to wider social relations of power, the precise meaning of the term masculinities remains ambiguous. In particular, the question of which aspects of masculinities individual men might attach significance to, and how these might then influence their attitudes and behaviours in ways that impact upon their health status, has received little empirical attention. Nevertheless, the concept of masculinities did allow for differences between men to be acknowledged, it prioritised the role of meaning and experience in the construction of masculinities, and, potentially, it offered the opportunity of adding

a much needed theoretical dimension to an understanding of how men might experience and respond to sources of stress by setting men's experiences in the context of wider social relations of power and inequality.

On the basis of these reviews it was therefore argued that a case could be made for bringing the concepts of stress and masculinities together within a single framework. The question that remained, however, was how to do this in a theoretically and empirically informed way that could capitalise on their strengths whilst minimising their limitations. In considering this issue, the case for locating both stress and masculinities within a 'realist' theoretical framework was developed on the basis that it enabled key concepts in stress research, particularly 'appraisal' and 'coping' (Lazarus and Folkman, 1984), to be examined in a way that brought the materiality of men's lives clearly into focus. It was also argued that realism was compatible with the concept of masculinities, and could even serve as a conceptual tool for building theoretical links between attitudes and behaviours associated with masculinities, and the wider social settings within which they are constructed. This argument was then developed by discussing how the ideas of theorists such as Fryer (1995), Doyal and Gough (1991) and Freund (1998) could also serve to inform such a framework.

Having set the theoretical scene, it was then argued that such a framework could indeed serve as a heuristic device for exploring the combined role that masculinities and low income played in shaping men's psychosocial well-being, and in a way that allowed for the experiential dimensions of such processes to be explored in depth. Hence, after considering the methodological implications of

this in Chapter 3, the remainder of the Chapters turned to the accounts of the research participants as a basis for exploring questions 2-5.

8.2 Reflecting on Masculinities

As a starting point for the analysis, Chapter 4 turned to question 2: the complexities that surrounded the meanings and significance individual men attached to the concept of masculinity. The purpose of exploring this question was two-fold. Firstly, if masculinities can mean a range of different things, and can be interpreted in different ways by different men, then their relative influence on men's psychosocial health status is also likely to exhibit diversity. What first needed to be established, therefore, was precisely which aspects of masculinities the men themselves regarded as important. Secondly, given that so much of the existing men's health literature has pointed to attitudes and behaviours associated with the male gender-role as having the most influence on men's health status, the chapter also intended to examine whether a gender-role framework may still have something to offer an understanding of men's health, and if so, whether this was compatible with the notions of diversity and difference that the concept of masculinities embraces.

What was shown was that masculinities had a range of different meanings for individual men. For some it was about the social roles their fathers had adhered to, for others biological/psychological differences between men and women, and for others a form of behaviour, a willingness to express emotion, an individual set

of values, a strategy to be used, and so on. The social settings in which masculinities were negotiated and worked out were also identified as important, as were the resources (particularly money) men had at their disposal. Experiences and lessons learnt from the past (particularly from their fathers) also played a crucial role in shaping the way the men lived their lives in the present, as did the particular sets of social relationships within which they were involved - especially in relation to sexuality and ethnic identification with cultural/religious beliefs. Nevertheless, within this diverse range of meanings contradictions also flourished.

At one level, for example, there was widespread agreement that many aspects of masculinities had changed, and that values and beliefs associated with what the men referred to as the 'macho thing' were more relevant to a previous generation than to them. Indeed, whilst all the men appeared to have clear ideas concerning what, precisely, masculinities were, many also denied identification with such notions. But as the interviews progressed much of what they said appeared to contradict these initial statements. For instance, the idea that relationships with wives and partners were 'equal' was common, but wives and partners were still largely responsible for housework and childcare. Whilst acknowledging a need to be 'flexible', identification with the breadwinner role was also common. Therefore, despite diversity, evidence of commonalities also existed.

But this did not necessarily imply a high degree of homogeneity amongst the men. Indeed, rather than basing their ideas and behaviours on any static set of values and beliefs internalised during childhood, there was evidence that both 'traditional' and 'new' ideas were drawn upon selectively, depending upon the

circumstances the men found themselves in. In the context of economic hardship, for example, many of the men advocated as much 'flexibility' as necessary, even if this meant that they stayed at home whilst their wives/partners went out to work. However, given the extent to which the men referred to gender-roles, the analysis did not support a rejection of role theory altogether. Rather, it suggested a need to 'adapt' (Layder, 1998) role theory in a way that allowed differences between men to be acknowledged alongside any commonalities. This 'loose' approach to the male gender role would allow us to view the roles that *some* (but certainly not all) men adhere to as having common reference points, whilst at the same time leaving scope for variability and 'flexibility'.

What the chapter was unable to establish, however, was precisely which of the themes and ideas the men talked about might have the most relevance as far as their stress-related experiences were concerned. In part, this was due to the diversity their accounts revealed, and also because the men themselves insisted that none of the themes they talked about had any influence on their health status. The fact that all denied identification with 'macho' ideas connected to notions of strength, fears of appearing weak, emotional inexpressiveness, etc., also raised an important issue, because these characteristics are frequently cited as a reason why men may under-report and fail to seek help for ill-health (Bruckenhwell et al, 1995). However, given Sayer's (1992) 'realist' proposition that men do not always know why they hold certain attitudes or behave in the way that they do, the possibility that masculinities were more complex than the men's accounts suggested could not be dismissed entirely. Indeed, this became increasingly

apparent in Chapter 5, when discussing the men's assessments of their 'mental' health status and their attitudes to seeking medical help.

8.3 Psychosocial Health

When turning to the men's psychosocial health status in Chapter 5, several key themes emerged. Firstly, depressive feelings were experienced by many of the men, and to a much greater extent than existing evidence would suggest as likely. This was perhaps one of the most significant findings of the study, and one that suggested that a great deal of 'hidden' depression may exist amongst men (Real, 1997). Yet rather paradoxically this was not always apparent in the men's initial assessments of their 'mental' health status. Here contradictions were the norm, and this was principally due to a tendency to downplay the 'seriousness' of ill health and to accentuate the positive over the negative. This finding was consistent with much of what has been said in the men's health literature (e.g. Sabo and Gordon, 1995), and in the case of admitting to 'mental' health problems, it could also be taken as an indication that the men regarded emotional difficulties as a sign of weakness (Bruckenwell et al, 1995). However, as this was not something that the men themselves explicitly referred to, I suggested that some caution was required before accepting this proposition.

The same could be said in relation to the men's attitudes to seeking medical help for emotional problems. Whilst a general reluctance to do so was certainly identified, and whilst there was some evidence that gendered values and beliefs

played a role in shaping this reluctance, material influences, such as a fear of losing money if they took time off work, were far more prominent. There was also extensive agreement that the main reason for not seeking help was because any depression they did experience was seldom 'serious' enough to warrant it.

The criteria drawn upon to assess 'seriousness' was nonetheless shown to be variable and open to differing interpretations. For example, relative judgements based on their own or others experiences, i.e. 'better than I was' or 'better than others I know', were widespread, and this provided a possible explanation why the tendency to downplay health problems was also common. After all, assessing health as 'fair' on a 'better than it has been' basis still left a great deal of room for 'serious' problems. The use of such criteria also rendered comparisons between the men problematic, as their self-assessments were not based on common reference points, and appeared to have little to do with how they actually felt at the time of the interviews.

The use of this type of criteria also raised a more general implication in relation to the measurement of mental health in epidemiological research. Crucially, what it suggested was that certain measurement instruments, particularly the GHQ (Goldberg, 1972), may contribute to an under-reporting of psychosocial health problems amongst men. Indeed, the GHQ is based on a scale that uses relative assessments as a basis of measurement. Hence, when a participant answers questions such as 'have you recently been feeling unhappy or depressed?' by ticking a box labelled 'no more than usual', he or she gets a zero-rating even if he or she is 'usually' very depressed.

But whilst the analysis pointed to a tendency amongst the men to ‘under-report’ psychosocial health problems, as well as general reluctance to seek medical help, the precise role played by masculinities in shaping these tendencies remained unclear. Firstly, there did not appear to be any clear relationship between the themes that emerged in relation the men’s description of their ‘personal’ masculinity in Chapter 4 and those that emerged in Chapter 5. Secondly, the relative criteria upon which the men drew, along with the importance they attributed to a range of other factors, including the possibility of losing money if they took time off work, suggested that these tendencies could not be reduced to the effects of masculinities alone.

However, it was argued that the existence of these tendencies could themselves be interpreted as meaning that common antecedents existed. For example, the stoicism that appeared to be so common amongst the men could itself be explained in terms of the men wanting to appear strong and in control of their lives (Wilson, 1998). If this really was the case, then ‘macho’ values may have existed to a much greater extent than the men had initially led me to believe. Indeed, the possibility that these might even represent ‘mind-independent’ elements of masculinities suggested itself (Sayer, 1992). This received further support when moving on, in Chapter 6, to explore how masculinities combined with the men’s relatively low levels of income to shape the way they ‘appraised’ sources of stress they were exposed to.

8.4 Experiencing Stress

Having established that many of the research participants suffered from feelings of depression, Chapter 6 moved on to explore why this was the case. In this respect it was primarily concerned with how and why the men 'appraised' certain situations as 'stressful', and what processes this actually involved.

In the process of exploring these issues, money, or more specifically lack of money, emerged as the most significant source of stress in the men's lives. However, the way this impacted on their psychosocial well-being was complex, and raised issues that went beyond those discussed in much of the existing literature. Specifically, a multi-level process of 'appraisal' appeared to take place in which 'biographies' (which I defined in terms of past, present and hoped for features of the men's lives) took centre-stage. Initially this revealed itself in terms of the 'pressures', 'worries' and 'fears of not coping' that day-to-day financial difficulties caused. But such problems were often only the beginning of a chain of related events and difficulties that could 'trigger' what I referred to as the 'biographical appraisal process'.

This process took two distinct forms, but both involved the men reflecting upon their lives and their places in the world more generally. The first had similarities to what Mike Bury (1982) called 'biographical disruption', and here severe 'life events', such as redundancy, bankruptcy and illness, triggered a sense of loss, or impending loss. However, a mismatch between the biographies which the men desired for themselves, and the lives that they were forced to live in the

absence of sufficient financial resources to achieve such an 'ideal', was the most common 'cause' of depressive feelings. And here I introduced the term 'biographical dissonance' to describe the various ways in which this perceptual mismatch worked its way out in the lives of individual men by damaging their self-esteem and creating perceptions that they had no control over their destinies.

Theoretically, this process had much in common with ideas put forward by a range of theorists (see Chapter 6 for full discussion), although Fryer's (1995) concept of 'restricted agency' appeared to have the most relevance, as he has argued that poverty and unemployment cuts individuals 'off from the future, making looking forward and planning very difficult' (1995: 270), and that it is the 'restrictions' that are placed on this agency that eventually lead to psychological distress. Indeed, if seen in this way, far from the men's experiences being shaped by their perceptions of their relative income status alone (e.g. Wilkinson, 1996), they had their foundations in the materiality of the men's lives.

That said, biographical dissonance could be seen as an outcome of individuals assessing their situations in the light of what they perceived others around them possessed. For example, some evidence that feelings of envy played a role in shaping one man's experiences did emerge. Thus, Wilkinson's (1996) argument also received some support. The point that was made in this chapter, however, was that the men's accounts suggested a need to relate such relative assessments to economic hardship to a much greater extent than has tended to be the case in contemporary psychosocial approaches to health inequalities (see Elstad, 1998 for a full review). Moreover, although the men's relative position to others may have

played some role in shaping their perceptions of dissonance, their 'aspirations' were also tied into ideas about personal fulfilment, and were not simply about wanting what others around them possessed.

It would also be wrong to conceptualise the men as passive victims of these processes. Many worked hard to 'cope' with their difficulties by, for example, 'going without' for the sake of their children. However, such strategies could serve as a source of stress in themselves, and were often achieved at an emotional price. Nevertheless, the extent to which such difficulties affected the men varied, and it was here that masculinities, particularly the men's identification or otherwise with the breadwinner role, also appeared to be important.

The impact this had on the men's psychosocial well-being was difficult to ascertain, however, because its influence varied from man to man. At one level, for example, identification could serve as an additional form of 'pressure'. Yet it could also serve as a source of pride and 'biographical reinforcement' (Carricaburu and Pierret, 1995), which lent meaning to some of the men's lives and provided them with a rationale for developing strategies that enabled them to 'make ends meet'. Thus, it appeared to have both a positive and negative character.

The analysis also pointed to the possibility of masculinities influencing the men's experiences in a range of other ways as well. Like the themes identified in relation to the men's tendency to under-report ill-health, these nonetheless appeared to be connected to 'macho' values and beliefs, which, of course, all of

the men initially denied identification with. However, fears of not coping or losing control were embedded in many of their accounts, and I speculated that if these really were 'mind-independent' (Sayer, 1992) elements of masculinities, then perhaps it is appropriate to think of masculinities as taking two forms: one of which is 'overt' (i.e. characteristics, values, behaviours, etc., that men consciously associate with their masculinity), and another of which remains 'covert' (i.e. not consciously associated with masculinity). This idea was subsequently lent further support when moving on, in Chapter 7, to examine the various ways in which the men 'coped' with the sources of stress in their lives.

8.5 Coping with Adversity

Whilst the men's attempts to cope with their situations were raised in Chapter 6, during the course of my interviews with the men it became clear that the strategies they utilised were more complex and diverse than this initial analysis had suggested. Thus, Chapter 7 explored these in more detail in the process of examining what strategies the men utilised, how these were related to the availability of material resources, and what role masculinities played in shaping these strategies.

What Chapter 7 showed was that individual strategies, whilst diverse, were always more than a matter of personal choice. Rather, they appeared to depend in large part on the resources that individual men had at their disposal. Masculinities, both 'overt' and 'covert', formed part of these resources, as did

material circumstances associated with low income levels. In relation to this last point, for example, it was interesting to note that problem-focused strategies were rare, despite the coping literature suggesting that men traditionally prefer their use (Ptacek, 1994; Zuckerman, 1989). However, in the absence of sufficient resources available to resolve financial difficulties, the men were forced to consider other options and, in the process, they often exercised their agency within the limitations of the 'restrictions' imposed upon it (Fryer, 1995).

A need to control their emotions appeared to be the main motivation for exercising their agency in this way, and I initially distinguished between two broad approaches used in order to do this. The first represented their attempts to 'understand', 'explain', and put their difficulties into perspective - and what these all had in common was the fact that they could be undertaken without the help of other people. Here, also, I included the various 'risky' behaviours the men engaged in order to cope, psychologically, with the difficulties they faced. The second type, in contrast, included such things as crying, leaning on others for support, engaging in social activities, and talking to other people about their problems, and it was here that masculine values and beliefs were often thrown into sharp relief. Indeed, it was at this juncture that the influence of 'covert' masculinities started to surface in ways that suggested they were indeed important.

The general imperative to maintain control, for example, was recognised by several of the men as having a gendered dimension. Additionally, a fear of appearing weak and a belief that they should remain self-reliant were also mentioned as factors influencing what strategies the men were prepared to engage

in. Thus, when it came to talking to other people about their problems or leaning on someone for emotional support, these were often treated as a 'last resort'. That said, whilst the majority of the men expressed reservations, many also believed that these strategies could be useful, and were prepared to 'have a go' as long as they could avoid embarrassment and benefit from doing so.

This appeared to suggest that although aspects of the 'macho thing' were alive and well, they were nonetheless open to a degree of negotiation and individual interpretation. The fact that these 'macho' values also became more visible when discussing problematic issues also lent support to the notion that masculinities have both an 'overt' and 'covert' character. However, precisely because many of the men recognised these notions as having a gendered character, I argued that it would perhaps be inappropriate to regard 'covert' masculinities as entirely 'mind-independent'. Rather, they appeared to be subject to a degree of subjective 'drift', as at times of crisis, in particular, they were often recognised as having a gendered character by the men themselves (Layder, 1997).

Overall, however, there was nothing to suggest that any strategy was necessarily better or worse than any other, as there did not seem to be any necessary relationship between feelings of depression and the type of strategy adopted. What was clear, however, was that the strategies the men utilised were never simply a matter of individual choice. They were also influenced by a range of resources. These took a variety of forms, some of which were material, some gendered, whilst others were related to factors such as the density of the men's social networks. Work status also played an important role in shaping the

availability of resources, and this often seemed to work to the disadvantage of unemployed men. However, as work status also mediated many of the processes that were discussed throughout the thesis, it is to this issue that the following section now turns.

8.6 *Did Work Status Make a Difference?*

Work status appeared to influence many of the issues that this study has explored, and often in ways that suggested the unemployed men were at a disadvantage compared to the employees. However, what also became increasingly apparent was that work status combined with the men's material situations and masculinities to shape their stress-related experiences and responses rather than existing as an isolated 'causal' factor in its own right. In turn, the men also exercised their agency in a range of different ways in order to cope, psychologically, with the difficulties in their lives. Therefore, although certain commonalities appeared to exist, their impact on individual men also exhibited a great deal of diversity.

Nevertheless, in terms of self-reported diagnosed physiological and psychological illness, the unemployed men did appear to be at a clear disadvantage. However, as the analysis in Chapter 5 went on to show, this cannot necessarily be interpreted as meaning that their health status was worse than that of the employees. It could, for example, be explained in terms of the unemployed men being more willing than employees, or as having more time than the

employees, to seek medical help. Indeed, during the course of the analysis feelings of depression appeared to be widespread amongst employees and the unemployed alike, irrespective of any 'official' diagnosis. Nevertheless, the fact remained that proportionally more of the unemployed men were receiving ongoing medical treatment, especially for 'mental' health problems, and the analysis did not identify any clear differences in attitudes towards help-seeking between the employees and the unemployed. Why this pattern existed is therefore open to interpretation, and may simply have reflected higher levels of psychological distress amongst the unemployed.

In other areas, however, no significant differences between the two samples of men were identified. For example, in relation to masculinities, and the values and beliefs associated with them, no clear differences between employees and the unemployed emerged. Similarities also appeared to be the order of the day when it came to the men describing their experiences of financial stress, as financial 'pressures' and 'worries', along with the ways in which various forms of 'biographical dissonance' affected their sense of self-esteem, appeared to affect employees and the unemployed alike. However, when subsequently moving on to discuss the men's experiences of work and unemployment in more detail, differences did start to emerge.

In particular, unemployment was associated with boredom, poor self-esteem, feelings of hopelessness, and a sense of social exclusion to a much greater extent than the stress that the employees talked about in relation to their work. And given that such issues, particularly problems of self-esteem, were also identified as

damaging aspects of the biographical appraisal process, this did indeed seem to place the unemployed men at greater risk of poor psychosocial health. Alongside the influence of material disadvantage, the analysis therefore lent some support to Jahoda's (1982) hypothesis concerning the beneficial effects of 'latent' employment functions.

The unemployed were also at a disadvantage when it came to coping with the experiences described above. This was because they lacked the resources necessary to take full advantage of a range of strategies that would otherwise have been available. For example, whilst the employees were able to 'rationalise' their situations by consoling themselves that at least they had a job, this was not something the unemployed could do. Similarly, they had fewer opportunities for 'keeping active', following a routine, or cognitively distinguishing between positive and negative aspects of their lives. Because their social networks tended to be smaller than those of the employees, their opportunities for drawing on sources of support were also 'restricted'. However, how much of a difference this actually made was difficult to determine because many compensated for this by 'adapting' and learning to 'accept' their situations.

Nevertheless, the findings of this study can be interpreted as lending some support to the idea that the experiences of unemployed men cannot be reduced to the effects of income levels alone, although income levels clearly contributed to the problems they faced. Similarly, whilst 'social selection' (Bartley, et al, 1999) cannot be ruled out entirely as a factor shaping patterns of health inequality between employees and the unemployed more generally, the analysis did seem to

suggest that, potentially at least, unemployment itself could be health-damaging in certain circumstances.

8.7 Summary and Conclusion

What this study has attempted to achieve is a synthesis of ideas that resonate with the emerging 'psychosocial perspective' on health inequalities (Elstad, 1998), but which also breaks free from the largely positivist orientation of much of this work. Hence, rather than establishing 'causality', this study has explored the complexities surrounding person/environment transactions in a way that sheds light on the nature of the 'psychosocial pathways' that translate material disadvantages into poor psychosocial health (Wilkinson, 1996), and how these combine with masculinities to shape men's psychosocial health status. In the process it has also brought human agency more strongly into focus, although the 'restrictions' that limit this agency have also remained a key concern throughout (Fryer, 1995).

In the process of exploring the 'complexity of social causation', to use Bartley et al's term (1998), what has been shown is that individuals are by no means passive victims of their situations or dominant ideological/cultural ideas. They interpret and respond to difficult situations in a variety of ways, often with great skill. However, neither can they be conceptualised as completely free agents. The material, ideological and cultural conditions of their existence set limits to what is possible, although the forms these take will themselves vary according to their

perceptions, aspirations, and past experiences, and also according to the specific configurations of social relationships within which their lives are embedded. Thus, whilst life on a low income may generate a range of common difficulties, the extent to which such difficulties impact on individual men will also vary.

What has also be shown is that whilst men's experiences may also have common points of reference, i.e. the material conditions of their existence, no single explanatory framework is capable of describing the range of processes and mechanisms that these can give rise to. Indeed, in the course of the analysis, many of the competing theoretical approaches of neo-materialists such as Lynch et al (2000) and Fryer (1985) and psychosocial theorists such as Wilkinson (1996) and Jahoda (1982) have all been lent some support. In the process, what has also been shown is that it is the interaction between a range of different mechanisms, rather than a single mechanism, that is important. Thus, false divisions between psychosocial *versus* materialist explanations ultimately serve little purpose.

The same could also be said in relation to the more specific influence played by the men's income levels, masculinities, and their work status in shaping their psychosocial well-being. Each of these factors clearly influenced the men's experiences in a range of different ways, but ultimately, it was their interaction, and the combined effects of that interaction, along with the men's attempts to respond and make sense of the difficulties that this could create, that was important. It therefore makes little sense to prioritise the role of one influence over another. What was apparent, however, and contrary to what much of the emerging men's health literature has suggested, was that masculinities influenced

more than men's tendency to engage in 'risky' behaviours, and that their influence was by no means always health-damaging.

By adopting a more holistic, qualitatively orientated approach to stress research these complexities revealed themselves to a much greater extent than is possible in conventional epidemiological research. This enabled the study to explore how different factors combined to shape men's experiences in many different ways, as opposed to simply inferring generalisations based on statistical relationships between variables. This, in turn, highlighted the importance of diversity and difference, whilst also allowing for commonalities to be identified as and when appropriate. It also more readily allowed for the interaction between structural features of the men's lives and the meanings and actions that they engaged in to be kept firmly in sight.

Many of the core ideas of realist social theory discussed in Chapter 2 have underpinned the way these interactions have been explored. They also informed many of the discussions of 'covert' masculinities, as realists insist that the world is not only complex and multi-faceted, but that there is more to life than that which is open to empirical investigation. However, what this study has shown is that empirical investigation can serve as a basis for identifying their possible existence, especially when they 'drift' into human consciousness (Layder, 1997). Nevertheless, some mechanisms, particularly the wider sets of social relations in which people's lives are embedded, are only likely to become visible through their effects. For example, whilst this study has focused on men's income levels, income levels, and indeed, work status, both reflect men's position in the structure

of class relations in capitalist society. In this respect then, this study has contributed to our knowledge of how class and masculinities combine in various ways to shape men's psychosocial health status.

Overall, however, what this study has shown is that the 'psychosocial' factors that influence men's health status cannot be ignored. Indeed, in this sense the study broadly lends support to the work of Wilkinson (1996), although by broadening the 'psychosocial perspective' to include the psychosocial impact of material sources of stress as well as those having their roots in 'social relativities', what has been shown is that material circumstances can have 'direct' as well as 'indirect' effects on psychosocial well-being. This does not mean that material circumstances do not also have a direct, and perhaps non-cognitively mediated, effect on health, but simply that their impact is also transmitted through 'psychosocial pathways'. These, in turn, interact with gender, work status, ethnicity, sexuality, etc., to differentially shape the quality of life that individuals are able to enjoy.

The findings of this study therefore raise a number of important practical issues in relation to the development of effective policy interventions aimed at tackling both men's health issues and, more generally, inequalities in health. The New Labour government's policy agenda has, of course, already been developed in some detail (Department of Health, 1999). They have, for example, acknowledged the need to educate people about the need to live healthy lifestyles, they have introduced a national minimum wage and a 'New Deal' for the unemployed, and implemented community level interventions such as the

introduction of 'Health Action Zones'. These are all welcome developments and represent a shift away from the former Conservative government's uni-dimensional focus on 'lifestyle' and 'risky' behaviours (Department of Health, 1992). However, what the findings of this study would seem to suggest is a need for direct interventions that provide people with an income sufficient to lift them out of poverty. Community level interventions may well serve to improve people's 'social capital', and policies such as the minimum wage certainly provide a resource in the form of a financial safety net. Yet as Shaw et al have argued, it remains the case that 'The poor have too little money and the solution to ending their poverty is to provide them with more money' (1999: 191).

This does not mean that responsibility for health should rest solely on the shoulders of the government. Individuals, as this study has shown, are capable of exercising their agency in a range of ingenious ways. But in order to take responsibility they also require the availability of non-financial resources as well as financial. For example, the introduction of self-help groups, well-men clinics, and alternative sources of social support/counselling might all serve as valuable resources. However, their availability alone would not necessarily mean that men would use them, or even benefit from them. What would seem to be required, therefore, is further research that explores such issues in depth as a basis for developing an appropriate way forward. This, as Luck et al have argued:

...implies broad action on two major fronts: first, research into what are the important contributory factors that cause ill health amongst males and how these relate to each other; second, the implementation of a wide range of interventions from the policy arena to focused activity at the very local level. Ways must be

found to put initiatives in place that, through meaningful evaluation, will provide evidence of how best to work among boys and men for health gain (2000: 229).

The findings of this study feed into these broad objectives, albeit in a relatively modest way. Indeed, by adopting a qualitatively orientated approach based on the core ideas of the men and masculinities literature, social stress research, and realist social theory, this thesis has served to highlight the benefits of breaking free from conventional epidemiological analysis by furthering our understanding of the processes and mechanisms that affect men's psychosocial well-being, and their willingness to report or seek help for health problems. In the process, it has also furthered our understanding of what masculinities actually are, what forms they can take, and how these may differentially influence men's health.

However, this study should be regarded as a 'starting point' for like-minded research, rather than an end in itself. Future research, for example, could explore the interaction between low income and sexuality or ethnicity to a much greater extent than has been possible in this study, and a comparative study of men and women, and masculinities and femininities, would also be interesting. Equally, work stress and unemployment are areas that would seem to demand further attention. By developing qualitatively orientated approaches to the investigation of such issues, future researchers could also attempt to build bridges between the private worlds of individuals and broader issues of social structure, as this thesis has done. This, after all, is what the 'sociological imagination' is all about (Mills, 1959), and ultimately, if we are to develop effective policy interventions to

address inequalities in health, these must be informed by an understanding of the complexities that such research could help to reveal.

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