How does working-class masculinity affect men's understandings of mental health issues? A qualitative study in the North East of Glasgow.





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LAY REPORT

EXECUTIVE SUMMARY

- Men from the North East of Glasgow still adhere to a traditional ideal of working-class masculinity whereby the man has to provide for one's family and has to be strong, competing with others
- This kind of masculinity, especially in the socio-economic context of Glasgow's most deprived areas, can be a cause of mental distress for men, who aspire to an ideal they cannot reach
- Working-class masculinity may lead men to resort to alcohol and substance abuse and violence, seen as "manly" ways of coping with mental distress
- Men of different ages and generations have different understandings of what it means to "be a man" and how this relates to mental illness
- It is recommended that practitioners create male safe spaces; encourage interaction among men of different ages and backgrounds; collaborate with employers in developing and promoting mental health support services; educate younger people about healthy coping strategies; re-frame mental illness using "masculine" language; normalize emotions and struggles.

INTRODUCTION

Suicide is the first cause of death for young men aged 20-49 in England and Wales (Davies 2015), while more than 70% of suicides in Scotland were committed by males in the years 2009-2015 (Office for National Statistics 2016). Furthermore, individuals living in poverty have been shown to be more at risk of suffering from poor mental health compared to their richer counterparts (Mental Health Foundation 2017). Starting from such a premise, my research project began with a simple question: how does being a man from a deprived area (and thus identifying as "working class") affect individuals' experiences and understandings when it comes to mental illness? In particular, the project sought to answer the specific questions of how certain kinds of behaviours understood as "manly" may cause mental health problems, and of how men's idealised notions of "the perfect man" might affect their coping mechanisms when they are struggling. Finally, the research was also interested in whether men's understandings of such masculine ideals may change over time, and how.

METHODOLOGY

In order to answer the research questions, I organised one five-people focus group and seven individual in-depth interviews. All the research participants were men, aged between 20 and 83 years old, and they were chosen because they were born, have lived for a long time, or have spent a considerable amount of time in the North East of Glasgow. This particular area was chosen as it was shown that it is one of the most deprived areas in Scotland (The Scottish Government 2016). The sessions were audio recorded and then transcribed and analysed,

looking for recurrent or particularly relevant *themes*. The study was approved by the university of Glasgow ethics committee before any data were collected or any participants were recruited. It is important to note that the study presented some major limitations, being very specific and including a small sample from a geographically limited area. Nevertheless, while the findings may not be statistically significant, they are theoretically relevant and can inform further research and practice.

KEY FINDINGS

All the participants, both young and old, were found to still more or less adhere to an ideal of traditional **working-class masculinity** which, in general, requires men to be:

Working-class masculinity should be understood as the culturally and socially dominant way of "being a working-class man". It might not correspond to reality, and only rarely do men manage to achieve such an ideal.

- Breadwinners, being able to provide for their family, especially through work;
- In constant **competition** with each other, and in fear of being judged, ridiculed or deemed as "weak". Following such an old-fashioned idea of what it mean to be a man, I found three main ways in which such an understanding of working-class masculinity may impact men's behaviours in the context of mental illness:
 - Masculinity may become a possible contributing factor to mental distress, especially given the particular socio-economic context of Glasgow's North East. In particular, being unemployed clashes with the ideal of masculinity most men aspire to, and this disconnect between the cultural ideal and the material reality of Scotland's economy can lead to men feeling isolated and worthless. Even being employed might result in high levels of stress, as men from/living in a deprived area may feel like they have to constantly prove their own worth, with the threat of unemployment never being too far.
 - Masculinity is a norm informing the available coping mechanisms in the context of mental illness.
 Unhealthy coping behaviours, such as substance abuse, violence, and not talking about one's problems, are deemed as acceptable, being seen as "manly" ways of acting. However, men can creatively employ masculinity and typical masculine spaces to facilitate opening up, through informal conversation about feelings and personal struggles happening in male-safe environments.
 - Finally, masculinity is not stable and monolithic, but it should be understood as a project prone to change, both throughout an individual's lifetime and across generations. Concepts of working-class

masculinity evolve as individuals grow up and mature, and learn to let go of past unhealthy behaviours in favour of a more balanced and healthy understanding of what masculinity entails. Furthermore, the research found that men's ideals of working-class masculinity, and how these impact their behaviours in the context of mental illness, change over generations.

RECOMMENDATIONS FOR PRACTITIONERS

Based on the research's findings, understood within the context of the existing literature on the topic, there are a number of recommendations to be made:

- **Develop male-friendly spaces.** Men reported finding it easier to open up about their issues when they are in typically "male-safe" environments, for example when playing football or videogames with friends. This is also supported by the existing literature on the topic (White, Seims, and Robertson 2015).
- Encourage interaction among men. Men might be scared to open up to others about their issues
 because they are afraid of being belittled and seen as "not man enough". Promoting interaction among
 men of different ages and backgrounds might help reduce such preconceptions.
- Collaborate with employers. The research found that it is not only unemployed men who are
 experiencing work-related stress. It might be difficult for employed men to maintain a healthy
 work/life balance due to the expectations placed on them by working-class masculine ideals and due to
 the highly insecure nature of the contemporary labour market. It is therefore important for employers to
 understand this, and to provide better mental health resources and support services at work.
- Promote healthy coping strategies. Most of the participants reported resorting to unhealthy coping strategies in order to deal with their mental health issues. Behaviours such as substance and alcohol abuse and violence are too often normalised and seen as culturally acceptable ways to deal with one's problems. Some of the men reported learning such behaviours when young, from family and peers. It is therefore vital to educate younger individuals about the most successful ways to cope with mental health issues and about the dangers of alcohol and drug misuse.
- Re-frame mental health problems as masculine. Mental health problems are often seen as not "masculine" enough, having been traditionally linked to sentiments and emotions, and thus understood as "female". Accordingly, men reported being encouraged to "get on with it" when facing a problem, and to "bottle up" their emotions. However, there is evidence (Robertson et al. 2015), supported also

by this research's findings, that men might be more prone to seeking mental health support when the language used is a masculine one, for example framing mental health issues as "tough obstacles" requiring "strength" to be overcome.

Normalise emotions and struggles. Relating to the previous point, men should be encouraged to see
emotions and sentiments as not being antithetic to masculinity, but as constituting a normal human
experience. Educating younger children and parents through workshops might be a good way to start
such a radical re-framing of emotions and masculinity.

CONCLUSION

The research project found that the participants still adhere to an ideal of working-class masculinity which requires them to be strong providers who are in competition with each other. Such an ideal may be particularly damaging to them as the economic reality of Glasgow's North East often prevents them from having a stable form of employment, making this ideal of masculinity hard to reach. Moreover, even men who do have jobs might feel stressed and inadequate due to the threat of losing it being always present. Working-class masculinity may lead men to resort to alcohol and drug abuse, and silence, as ways of coping with mental distress as they are seen as acceptable behaviours for men to engage in. Finally, the project found that men's understandings of masculinity are not stable, but change both throughout an individual's lifetime and across generations. These findings can inform practice in a number of ways.