


# Masculinity, Social Connectedness, and Mental Health: Men's Diverse Patterns of Practice

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## Abstract

Men's mental health has remained undertheorized, particularly in terms of the gendered nature of men's social relations. While the importance of social connections and strong supportive networks for improving mental health and well-being is well documented, we know little about men's social support networks or how men go about seeking or mobilizing social support. An in-depth understanding of the gendered nature of men's social connections and the ways in which the interplay between masculinity and men's social connections can impact men's mental health is needed. Fifteen life history interviews were undertaken with men in the community. A theoretical framework of gender relations was used to analyze the men's interviews. The findings provide rich insights into men's diverse patterns of practice in regards to seeking or mobilizing social support. While some men differentiated between their social connections with men and women, others experienced difficulties in mobilizing support from existing connections. Some men maintained a desire to be independent, rejecting the need for social support, whereas others established support networks from which they could actively seek support. Overall, the findings suggest that patterns of social connectedness among men are diverse, challenging the social science literature that frames all men's social relationships as being largely instrumental, and men as less able and less interested than women in building emotional and supportive relationships with others. The implications of these findings for promoting men's social connectedness and mental health are discussed.

## Keywords

Mental health, mental well-being, masculinity, social support, social connectedness, gender relations

The importance of social connections and support networks for mental health and well-being is well-documented. Social connections can act as a buffer against the impact of stressful or negative life experiences on mental health (Åslund, Larm, Starrin, & Nilsson, 2014; Maulik, Eaton, & Bradshaw, 2010; Raffaelli et al., 2013), the onset of mental ill health, including depression and suicidal behavior (Kleiman, Riskind, & Schaefer, 2014; Panagioti, Gooding, Taylor, & Tarrrier, 2014; Teo, Choi, & Valenstein, 2013), and can increase the likelihood of those with mental health problems seeking professional help (Andrea, Siegel, & Teo, 2016; Gulliver, Griffiths, & Christensen, 2010; Spont et al., 2014). Despite this evidence, we still know little about men's social support networks or how men go about seeking or mobilizing social support. Furthermore, while researchers such as Addis and Mahalik (2003) and River (2018) have argued for understanding men's professional help-seeking and use

of mental health services in ways that reject uniform accounts of gender, it is only recently that men's social relationships and support in relation to mental health have been examined within a gender framework (e.g., Cleary, 2005; Coen, Oliffe, Johnson, & Kelly, 2013; Lomas, Cartwright, Edginton, & Ridge, 2015; Oliffe, Kelly, Bottorff, Johnson, & Wong, 2011; Oliffe, Ogrodniczuk, Bottorff, Johnson, & Hoyak, 2012). This may reflect the fact that research specifically exploring men's subjective experiences of mental health and

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illness, and social relations, has only garnered substantial attention in the last 15 years (McKenzie, Jenkin, & Collings, 2016). This article reports the findings drawn from an innovative qualitative study of New Zealand men which explored the interplay between masculinity, men's everyday social practices, mental health and well-being.

### **Men's Social Relationships and Mental Health**

Most researchers examining men's social connections and mental health or illness pay attention to sex differences, comparing the various types, quantity, and sources of social support between males and females (e.g., Fiori & Denckla, 2012; Hewitt, Turrell, & Giskes, 2012; Santini, Koyanagi, Tyrovolas, Mason, & Haro, 2015; Sicotte, Alvarado, León, & Zunzunegui, 2008). While definitions of social support abound in the mental health literature (e.g., Turner, Turner, & Beardall Hale, 2014; Umberson, & Montez, 2010; Williams, Barclay, & Schmied, 2004), most sex difference studies focus on two broad types of support—emotional support, which includes emotional sustenance and empathy, for example, someone being available to listen or offer sympathy during times of crisis; and instrumental support, which includes practical assistance or tangible help from others, for example, help that requires physical effort or financial aid. The most commonly reported finding from sex difference studies is that males place more emphasis on social connections that provide instrumental support, whereas females tend to seek more emotional support (Fiori & Denckla, 2012; Grav, Hellzèn, Romild, & Stordal, 2012; Mair, Diez Roux, & Morenoff, 2010; Tiedt, 2010). Such studies, however, paint a markedly homogenous view of men, and lead to the assumption that all men are less able, and less interested, than women in building emotional and supportive relationships with others. The mental health literature also echoes the broader literature on social support, which demonstrates that men, in comparison to women, typically have smaller social networks and less frequent exchanges of social support with family and friends (Fuhrer & Stansfeld, 2002; Liebler & Sandefur, 2002).

Researchers examining men's lived experience of mental illness suggest social support and connectedness may be more complex. For example, Bryant-Bedell and Waite (2010) in their qualitative study of middle-aged men with depression reported that men described feelings of loneliness, sadness, and distress and actively sought emotional support, wanting to share these feelings with loved ones. Many of these men did not know how to talk about these feelings or felt embarrassed to do so. Similarly, Liang and George (2012) highlighted how some men with depression wanted to talk to family or friends about their personal difficulties but had few or no

people in their social networks with whom they trusted to share their feelings. While these studies draw attention to the significant difficulties some men experience in seeking social support during times of distress, the authors are unable to theorize why men in particular might struggle to talk to other men or women about their personal struggles, or how the gendered nature of men's social relationships may hinder their social connectedness.

The issue of men's mental health and social support has drawn attention from researchers who draw on social theories of gender, where gender is considered to be socially constructed as opposed to biologically determined. In particular, sex role theory has been used to theorize connections between the male gender role, self-reported social support, and mental ill health (e.g., Hill & Donatelle, 2005; Houle, Mishara, & Chagnon, 2008; Iwamoto, Liao, & Liu, 2010; Wester, Christianson, Vogel, & Wei, 2007). For example, Wester et al. (2007) reported that lower levels of social support in men was strongly correlated with increased restriction of emotions, particularly between men, which in turn was associated with increased psychological distress. Drawing on sex role theory Wester et al. argue that men's social support networks are limited because seeking support or discussing emotions goes against male role expectations emphasizing strength and emotional restraint. Similarly, Hill and Donatelle (2005) used the idea of gender roles to argue that adherence to the traditional male role limits men's perception of the availability of social support, particularly emotional support, within the context of their lives. This in turn has negative implications for men's social connectedness and mental well-being. While sex-role accounts have offered important insights into men's practice around seeking social support, there is an established critique of sex role theory by feminist, gay, and pro-feminist scholars (Carrigan, Connell, & Lee, 1985; Connell, 1987). Sex-role theory is criticized for presenting men and women as two distinct social groups who are passively socialized into a prescribed male or female role. As such, sex-role theory is unable to account for agency in social practice, and the power relations between, and among, men and women, that lead to multiple patterns of practice (Carrigan et al., 1985; Connell, 1987). For example, Wester et al.'s study assumes *all* men have poor social support and restrict their emotions, and it is unable to tell us what men's actual social support networks look like in practice or how men might resist ideals of masculinity in order to seek and mobilize supportive social relationships.

In the last 10 years, some men's health researchers have embraced contemporary developments in the field of gender studies, rejecting uniform accounts of gender, and conceptualizing multiple patterns of masculinities and femininities (Connell, 2009). For example, Oliffe et al. (2011) and others (Cleary, 2005; Coen et al., 2013;

Lomas et al., 2015) use a gender relations approach, drawing explicitly on “masculinities” theory, to offer a more nuanced perspective of men’s informal support needs, particularly during distressing times. Connell’s theory of multiple masculinities (Connell, 1995) has offered health researchers a promising way of moving beyond seeing men’s health problems as the inevitable consequence of a socialized male role, but as something influenced by the dynamic social practices and resources men use to configure gender (Courtenay, 2003; Schofield, Connell, Walker, Wood, & Butland, 2000). Central to this theoretical gender relations framework lie two key arguments. First, gender is produced and reproduced through everyday social practices and is neither a set of characteristics or traits that men and women possess, nor is it a fixed set of norms or social roles that are internalized (Connell, 2009). Second, a hierarchy of gender relations exists between men and women, and among men and among women. In particular, multiple patterns of masculinities arise from the complex intertwining of agency and gender with social class, ethnicity, and sexuality (Connell, 2005). Within this plurality of masculinities, one pattern, hegemonic masculinity, is argued to be socially privileged, culturally dominant, and legitimizes a hierarchy of gender relations among men and other masculinities, as well as between men and women (Connell & Messerschmidt, 2005).

Using a gender relations approach, Oliffe et al. (2011) provided insights into how men’s heterosexual relationships influenced how they managed their depression. For example, some men relied on the safety and privacy of their intimate relationships with female partners for talking about their emotional difficulties. In doing so, these men maintained a hegemonic pattern of masculinity in public while seeking emotional support from women in private. For some men, this created conflict and tension within their romantic relationships. Coen et al. (2013) pointed to how masculine stereotypes can keep men’s emotional expression and depression “behind closed doors” with men relying on their wives and female partners for emotional support in private (2013, p. 100). This pattern of practice was reinforced by negative experiences in disclosing personal issue with other men, who were unwilling or unreceptive to discussing them. Cleary (2005) points to the consequences of such difficulties in men’s social connections for mental health. While young distressed men in her study desperately wanted closer social connections and support from family members and friends, they feared being judged as emotionally vulnerable, weak, and unmasculine. This discouraged them from actively seeking support, leaving them at heightened risk of suicide.

The aforementioned insights have been important in advancing our understanding of masculinities and men’s

mental illness. This article reports on a qualitative study that used a theorized life history methodology, using life history interviews and a gender relations analysis (Plummer, 2001), to advance our understanding of men’s social relationships and mental health. The study specifically sought to theorize patterns of men’s social connectedness and how this influences mental health and well-being. In particular, it examined the experiences of men who did not have a current mental illness diagnosis in order to understand the “everyday” mental health and well-being issues for men in the community. This theorized life history approach has become a key research method among masculinities scholars (e.g., Connell, 2005; Messerschmidt, 2000) and has been used more recently in research on masculinities and men’s health (e.g., Fisher & Chilko, 2012; River, 2018; River & Fisher, 2015).

## Method

The life history method captures and documents a person’s life, or the salient experiences in a person’s life, as narrative, through the telling and recording of the life story (Plummer, 2001). Used in conjunction with gender relations theory, it can also capture the diverse and dynamic nature of men’s configurations of gendered social practices (Connell, 2010). This theorized life history methodology provides an explicit framework for analyzing gender within men’s accounts that allows the links between masculinity, men’s social practices, and mental health to be theorized.

## Participants

Following university ethics approval, participants were recruited using advertisements placed in public libraries, sport centers, cafes, gyms, and community notice boards in a large urban city in the North Island of New Zealand. Potential participants who contacted the lead researcher by telephone, text, or email were screened for eligibility. Only men between the ages of 20 and 40 years, who were born in New Zealand, met the inclusion criteria for this study. Men in this age group in New Zealand have low rates of enrolment with primary health-care providers, and low rates of health service utilization (Johnson, Huggard, & Goodyear-Smith, 2008), yet high rates of suicide (Ministry of Health, 2016). This suggests men in their twenties and thirties are often “invisible” in terms of their mental health. Second, the aim of the research was to provide greater insights into the cultural and gendered stereotypes of New Zealand men, including Indigenous Māori men. While the experience of men who have migrated to New Zealand is also of interest to the researchers, this study aimed to understand the specific

cultural and gender issues experienced by men who were born in and had lived the majority of their lives in New Zealand. We were aware that many migrants to New Zealand may be recently arrived and have had very different cultural and gender experiences overseas, plus had specific issues in regards to adjusting to different patterns of gender relations.

The focus of this study was on the “everyday” lay perspectives of men in the community. Six participants in this study had sought professional psychological help either from within primary care settings, or using workplace employee well-being services, for mild to moderate mental health issues including self-reported symptoms of depression, anxiety, problematic alcohol use, and a non-fatal suicide attempt. However, none of these men had received a mental illness diagnosis and all reported to be mentally well at the time of being interviewed. A total of 15 men ranging in age from 20 to 40 years ( $M = 29.4$ ) who were born in New Zealand participated in the study (see Table 1 for demographic data). Most participants were heterosexual ( $n = 14$ ) and self-identified as New Zealanders of European descent ( $n = 14$ ). One man self-identified as Māori (the Indigenous peoples of New Zealand).

### Data Collection

Eligible men were invited to take part in a face-to-face life history interview conducted by the lead author. Individual interviews lasted between 60 and 150 min. The interviewer used a focused interview format that followed a topic guide. The topics covered different areas of men's lives including family relationships, division of labor, education and work history, friendships and romantic relationships, significant life events, help-seeking from friends, and strategies for maintaining mental health and well-being. The use of a topic guide provides a definite agenda but complete flexibility for the interviewer in how the topics are approached. This interview technique has been shown to be effective for collecting men's narratives in masculinities research (Connell, 2005; Connell, 2010) and offers a more flexible, less directive approach than a structured interview schedule (Plummer, 2001). Probing questions and prompts were used to draw out further information from participants. Examples of specific questions to elicit information on men's social relationships include: Can you tell me about your friendships/family/romantic relationships? What sorts of things do you enjoy doing with your friends/family/partner? Can you tell me about some of the best times in your life? Can you tell me about some of the toughest times in your life? During these tough times how would you cope?

**Table 1.** Participant Demographics.

Demographics, $N = 15$	$N$ (%)
<b>Family heritage</b>	
New Zealand European	14 (93)
New Zealand Maori	1 (7)
<b>Relationship status</b>	
Married with children	2 (13)
Defacto	7 (47)
Single	3 (20)
Divorced	3 (20)
<b>Occupation</b>	
Public servant	5 (33)
Marketing	1 (7)
Law and finance	2 (14)
Engineering	1 (7)
Sport and recreation	2 (13)
Artist	1 (7)
Unemployed	1 (7)
University student	2 (13)
<b>Prior mental health issues</b>	
Self-reported depression	3 (20)
Self-reported anxiety	1 (7)
Self-report alcohol abuse	1 (7)
Nonfatal suicide attempt	1 (7)

### Data Analysis

This study used a theoretical gender analysis as described by Connell (1987, 2005). The emphasis of this methodology is on locating gendered social practices within the four relational spheres of gender identified by feminist and pro-feminist masculinity scholars (Connell, 2009). These include: power relations, which refer to relations of power among men, and between men and women; production relations, which refer to the gender division of paid and unpaid labor; emotional relations, which examine the practices that shape emotional desire or attachment; and symbolic relations, which refer to the symbolic expression of gender through language, gesture, and dress. As Connell (2005) notes, this method of analysis puts the emphasis on the “practical routines of social life” (p. 92), by locating both gender and social practice within a life history narrative and has been taken up by other masculinities scholars (e.g., Madrid, 2013; Messerschmidt, 2000; Messner, 1992). The analysis also went beyond gender and looked more broadly at other areas arising from the literature on men's mental health including support networks, help-seeking behavior, and health-promoting practices.

The life history narratives in this study were analyzed by a team of four researchers with expertise in public health, mental health and men's health research, life history methods, and gender relations theory. Data analysis

consisted of two stages. In the first stage, each interview was transcribed verbatim by the first author and reviewed for accuracy by the last author who have expertise in qualitative masculinities research. These researchers then read the interview transcripts for a sense of the overall narrative, before fragmenting the interviews in a manual coding process guided by Connell's gender substructures. This was done by coding responses with a keyword or phrase that encapsulated particular patterns of practice related to relations of power, production, cathexis, and symbolism. An individual case study was created for each participant, before the first and last author undertook a collective analysis of the 15 participant's case studies, exploring similarities and differences in men's life histories in relation to Connell's four dimensions of gender. Preliminary overarching patterns of social practice across participants' life histories were noted. All personal identifiers were removed from transcribed interviews and each participant was given a pseudonym for the purpose of confidentiality.

In the second stage, to ensure the rigor and reliability of findings, preliminary patterns of men's social practice were reviewed by the interdisciplinary team. Researchers remained reflective, respectful, and cognizant of their disciplinary perspectives and how this shapes our theoretical positioning, as suggested by Caelli, Ray, and Mill (2003). Consensus was reached through a continuous iterative process of discussion and review. Key patterns of practice, and interpretation of these patterns, were agreed on by the team and presented in the findings.

## Results

Four distinct patterns of men's social relationships were identified from the data. While some men ( $N = 6$ , 40%) described a pattern of *compartmentalizing relationships*, differentiating between the relationships they had with men and women, others ( $N = 5$ , 33%) described a pattern of having *difficulties in confiding* and mobilizing support only during times of distress or personal difficulties. Some men ( $N = 2$ , 13%) described a pattern whereby they maintained a desire to be *an independent guy* and rejected the need for social support despite having well-established social connections with family and friends. Finally, a few men ( $N = 2$ , 13%) described a pattern of endeavoring to create close emotional and supportive relationships with men and women and actively *reaching out* for support from others.

Though the findings are presented as four discrete patterns, it is important to note these patterns represent "configurations of gendered social practice," or patterns of activity, and are not static subtypes, nor should they be collapsed into a "character typology." Connell (1995) notes that masculinities are multiple patterns of gendered

social practice, and men can shift in and out of these patterns in different social contexts, within different relationships and at different times of their lives. Thus, while four discrete patterns of practice were identified, for some participants there was overlap between the patterns reflecting the fluid and changing nature of gendered social practices. Participant's stories are used as exemplars of each pattern.

### "Compartmentalizing Relationships"

The dominant pattern of practice for men in this study was in actively *compartmentalizing relationships*, whereby men differentiated between their social connections with men and with women. Six men (40%) described a pattern of practice where social relationships with men were purely instrumental, primarily based around shared social or physical activities, with little sharing or discussion of personal issues. On the other hand, social relationships with women were more intimate and confiding. Men shared their personal lives, emotions, and personal difficulties with women. The life history data indicated that both these types of social relationships were beneficial for men's mental health and well-being as they provided avenues for connection through shared activities with men and emotional support from women. This pattern will be introduced through the case of Ben, who made a clear distinction between his social relations with men and women:

I've got hunting mates, I've got mates I debate with, mates I go to the rugby with, I've got female friends that tell me about their male problems and I talk about my kids with, what's going on in my life and in theirs. I had a mate the other day that got married and my wife said "I didn't know he was engaged." Neither did I, you know, we talk about all this other stuff.

Ben arguably masculinized his social relationships with men by linking these friendships to activities that are recognizably socially masculine, such as sport and hunting. On the other hand, Ben's relationships with women entailed talking about his family life and personal problems. Ben stated that he "compartmentalized" these interactions, having a "different dialogue" with friends who were women than with friends who were men. Ben described how he could talk more openly with women about his personal life than he could with men and viewed women as "safer" to talk to, and easier to "solicit sympathy" from than men. By "safer," Ben meant women were less likely to reject him. He himself noted that he would ridicule other men who attempted to talk about their personal difficulties.:

We [men] do not talk like I'd talk with my wife about these issues. I don't think males talk about stuff like this, unless other ones do, but not me. If a male talked to me about this, I'd probably hassle them.

For Ben, talking about personal difficulties was clearly more acceptable with women than men, and he expected women to provide sympathy and support. Among men, emotional sharing was likely to be ridiculed and dismissed. For Ben, women, in particular his wife, were a key source of emotional support, whereas his social relationships with men were a source of shared masculine activity. Nonetheless, Ben attempted to present himself as self-sufficient, denying his own need for emotional connection with women by diminishing these interactions as "just blabber," and claiming it was women who told him their "problems" and not the other way around. Ben clearly relied on women for emotional support, but then disparaged this type of support in order to maintain a hegemonic masculine status. As such, Ben was able to maintain the public façade that men are "doers" rather than "talkers" within their social connections and support networks even though he had expressive and emotional relationships himself, albeit only with women. Walker (1994) argues men and women often describe their social connections and friendships in stereotypical ways yet overlook the fact that what they actually do in terms of their friendships does not always match these cultural stereotypes.

Within his connections with other men, Ben also actively deflected conversations about emotions by using humor. For example, when his brother attempted to talk to Ben about his marriage problems, Ben was not interested:

I'm not exactly subtle but I don't have the soft touch. I can probably aggravate a situation as well, so it's better for him to talk to someone else probably, unless he wants to joke about it and boys do. I was joking he could shag other birds now, and he's probably going to get more than me and at least there's that.

Ben was clearly uncomfortable with these sorts of conversations with other men and viewed talking about personal problems as something that should not be done between men. His way of dealing with this tension and his discomfort as the conversation veered into a highly personal and potentially emotional topic was to divert the conversation, drawing on humor and on narratives which emphasized heterosexuality. Ben not only distanced himself from the emotionality of women, but he was also not interested in providing any emotional support to other men. Instead, Ben offered his brother instrumental support, offering financial help and assistance in looking after his children.

Ben's pursuit of a hegemonic pattern of masculinity had a number of potential implications for his social connections and mental health and well-being, as well as the mental health and well-being of his wife. Ben was clearly more comfortable talking about his personal life with women yet had few avenues for emotional support, and overly relied on his wife. He was also prone to ridicule women for engaging in this personal way. Many of Ben's long-standing friendships with other men had waned due to his investment in work and family, and he had few opportunities for socializing with his friends or pursuing his own interests.

Ritchie, another participant who exhibited this pattern, also differentiated his social relationship with men and women. Richie's story further highlights some of the implications of this pattern for men's mental health. Ritchie described his relationships with men as "the type of mates I would go for a night out on the town with" or "go for a run together," whereas his relationships with women were based around personal disclosure, talking and listening. After his marriage ended, Ritchie did not stay silent; instead he attempted to mobilize support, messaging his friends on social media. Instead of being offered support, Richie found that the male friends he had considered "close" actually showed a "lack of concern" or support for his emotional well-being, or as he put it, they were "absolutely useless." Ritchie had come up against the limitations of his own social networks and was left disappointed, hurt, and with few avenues for support.

Ritchie turned to his female work colleagues whom he described as "upfront and willing" to talk about their personal lives. Ritchie described how he valued the support he received from his female colleagues and how they were "reassuring in that emotional sense." These supportive relationships with women were clearly beneficial for his mental well-being, because they offered him not only emotional support but also an avenue to confide the sense of shame he felt at being labeled a divorcee. Nonetheless, Ritchie still attempted to downplay the significance of these connections:

Going through a separation and just talking through all of those things was probably what I needed most during that time. Probably much more of a constructive conversation than it was an emotional need and it probably comes down to boys being boys don't relate, I suppose, communicate at that emotional level—how I am feeling and how I am coping, blah, blah. It was more the constructive side of it that I needed.

It is interesting to note that Ritchie normalizes men's lack of emotional supports as inherently masculine "boys being boys," and overlooks the fact that he himself craved emotional connection and sought this out with women

friends. Again, like Ben, this enabled Ritchie to maintain the public façade that men do not confide about their feelings within their social connections or need emotional support, while at the same time relying on women to achieve this.

Ben's and Ritchie's cases demonstrate how compartmentalizing relationships not only led to limited emotional support among men in times of need, but it also provided an over-reliance on women, which was not truly acknowledged. Indeed, men could maintain a masculine façade at the expense of women.

### "Difficulties in Confiding"

Five men in this study described a pattern of relating where they tried to establish more open and supportive relationships with other men, but experienced *difficulties in confiding*. It is important to note that the gendered pattern of *compartmentalizing relationships* exemplified by Ben and Ritchie previously could act as a barrier to those men who do seek more supportive relationships with other men.

This pattern of *difficulties in confiding* was exemplified by Zac's case who attempted to seek support from other men—in this case his closest friend—when he felt really low and desperately wanted to talk to someone about how he felt:

I needed to get lots of courage together to tell a friend of mine and I kind of said, "Ah, I think I'm depressed," and he's like, "Ah, that's a shame" [laughs] and it didn't really go anywhere, you know. It felt like I invested, put myself out there on a limb and built up, had to really sort of build myself up to struggle to get the words out even to say the actual words. And it sort of came out real sort of bland, and it probably didn't sound like much but it didn't really go anywhere. I guess because beyond just saying "I'm depressed" you kind of need to talk about it more than that.

This quote illustrates the considerable effort it took for Zac to disclose his feelings of depression to his friend, and his own awareness that his statement was somewhat "bland" and failed to capture his real feelings. Zac's efforts were also blocked by his friend, who was unreceptive. Zac felt it was not safe to go any further and did not push the conversation. Zac's case also highlights how the blocking of emotional connection among men can have consequences for men's mental health. Zac was left feeling a deep sense of shame and embarrassment for disclosing his unhappiness and going against the unstated hegemonic masculine practice of being self-sufficient.

Zac described being worried that his friend might think he was being a "prima donna." Again, the connection between emotionality and femininity can be observed. In

this case, Zac connects emotional revelation with the image of the prima donna, invoking images of feminine temperamentally. In future, Zac would not step outside the confines of hegemonic masculinity and break the unwritten boundaries that prevent men from expressing their feelings and seeking emotional support from other men.

However, without the support and understanding of his friends, Zac continued to suffer with feelings of depression—alone and in silence. It was not until he met his partner, Emma, that Zac finally found a safe avenue for talking about his mental health and received the emotional connection he craved. Zac's case, like Ben's, illustrates how women are often relied on by men to be the sole emotional connection and support, because men are unable to have this connection with other men. However, unlike Ben who continued to pursue hegemonic masculinity in his social relations, Zac was more ambivalent and struggled with the conflict in his masculine project between the hegemonic practice of being self-sufficient and his desire for supportive social relationships with other men and women.

Similarly, Thomas attempted to seek support from a man who was a close friend when he was struggling with problems in his personal life. Thomas was upset when casual sex with a woman resulted in a pregnancy. Thomas decided to approach his best friend, whom he described as "close enough he could almost be like my brother," for support. Thomas had expected his friend to be receptive to his personal disclosure and respond supportively; however the conversation did not go as Thomas had planned:

I could tell because we know each other so well, that he was passing a sort of a judgment on me and it was a passive thing for him. But it was just, like, "That's how it is, man" and then he was sort of, like, "Yeah, yeah." He sort of understood. Like, you could just see that it was difficult for him to be, like, "Okay, and how does that work?" and I'd be, like, "I don't know." So in that sense, I haven't confided in many other people.

Thomas appeared to have misread the closeness of their friendship as permission to share his personal life. In fact, his friend seemed uncomfortable with this level of self-disclosure and did not reciprocate or ask more about Thomas' difficulties. Like Zac, Thomas had transgressed the unspoken limits of men's social relationships, and the conversation was closed down. For Thomas, his experience with his closest friend not only left him without the support he had hoped for but also left him feeling judged and ashamed for having disclosed his difficulties. Thereafter, Thomas kept the pregnancy and birth of his son a secret, but his mental well-being suffered as he struggled to deal with this situation on his own. Like Zac, Thomas was unable to resolve the conflict in his masculine project

between the hegemonic practice of being self-sufficient and his desire for more open and supportive social relations with his friends. As a consequence of this experience, Thomas never confided in anyone until he met his girlfriend, Kate, the only person who knew the details of his secret, and the one person he relied on for discussing his personal and emotional life.

### “An Independent Guy”

Two participants described a pattern of practice where they were *an independent guy*, remaining independent and self-sufficient, and downplaying any need for close or supportive social relationships. These men often described support networks, including family and friends, but would not use these connections for instrumental or emotional support. This pattern was exemplified by Steve who described himself as a “very, very private person.” When Steve and his wife experienced marital problems, Steve did not disclose his situation to anyone, including his parents. Even when his wife eventually asked for a divorce, making plans to move out of their marital home, Steve continued to pretend all was well. Eventually he was caught out by a visiting friend:

He [his friend] brought it up, really. He asked, “Are you two sleeping in separate bedrooms now? What the hell is going on?”—and it was pretty obvious what was going on. Again, my parents brought it up, like, after she [wife] got a job and I was staying here. I think they were really suspicious and they knew what was happening, but they knew I would talk to them when and if I wanted to talk. But I didn’t need to.

Beyond confirming that he and his wife were separating, Steve did not want to discuss his situation in any detail. It has been suggested that the perception of having support may be more important in terms of promoting good mental health than actually receiving support (e.g., Matud, Ibáñez, Bethencourt, Marrero, & Carballeira, 2003; Panagioti et al., 2014). However, while it may appear that for Steve, knowing that his parents were there to talk to “if” he wanted was enough in terms of support, it was actually more important for Steve to maintain his masculinity and the perception that he was independent and could deal with his problems on his own:

There is that independence that I have always had since I was a kid you know, looking after yourself and doing what you want to do. I realize from a young age that life isn’t always fair you know and there is nothing you can do about that. If you have got a bad situation, instead of thinking oh poor me it is like what can I do to fix this situation and that is my focus. I don’t really need to talk to anyone about it to get to that conclusion.

Steve was keen to present himself as a strong man who could deal with his own issues by drawing on masculine narratives around problem solving, independence, and emotional self-sufficiency. He emphasized that he was “an independent guy” who would rather, as he said, “try my best to sort it out” than speak to anyone else about his personal problems. However, it would be wrong to suggest that Steve did not experience strong emotions. Steve was reluctant to talk to others about his marriage separation because he felt “embarrassed.” He had discovered his wife was having an affair with another man and he felt like a “failure” for not being able to maintain his marriage. This was a struggle for Steve, he did not like failing, and was “worried” what other people would think if they found out. Nevertheless, by keeping his emotional turmoil to himself, Steve’s masculine practice of self-sufficiency could not be questioned. At least in this, others could not view him as weak or unmasculine.

Steve’s account also highlights the difficulties in homosocial relationships between men. Despite emphasizing that he and his brother were “best friends,” Steve still struggled to express his personal feelings and thoughts with his brother. As he described:

We sort of joked with each other that we don’t talk about that sort of thing. After we have had a couple of drinks or something, we might sort of just jokingly say, yeah, “I might be your bro,” you know. We know we love each other; we are just sort of awkward about expressing it, I guess. Certainly, like, when things happen, like when [mother in-law] died. We talk if we need to, just sort of awkward, but I guess it is more me than him, I would say.

While it was clear that Steve and his brother had a strong love for each other, again the recourse to humor to cover awkwardness between men around emotional expression can be observed. Although Steve described their relationship as being “quite honest,” he did not discuss his marriage separation with his brother. Steve was keen to maintain an image of masculine independence and position himself as a man who did not need support from his social relationships. However, Steve’s lack of engagement with his social networks after his separation did have implications for his mental well-being. For many years, he struggled with feelings of failure and reported he had been “upset,” “angry,” and “unhappy” during this time.

Similarly, Adam described himself as an “independent man” who would rather deal with his own problems than seek support from others. As he described:

I’ve always put a lot of credence, I guess personal pride, in being independent. I would generally, and it goes for, like, most things in my life, I’ll try and do it myself and then only if I really can’t do it. You know I don’t want to burden other people with my problems if I can just sort it out for myself



and deal with it, rather than putting all that need or energy onto something.

Like Steve, Adam was also keen to maintain an image of masculine independence and positioned himself as a man who was self-sufficient and could shoulder the weight of his own problems. Most of Adam's friendships were based on activities such as diving, surfing, and mountain biking with other men. However, these friendships were not the kind of social relationships that involved talking about his personal life or confiding personal difficulties. This had implications for Adam's mental well-being when he experienced difficult relationship problems with his girlfriend. Adam would not disclose his emotional struggles with his work colleagues or his closest friends and continued to conceal his distress.

That whole period I just dealt with it myself and I know that's probably not the smartest way of dealing with it, but I guess I kinda backed myself as well to be able to handle it. I mean I was going to work and have all these things going on in my head, but just pretending that everything was okay. I don't think I really talked to many people about it. Not even with many of my close friends and stuff, I generally don't confide about relationship things, and it's probably just me being a stupid man and I should talk more.

Adam naturalized his lack of openness about his personal difficulties as being something that all men do. There was also an element of performance, Adam put on a public persona for his work colleagues and friends, pretending he was coping, when in reality he was not. When Adam and his girlfriend eventually split up, he reluctantly told his parents. However, unlike Steve's family, Adam's parents did not ask him about his relationship difficulties nor did they offer him any support; in fact there was little conversation about it. Adam's discomfort with the notion of talking to others about his personal life and his desire to remain independent had implications for his mental well-being. He described this period as the "roughest time" of his life.

### "Reaching Out"

Two participants described a pattern of *reaching out*, where they tried to establish supportive social connections with other men in adulthood. These relationships were not limited to the activity-based companionship which other men in this study had described; rather they were based on self-disclosure and the sharing of their private and emotional lives. It is important to note that men who described this pattern also described a moment when their social practice shifted from a more restrained compartmentalized pattern of relating, to a more open pattern of connecting and disclosing with other men and women. Interestingly, for both

men, this change in practice, in terms of their social connections, came from their experience of significant personal events as young men, which led them to seek closer and more meaningful connections with other men. This positive experience of developing more open and meaningful social relationships with other men, in turn influenced their future social connections and ongoing support networks. Nonetheless, these men's stories demonstrate how men can be active agents in their social connections, changing their social practice and establishing open and emotionally supportive relationships with other men.

For instance, as an adult, Ethan had emotionally open and supportive social relationships with both men and women whom he confided in about his personal life, his feelings, and his personal difficulties. This change in Ethan's social relationship, from a more restrained compartmentalized pattern of relating, to a more open pattern of connecting and disclosing with other men, came about after Ethan, in his early twenties, was diagnosed with cancer and introduced to Peter, a man who had a similar cancer experience:

I was talking to this guy for a few minutes and it completely changed the perspective of everything after that moment. He just said some beautiful words and that meant it was like, "Wow"! I put down the phone. He said cancer will be the best thing that will ever happen to you. It kind of snapped me out of that state. We became very good friends and we still keep contact.

Ethan's narrative highlights the mental health impacts that a connection between men can have during a difficult or distressing time. Ethan found Peter's words so meaningful that it "snapped" him out of the shocked and distressed state he was in following his diagnosis. Their connection grew into a long-lasting close and supportive friendship. Ethan respected Peter not only for disclosing his feelings and personal experience but also for showing him an alternative and positive perspective for getting through his cancer experience. It was also clear from Ethan's account that Peter offered him an alternative friendship, one in which social and emotional connection between men was possible and confiding and sharing feelings was valued rather than avoided.

Ethan later attended art school where he had further access to supportive and expressive social relationships with other men and women. He described these relationships as very fulfilling:

Going to art school a lot of things fell into place. I think all the stuff that I experienced with the illness made a lot more sense going there. You know, just meeting the types of people that were there, the free-spirited kind of nature. Being able to let go, play, explore, experiment, sort of brought the child out in me. So maybe that child was sort of, you know

had its upbringing, then it was able to come out and just dance and express itself. Doing all those things was crucial and was all part of the healing process. It helped me in making sense of it. So that was pretty special, just feeling "this is good, this is where it should be going."

Ethan believed that the art community helped him learn to be more emotionally expressive and to connect with others. He also linked these expressive and supportive social relationships with his cancer recovery and improved mental well-being. Gerschick and Miller (1995) demonstrated how men with physical disabilities created alternative masculine projects, which involved rejecting, or resisting, hegemonic masculinity in order to create closer social networks and a more supportive environment. For Ethan, experiencing cancer led him to resist hegemonic masculine ideals about self-sufficiency and nondisclosure and instead he continued to pursue open and supportive relationships with other men and women. During his time at art school, Ethan formed more close friendships with other men:

Adrian is quite open about stuff I think that works quite well, he'll tell me what he's thinking and how he's feeling and he also experienced, and had experienced, cancer as well so I think it's a similar mind set. I think having that, there's an understanding, he's faced with what he's faced but can work through it, so yeah I think a natural sense of going, you're living an amazing life and you're staying true to your artistic journey the whole way through. I think it's quite lovely when you have those people in your life cos they're very important.

Again, Ethan pursued friendships with men who embodied a resistant masculinity where openness and emotional expression was allowed and encouraged. Ethan valued this friendship and described it as a "soulful one." In other words, it was a deeper and more emotionally connected relationship. Ethan's case not only highlights the possibility of men forming close supportive friendships; it also highlights the value in terms of mental health and well-being of such relationships between men. However, clearly for Ethan, it was important to meet men who were able to embody this kind of masculinity in order for him to gain confidence in living this way.

Jacob also shifted his social practice and started to foster open and supportive relationships with other men and women whom he confided in. However, it had not always been like that. Jacob described himself as an "awkward" teenager who "struggled to make friends" after the sudden death of his mother. Later, at university, Jacob had completely "lost confidence" in making friends due to struggling with severe "social anxiety" and questions about his sexuality. However, this changed when Jacob reached out to one of his older brothers and disclosed his

uncertainly around his sexuality. Jacob's brother had been receptive and encouraged Jacob to talk about his personal struggles, offering Jacob the emotional support he needed. Over time, Jacob and his brother would have "some pretty in-depth conversations" and Jacob described how he could turn to his brother for support whenever he needed to:

Me and my oldest brother always had a really close relationship and were able to talk about a lot of things. Very emotionally aware, unlike the stereotype of gruff non-emotional men. I guess more so now that we are adults and have all been through the stuff we have.

Jacob clearly distanced himself from the stereotype of men as unemotional and unable to talk about their emotions. Instead, it seems Jacob and his brother embodied a different masculinity in their relationship, one where the expression of emotions, feelings, and supportive relationships between men was allowed. Jacob's supportive relationship with his brother was beneficial for his mental health. He started to become surer of both his emotions and his sexual identity and overcame the social anxiety that had plagued his years at university. As a result of building this close and supportive social connection with his brother, Jacob was encouraged to seek out further supportive social relationships with other men but found it difficult to find the sorts of social relations that he valued: social relationships that involved openness, emotional connection, and the sharing of each other's personal lives. Jacob became involved in the local gay community and started to find men who, like him, "had to deal with a struggle with their identity." Jacob was able to find male friends who, like him, were willing to transgress the boundaries of male friendships and talk about their feelings, men whom Jacob viewed as "emotionally switched on." As he described one male friendship:

We could both just literally sit there and talk for hours on end about stuff like this, just emotional stuff and what we felt. We could engage, just look at each other in the eye and just be really fired up by what we were talking about. And it wasn't just "what did you do today?" and "what did you have for lunch?" and "where are you going next weekend?" It was intense, emotional stuff that we could really grip into, like "what do you think about that and why has that upset you?" and I really lock onto those people, that I feel like they look me in the eye and we understand and connect.

Jacob clearly valued social relations with men that involved openness and a deeper emotional connection. This change in Jacob's social practice, from closed and limited relationships with other men, to increasingly open and meaningful connections with men his own age, also had wider implications for his family relations. Jacob was

able to establish a closer relationship with his father and they were able to discuss issues, such as his mother's death and his own homosexuality, in a way they had been unable to before. Both Jacob and Ethan's stories highlight not only how one man's social practice can promote change in other men's practice, but also that the positive experience of creating more meaningful and supportive social connections with men, whether it is friends or family members, can help men to mobilize their own support networks when they need them.

## Discussion

This study uses a gender relations analysis to identify collective and diverse patterns of men's social connections across life history data. The findings challenge current understandings, which present men's social networks as purely instrumental as though men are disinterested in establishing close, supportive or emotional relationships with others (e.g., Balaswamy, Richardson, & Price, 2004; Fiori & Denckla, 2012; Matud et al., 2003). While the dominant practice of most men in this study was not to share emotions with other men, which is consistent with other masculinities research (e.g., Cleary, 2005; River, 2018), it was still the case that four distinct patterns of building and maintaining social connections were identified across men's life history case studies. While some men did not seek support or confide in other men or women, some men did, but had difficulties in developing these kinds of connections. Additionally, some men relied on only women for emotional support, but some men formed close supportive relationships with other men and women.

The first and most common pattern described by participants was one of compartmentalizing social connections, having distinct kinds of social relationships with men and women. Social relationships with other men were dominated by sports and physical activities, whereas their relationships with women involved more open and personal communication. While these different kinds of relationships provided men with diverse avenues for support, it also enabled men to demonstrate and maintain a hegemonic pattern of masculinity in public which did not reduce their social standing among other men. This pattern of relating between men, as a means of maintaining social status, has been noted previously in the masculinities literature (Wheaton, 2000). However, men in this study who pursued this compartmentalizing pattern continued to rely on women in private for confiding and emotional support. This finding echoes Oliffe et al.'s (2011) insights into how men's reliance on their female partners for emotional support enables some men to maintain their pursuit of hegemonic masculinity while managing their depression.

This compartmentalizing pattern of behavior has a number of implications for men's social connectedness and mental health. The invisibility of men's private endeavors to create deeper social connections reinforces stereotypes about men's social connectedness. These stereotypes position men as problem-solvers and "doers," rather than listeners and talkers. It was clear in this study that men can and do seek emotional support, from both men and women. Maintaining the façade that men do not talk or confide about their personal issues, or emotions, is problematic and could act as a barrier for those men who choose to actively seek emotional support from their networks (as exemplified by men in the second pattern). It could also leave some men socially isolated, with few avenues for social support during difficult life events, such as a relationship breakdown, which in turn could be detrimental to men's mental health and well-being.

The compartmentalizing pattern also led to tensions in men's social relations with other men. Men reported a sense of discomfort and unease that conversations may veer into topic areas viewed as "unmasculine." As Nardi (1992) suggests, this tension may exist because closeness and intimacy between men is associated with homosexuality, and hegemonic masculinity is constructed in opposition to both femininity and homosexuality (Connell, 2005). This pattern of practice also places an extra burden on women, who carry the labor of providing emotional support for these men, while at the same time often being disparaged by them. This has the potential to erode women's mental well-being if these social relationships are not mutually beneficial, positive, and supportive for those involved. Umberson and Montez (2010) argue that while social relationships are a main source of emotional support for people, they also have a "dark side" as the provision of support to others can be stressful and demanding (2010, p. S57). While men's mental well-being may benefit from supportive emotional relationships with women, one-sided relationships may undermine women's mental well-being.

The second pattern that men described was one of trying to create more emotionally supportive connections with other men, but experiencing difficulties confiding in, and establishing closer social connections. Men who pursued this pattern were more ambivalent. To some extent, they resisted the hegemonic ideals of self-sufficiency and independence by reaching out or wanting to reach out to another man for emotional support. The actions of these men were met with varied responses, often leaving them feeling self-conscious, and wondering if they had been too hasty in disclosing their personal problems. These negative experiences deterred men from trying again and reinforced their belief that it was safer to rely on women for emotional support than men. This finding is similar to Coen et al. (2013), who

highlighted how men experiencing depression can be put off seeking social support, or outlets for disclosing their emotional difficulties, among their networks if they have previously found men unwilling or unresponsive to talking about such issues. Indeed, for one man in this study, the fear underlying men's homosocial relations was so debilitating that it hampered his efforts to build any social connections with other men. These sorts of negative experiences of seeking social support, including a lack of understanding, belittlement, or avoidance, have been linked to poor mental health (Croezen et al., 2012). This pattern of difficulties with connection also had implications for the mental health and well-being of men in this study. Their mental health status was impacted by the shame and embarrassment of feeling they had broken the unwritten boundaries that prevent men from expressing their feelings, the ongoing concealment of distress, difficulties in managing personal problems, and feelings of depression and social isolation.

The third pattern described by men in this study was one of actively pursuing hegemonic masculinity, and masculine ideals of independence and self-sufficiency. Despite experiencing considerable personal difficulties, such as a marriage or relationship breakdown, men who pursued this pattern would not use their existing social networks with family and friends for support. Sharing or talking about personal difficulties with others was actively avoided at all costs. For these men, their social relationships were based purely around physical activities, echoing the instrumental social networks described in the mental health literature (e.g., Fiori & Denckla, 2012; Matud et al., 2003). While there is some overlap between this pattern and the first pattern of compartmentalizing relationships—that is, where men had purely instrumental relationships with other men—the third pattern is also distinctly different. Men in this pattern would not confide in, or talk about their personal lives with anyone, including women. This pattern of practice had consequences for the mental health and well-being of these men, who tended to struggle for years with feelings of shame and failure, never reaching out for help. It is interesting to note that this pattern of masculinity is often seen as fairly stereotypical for men—that is, men do not seek help or support from others—yet only two men in this study actually embodied the practice of managing their emotional distress entirely alone.

The fourth pattern of practice in this study included men who shifted their practice, from limited and shallow connections with others, to actively reaching out for social and emotional support, resisting the confines of hegemonic masculinity to create close supportive social relationships with both men and women. For these men, experiencing significant distressing events in their lives

tended to act as a catalyst for creating more open and supportive relationships, particularly with other men. This finding supports the work of Wenger and Oliffe (2014), who illustrate how unsolicited support between men who share similar significant life events, such as a cancer diagnosis, can be a valuable source of support and help for men. Not only can it normalize men's experiences and help to reduce feelings of social isolation at times of significant distress, as this study demonstrates, but it can also lead men to shift their practice and pursue more open and supportive relationships with others in the longer term. This pattern of practice not only suggests that men can, and do, create supportive social relationships with other men; it also points to the fact that men's resistance to hegemonic ideals of masculinity, and active pursuit of open and emotional relationships with others, can support and promote men's mental well-being. Not only does this provide men with support during times of personal difficulty, but it also provides men with supportive social networks in their everyday lives.

Limitations of the current research mean that caution is needed in generalizing the findings. Life history research does not target large and representative samples in order to draw generalizations (Cole & Knowles, 2001; Messerschmidt, 2000). The use of the life history method here has captured the rich life stories of a particular cross-section of 15 men who were willing to participate in the research and talk about their personal experiences. Given the topic of the research, men who were more reluctant to disclose personal aspects of their lives may have been deterred from participating. It may also be the case that some participants emphasize particular kinds of social interactions in the interview context, where they seek to make a positive impression. Further, all but one participant in this study had a university education; therefore, the findings may not be suggestive of the experiences of men from lower socioeconomic groups, or those who have less formal or no education. The aim of this study, however, was not to generalize the findings to all men in New Zealand, but to explore an undertheorized area and gain a deeper understanding of the relationship between men's everyday social relations and mental well-being. This study provides a deeper understanding of the complex and diverse ways in which the broader gendered social context of the New Zealand setting can influence the mental health of men.

In terms of implications, the current study findings highlight the need for mental health policies to incorporate a gender relations approach: one which sees men's and women's interactions with each other, and the social contexts under which they interact, as contributing to significant mental health constraints and opportunities (Schofield et al., 2000). This study suggests that to understand men's mental health issues, we need to be thinking

more broadly about the social practices and gender relations that lead to poor mental health outcomes, rather than only focusing on men with diagnosed mental health problems. Men's mental health outcomes are less likely to be informed by being male, but by the social contexts men find themselves in, and the types of social relationships they have. For example, it is clear that social expectations regarding men's behavior can deter men from seeking social support from other men. Many men in this study felt the weight of social taboos in their social connections with other men, feeling unable to disclose their personal problems or feelings. Others experienced the "policing" of their behavior by other men who deemed it to be unmasculine (Frosh, Phoenix, & Pattman, 2002, p. 74). These gender-related social expectations which frame what is, and is not, appropriate behavior for men, can have significant impacts on men's mental health by making life extremely difficult for those who want to seek support from, or have closer social and emotional connections with other men. These gendered social expectations also have consequences for the mental health of women, who have already higher rates of anxiety and depression (Van de Velde, Bracke, Levecque, & Meuleman, 2010) and are relied on for emotional labor in their social relationships with men. A gender relations approach to mental health policy, then, would emphasize how gendered social relations shape diverse mental health outcomes.

Regarding mental health promotion and prevention activities, the current study findings have the potential to highlight ways of addressing gender-related expectations on men's social relationships. For example, there is potential value in mental health promotion strategies which encourage and support men to openly resist, and challenge, the confines of hegemonic masculinity in relation to their social connections with others, such as demonstrating how men can change their practice in terms of social relationships, by actively crossing unwritten boundaries and reaching out to other men to pursue emotionally supportive relationships, without placing a higher burden on women to achieve this. There is particular value in promoting such a message to men when they are going through significant or traumatic life events, such as cancer diagnosis or a relationship breakdown. While arguably this is a difficult endeavor for the field of mental health promotion, as it involves challenging sociocultural ideas about what is socially acceptable behavior between men, as Smith (2007) argues, the health promotion community is well positioned to "strategically free men from the constraints of hegemonic masculinity" by paying attention to the social construction of gender (2007, p. 20).

To date, suicide prevention activities using social marketing strategies have begun to point to the potential for demonstrating how men might pursue more emotionally

open relationships. For example, the Australian social marketing campaigns *Soften The FCK Up* (Spur Projects, 2017) and *Man Up* (Movember Foundation, University of Melbourne, & Australian Broadcasting Corporation, 2017) are aimed at raising social awareness of the links between men's concealment of emotions and high rates of suicide. While these campaigns are to be applauded for their innovation and creativeness in reaching men, they still rely on a fairly narrow and uniform view of masculinity. The current study findings suggest there is value in adopting an approach to mental health promotion strategies which: (a) move beyond uniform accounts of men, to portray the diversity of masculinities, that is, men who resist dominant ideals, and embody alternative masculinities; (b) promote positive social relationships between/among men. To do this, campaigns need to deconstruct the hegemonic ideal of the man who is emotionally and socially self-sufficient, does not talk to his friends about his feelings, and can deal with his own problems without support from others. Instead they need to portray ways in which men can change their practice in regards to social connections, to pursue emotionally supportive relationships with other men and women, which are beneficial for mental health and well-being.

With regard to future research, studies examining the diverse social connections and support networks in men's everyday lives in relation to improving mental health and well-being would be a fruitful area. Future work might explore a number of aspects of men's social support and relationships, including how men negotiate and resist the gendered boundaries of their social relations with other men. Research interviewing men and women, or men's partners or friends, also has the potential to contribute to a gender relations understanding of men's social relations and mental health.


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