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**Connecting Australian masculinities and culture to mental health: Men's perspectives  
and experiences**

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## ABSTRACT

Masculinities and culture are intertwined and have significant implications for men's mental health. This study aimed to explore influences of Australian masculinities and culture on men's mental health. Five focus groups were conducted with men (N=43) living in New South Wales, Australia. Three overarching themes were identified; 1) A history of strength and self-reliance: *taketh as we are, she'll be right*, (2) Social and geographical divides: *surrounded by men but never actually connecting*, and (3) Male socialisation and generational dissidence: *not getting the wisdom from the men that have gone before me*. Participants' perspectives and experiences offer a reference point and lens for understanding challenges and enhancing efforts to promote Australian men's mental health. Gender transformative program strategies are proposed to promote men's mental health and norm help-seeking.

## **INTRODUCTION**

Australia has been on the forefront of masculinities research, including considerable efforts to understand and address men's mental health challenges (e.g., depression, anxiety, suicidality) and disconnects with professional help. Since Connell's (1987) early work on hegemonic masculinity, masculinities, comprising a plurality of practices, have been mapped to denote the influence of dominant discourses of masculinity on men's gender roles, relations and identities. Within the syntheses of masculinity work in men's mental health are nuances of social agency and context (Emslie et al. 2006). In this way, contemporary masculinities research does not portray men as victims to their masculinity; rather men are understood as social agents who engage with and actively produce what masculinity means to them (Waling 2019, Mac an Ghail 1996, Connell 1995). Using a gender relations approach (Brod 1987), Connell (2005) suggested that masculinities are co-produced and reproduced through everyday social practices, and that multiple masculinities exist, arising from the complex interactions of agency, gender and socio-cultural influences. Emergent here is the plurality of masculinities existing contextually along a complex continuum, wherein identities, roles and relations shape and are shaped by environment and experience (Griffith et al. 2016). Connell (2005) reminds us of the persistent influence of culture, and argues that gender done well explores the interconnections with culture and social class. Building on this point, it is important to explore the diversity and patterns in Australian men's masculine behaviours within and across locales, communities, and cultures to offer nuanced accounts of the gendered dimensions of men's mental health and illness (Connell 1998, Elliott 2019). Here we examine the influence of dominant ideals of Australian masculinity (based on heteronormative, white, middle class norms) on men's perspectives and experiences of mental health.

### **Australian masculinities and culture**

Culture refers to the dynamic traditions, beliefs, and habits of specific groups, and remains an influential contributor to masculine identity that effects the norms, expectations, and practices in men's lives (Griffith 2012). Although Australia is socially and culturally diverse, prevailing attitudes and beliefs are widely held (and policed) as formations of normative masculinities. Moreover, Australian masculine cultures and identities are steeped in tradition, context dependant and somewhat contradictory in their transformative potential. From its colonial, pioneering and Australian and New Zealand Arms Corps (ANZAC) histories that shaped the bushman ethos and early military engagements, to more recent beach and sporting identities, Australia's cultures are deeply entwined with these idealised masculinities. Characteristics of strength and self-reliance amid maintaining an easy-going persona are deeply prized and defended to the extent that vulnerabilities (such as having a mental health challenge) are steadfastly concealed and/or denied (Connell 2005, Seidler et al. 2016, Nichols and Stahl 2017). Australia's idealised masculinities are somewhat iconic, a consistent motif and vernacular that transcends domestic and international borders in popular culture and media. For example, The Aussie bloke is personified as laid-back and confident, with a sarcastic, self-effacing sense of humour who speaks his mind; The Athlete is a sportsman embodying toughness, heterosexuality, and loyalty; and The Larrikin is a good-natured, beer-swilling jokester with an easy-going, down-to-earth attitude (Adegbosin et al. 2019). Building on Connell's (2005) earlier work, Waling (2019) suggests that these idealised masculine tropes are less a reflection of who Australian men are, and more a reflection of how they like to conceive of themselves. Irrespective of the legitimacy of these likeable Australian characters, there are strong expectations that men, individually and collectively, are decisive and rational in solving (or concealing) their own problems.

### **Gendering men's mental illness and mental health promotion**

Normative masculinities that influence men's mental illness and mental health promotion perspectives and experiences include strength, self-reliance, stoicism, and competitiveness (Seidler et al. 2016). Australia's deeply classed underpinnings render masculinities much contested, wherein the willingness to stouss on differing viewpoints is understood (and deeply valued) as what men do (Conway 1985). As such, mental health challenges and/or seeking professional mental health help might be seen (and experienced) as giving up or giving in, to the extent that many men cover with maladaptive behaviours (e.g., trivialising problems, substance use) to pass or refute any marginalisation invoked (or implied) by others (Seidler et al. 2019). For example, many men learn to embody restrictive emotionality from a young age through assertions that 'boys don't cry', and an extension of this socialisation manifests as boys and men denying vulnerabilities and/or reticence for seeking mental health care (Rice et al. 2021). Indeed, men's embodiment of normative masculinities, and their intersection with manly identities, can negatively impact mental health and help-seeking behaviour (Staiger et al. 2020, Vogel and Heath 2016). Moreover, Australia's masculine cultures may increase the risk for maladaptive coping, including risk-taking and alcohol/substance use as a form of blunting and/or self-medicating mental health challenges (De Visser and Smith 2007, Ramirez and Badger 2014). In this space however, some men transform (rather than transgress) such masculinities to reframe the sharing of mental illness vulnerabilities as courageous, and mental health help-seeking as a strength-based project (Olliffe, Rice, et al. 2019).

Mental health promotion, as distinct from mental illness (i.e., diagnosable disorders), incorporates emotional, psychological, and social well-being (Keyes 2002). Considerable research has been conducted examining factors that threaten men's mental health. For example, factors underpinning men's social isolation that can fuel their estrangement from mental health services include thwarted belonging and feeling like a burden (Olliffe, Broom, et al. 2019). Mental health promotion is an enabling process that considers strategic self-care a resource,

and focuses on men building competences and strengths (Whitley 2018, Griffith et al. 2016). A cornerstone to men's mental health promotion is social connectedness and norming help-seeking behaviours (Griffith, Bruce, and Thorpe Jr 2019). In particular, encouraging men's social connection through informal avenues, including community-based men's mental health programs has been identified as an important strategy for advancing the mental health of men and their families (Ogrodniczuk et al. 2016). That said, it is often within these spaces that normative masculine cultures are upheld and perpetuated (Connell 2005). Therefore, examining Australian masculinities and cultures in these contexts and arenas is critical to understanding men's mental health perspectives and experiences, as a means to leveraging gender transformative mental health promotion programs (World Health Organization 2011). In this regard, we have an interest in examining the influences of Australian masculinities and culture to inform gender-based responses that promote men's mental health.

## **METHODS**

### **Study Design**

Participants were recruited as part of a larger study aimed at developing a gender-transformative mental health promotion intervention for men living in Australia. While men's perspectives of related health behaviours, including physical activity and diet, were also of interest to the researchers, this study explored the connections between Australian masculinities and culture in men's mental health. Participants were drawn from a community sample of men living in the Greater Sydney and Blue Mountains regions of New South Wales, Australia. The study was approved by the Human Research Ethics Committee ([blinded for peer review]) at the [blinded for peer review] and all participants provided written informed consent prior to participation.

Five focus groups (6-10 men per group) were conducted between July 2019 and November 2019. Participants were asked to comment on their experiences of masculinity,

culture, and mental health. A semi-structured focus group guide was developed to explore participants' perceptions and experiences comprising of open-ended questions to stimulate dialogue, encourage storytelling and interaction between participants without influencing or leading responses. Focus groups were audio recorded and transcribed verbatim.

### **Participants**

Participants included 43 men ( $M=50.7$  years;  $SD=13.8$ ) interested in making healthy lifestyle changes. Men were recruited using print posters, online social media (e.g., Twitter posts, Facebook ads), and information distributed through men's groups/organisations in the community, with advertisements inviting men to "discuss their motivations, interest, and challenges when it comes to staying happy and healthy". Prior to commencing the focus groups, men completed a brief descriptive questionnaire including demographic information (e.g., education, employment, income).

The majority of participants were married ( $n=27$ , 63%), held a university degree ( $n=31$ , 72%), worked full time ( $n=25$ , 58%), and had an annual household income  $\geq \$100,000$  ( $n=24$ , 56%). Further, 77% ( $n=33$ ) of participants self-reported living in Australia for their entire lives, while 23% ( $n=10$ ) reported immigrating to Australia or having previously lived abroad. Among those that immigrated to Australia or lived abroad for a significant portion of time, participants reported having lived in Australia on average  $28.8 \pm 12.3$  years (range 7-49). A total of 74% ( $n=32$ ) of participants lived in urban areas and 26% ( $n=11$ ) in suburban areas. Participant details are presented in Table 1.



	<b>Men (N=43) n (%)</b>
<b>Age</b>	
Mean (SD; range: 22-75 years)	50.65 (13.75)
<b>Highest Level of Education</b>	
Less than year 12 or equivalent	1 (2)
Year 12 or equivalent	2 (5)
Associate diploma or certificate	9 (31)
University degree	31 (72)
<b>Marital Status</b>	
Single/Never married	7 (16)
Married/domestic partnership	27 (63)
Widowed	1 (2)
Divorced	6 (14)
Separated	2 (5)
<b>Employment Status</b>	
Full time work	25 (58)
Part time work	11 (26)
Retired	4 (9)
Unemployed	2 (5)
<b>Household Income (\$)</b>	
Less than \$25,000	4 (9)
25,000 to 34,999	1 (2)
35,000 to 49,999	1 (2)
50,000 to 74,999	4 (9)
75,000 to 99,999	5 (12)
100,000 to \$124,999	7 (16)
More than \$125,000	17 (40)
Prefer not to say	3 (7)

Table 1. Participant Characteristics.

## Analysis

We analysed the focus group data using inductive thematic analysis, as detailed by Braun and Clarke (2006), whereby patterns in the data were identified and described to explore the connections between Australian masculinities and culture in men's mental health. This process began with two members of the research team independently reading and rereading the transcripts to become familiar with the data and identify preliminary patterns and descriptive codes to fracture the data. Open coding was then used to identify and allocate text segments

that related to the influences of Australian masculinities and culture on men's mental health. Codes were grouped into categories to produce a coding framework that reflected the main topics discussed during the focus groups. Codes and categories were continually refined, with some codes being subsumed and collapsed while others were expanded to reflect major findings. Coded data were reviewed and interpreted using the masculinities framework, examining similarities and differences within and across the focus groups to determine overarching themes reflecting the main findings. This process of continuous analysis allowed for the generation of clear definitions and names for each theme that looked beyond what was said to enable a more in-depth understanding of the meaning of the participants' experiences and perspectives (Clarke and Braun 2017). All data were managed using Nvivo12. Study rigor was supported by the use of, a) purposeful sampling, b) field notes taken during focus groups, c) facilitator debriefs with the research team following each focus group, d) discussions between researchers to reach consensus for findings, for which analytic decisions were documented to provide an audit trail, and e) researcher selection of representative examples and quotes from the data to support the findings.

### **Interpretation**

Data were interpreted using Connell's (2005) masculinities framework to explore how dynamic cultural factors shape and are shaped by the mental health perspectives and experiences in Australian men's lives as well as how men determined strategies for recreating, reimagining and redefining masculinities. Through this approach, we were able to simultaneously examine the social and mental health effects of identity and context to reflect the lived experiences of men living in Australia. Framing complicit, marginalised and subordinate masculinities (Connell 2005) enabled us to interpret and account for men's varied contexts in transitioning descriptive behaviours to consider the agency-structure interactions and connections between gender roles, relations and identities, and men's mental health.

Finally, Connell's (2005) framework enabled us to better understand how gender and culture are diversely connected to shape participant's mental health behaviours including how men in Australia can create new normative masculinities for themselves.

## **FINDINGS**

Three overarching themes were inductively derived: (1) A history of strength and self-reliance: *taketh as we are, she'll be right*, (2) Social and geographical divides: *surrounded by men but never actually connecting*, and (3) Male socialisation and generational dissidence: *not getting the wisdom from the men that have gone before me*. These themes are detailed below and accompanied by illustrative quotes.

### **A history of strength and self-reliance: *taketh as we are, she'll be right***

Participants identified the importance of recognising (and ideally embodying) normative gendered practices while operating within Australian cultures. Prized in this respect was strength and self-reliance – characteristics defended unapologetically with irreverence for men who fell short of those ideals. That said, participants identified a misalignment between traditional Australian masculine identities and mental health, highlighting tensions between normative masculinities and men's mental health perspectives and experiences. Participants discussed how prevailing perspectives of masculinity had historical relevance, stemming from Australia's vast geography, political history, and rugged outdoors. Implicated as challenges for men, participants believed that there was a strong sense that men in Australia must be durable and resilient, which influenced how they approached their mental health. One participant explained:

*I don't know if it goes back to the convict background, or the pioneering background of Australia, but there is definitely a stronger sense of independence...it's bloke's responsibility to look after their health and its bloke's fault that their health ain't so good.*

Offered here were origins of Anglo-Celtic Australian masculinities, stemming from the hardships early settlers experienced coping with the unforgiving conditions of frontier life that demanded grit and self-reliance. In referencing (and perhaps revering) this cultural context, it was clear that Australian histories carried forward to explain many elements of contemporary mental health behaviours among men. For example, that mental health was positioned as a personal responsibility suggests that experiencing mental health challenges reflects personal folly and self-containment. Further, we can infer that men's adoration for these cultural characters and their tales of overcoming great hardships benchmarked summoning internal grit as normative – an ideal which may prevent men's external help-seeking. Another participant explained how Australia's continental isolation from other countries contributed to the belief that Australian men must be decisive and unapologetic for who they are, including their (un)willingness to concede mental health challenges:

*From the history of how this country was formed: 'taketh as we are'. We are geographically isolated, if you don't like it, you've travelled a long way, this is what we are, this is how you take it, kind of thing.*

Affirmed by this participant were normative cultural frames of masculinity that policed and 'othered' outsiders who critiqued and/or failed to adapt (or be complicit) in sustaining such dominant ideals. This assertion nestled a natural resilience for mental health, and a taken-for-grantedness that men will be unaffected (or stoically endure hardship). In this sense, lack of reflection and belief that men need to be self-reliant in dealing with *their* problems limited opportunities for help-seeking. Further, while many men acknowledged that these values worked in opposition to supporting men's mental health, it was clear that identities were enmeshed with some of these colourful accounts of Australian history.

A cultural idiom that was repeated throughout conversations and aligns with stereotypes of the laidback Aussie bloke was the phrase, “*she’ll be right*”<sup>1</sup>. The assumption of this statement is that, whatever is wrong will correct itself in time – as such issues might be best ignored or left unattended. This response is related men’s “wait-and-see” attitude towards mental health (O’Loughlin et al. 2011) and signals a willingness to accept suboptimal situations rather than seek a more desirable solution. Outwardly, it conveys self-assuredness to others that you are worry-free and upbeat (rather than beat up). One participant explained how an easy-going attitude could be operationalised as apathy and inaction toward promoting one’s mental health:

*I think an Australian attitude towards a lot of things, health included, is it’ll be okay, like it’ll be right, like a little bit of head in the sand kind of attitude. So I think we don’t tend to look at health until it actually becomes a problem. We don’t necessarily have to worry about it.*

In subtly emphasising his alignment with the optimistic (and perhaps naive) dimensions of Australian culture, this participant signalled towards this disposition as explaining away why men do not worry or look for health problems or symptoms – and by extension need to seek help. As before, there was a nod to a cultural collective implying that Australian men can look after themselves and do not need support. Others argued that “*she’ll be right*” had positive connotations that reflected hopefulness and a stress-free attitude. One participant explained that he believed the phrase reflected an optimistic outlook on life:

*I also wanted to talk from a positive psychology point of view that ‘she’ll be right’ is also a hopeful statement. Assuming things will be okay even though the facts would suggest otherwise. I’m not sure if it’s a head in the sand or also a positive expectation.*

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<sup>1</sup>The pronoun ‘she’ represents everything (i.e., ‘everything will be okay’).

Within this exchange, tensions between seeing the bright side and hiding from ones' problems emerged. Differentiating from invincibility, there was an undertone of self-assuredness that Australian men minimise and/or stoically sustain mental health challenges to some extent with their easy-goingness.

In summary, a *history of strength and self-reliance* revealed how deeply rooted masculine and cultural norms coupled strength and self-reliance with an easy-going attitude to guard as well as govern men's mental health behaviours. Although many participants acknowledged the limits and shortfalls of these normative masculinities for their mental health, most were complicit in sustaining those ideals. Aligning to these cultural histories and traditions garnered pride and belonging but also drove men's mental health challenges inward with a reticence for seeking help, even when their resiliencies failed.

***Social and geographical divides: surrounded by men but never actually connecting***

Contextualising and perhaps contesting the normative demands for men to be self-reliant in solving their own mental health challenges were participants' subjectivities about the importance of genuine social connectedness and comradery. Seemingly contradictory to ideals of strength and self-reliance, participants discussed the concept of mateship – a cultural idiom referring to the social bounty and bond between men, underscored by qualities of friendship, loyalty, and equality (Dyrenfurth 2015) – where connecting with other men was viewed as one of the most important avenues for supporting men's mental health. For these men, mateship was associated with selflessness, belonging, and mutual help. However, some participants raised concerns, suggesting that the mateship cultures limited opportunities for emotional support or deep connection:

*I think it's the big issue that mates don't really talk about the deeper stuff, even though there is that connection there, which I think is really important. I think for everybody that connection is probably one of the most vital things for our health.*

As a highly prized cultural currency (Dyrenfurth 2015), mateship was both lauded and critiqued by this participant. Herein the strength of those connections, regardless of their authenticity, and the company of other men was normed as silently promoting mental health without explicitly discussing men's mental health challenges. Indeed, many participants interrogated cultural norms dictating that men's social connections should suffice to promote their mental health, especially given that vulnerability ridden conversations were prohibited because they would unfairly burden the best of mates. One man suggested that, "*you can be sitting around a pub drinking or TV or on the sporting field and be surrounded by men but never actually connecting*" while another stated, "*there is a negativity that if you do get sick that your mates do walk away because they can't handle you or can't see you like that.*" Here the participants called into question mateship limits for self-disclosure, especially in the likelihood that vulnerabilities (synonymous with weakness) would emerge. In this example, embodying such vulnerability (and weakness) in the company of other men meant that they may be ostracised or subjected to shaming. Further, the culture of mateship might be understood as providing some men physical culture comforts (e.g., competing in team sport, paid work) but prohibiting a psychological connectedness outside of those activity driven arenas.

In addition to the social divides that governed many men's mental health behaviours, there were geographical divisions that bounded belongingness and opportunities for social connectedness. Participants explained how Australia's vast geographies and isolation demanded comradeship and cooperation as a means of survival. One man explained how he was willing to engage mutual help:

*I think once you've gone past the green belts on the coastal fringes it's actually quite inhospitable out there and a person by themselves needs other people to survive. It's a much more collective thing...Predating the dense urbanisation that happened, when we*

*were far more living off the sheep's back and being rural, you needed to trust your neighbour because you needed your neighbour as much as they needed you.*

Explained here was how remoteness demanded and fostered operational reliance's to legitimise some men's connections in Australia as necessity. Drawn on were iconic images that few urban-based men (including most participants) directly embodied. Herein Australian mateship appeared to be revered and understood from historical and rural contexts – as were the diluted forms and adaptations of mateship to more urban sprawls. Nonetheless, the normative cultural dimensions of men's mutual help that dated back to early settlers resonated with some aspects of contemporary Australia to norm men's connectedness through mental health challenges. Participants explained these values as contributing a strong sense of nationalism, regionalism and belonging alongside and intertwined with comradery between likeminded men. Evident also was a sense of pride associated with fitting into discrete geographies and milieus. For example, referenced were Australia's coastal beaches as performative sites for masculinity and culture, inclusive of the young and fit surf/lifesavers that inhabit them, as well as the topography of the beaches and inlets that mark the boundaries between suburbs. Implicit were hegemonic masculinities in which participants highlighted challenges with not fitting in and the ridicule associated with being seen and named as different. For example, in some regions being able to swim was 'natural' - something that everyone learned to do:

*Where I was growing up, everybody went down to the beach and I was in the Nippers. If you found somebody who didn't know how to swim, it was sort of like finding someone who didn't know how to drive a car. How do you get by? What happened to you that you lost that opportunity?*

*What's wrong with you?!*

*Shaming things...you have to drive and you have to swim!*



Culturally normed here were masculine sub-groups - beach-savvy, car driving Australian males, and the dismay assigned to those who were without those embodiments and materials. We can infer that the independence afforded by driving vast geographies signalled economic and perhaps racial divides, whereby having the skills and understanding to navigate (and master) the surf aligned with some men's cultural and gendered ideals. Marginalised were those men who were without the background and means to access the coastal fringes. Building on this example, mateship was clearly delineated and divided by geographies with the potential for culture clashes (coastal local versus day-tripper versus newly arrived or departed resident) in the doing of gender. While these milieus signal a plurality of masculinities, men who were unable to find their fit or "*tribe*" faced significant challenges with belonging and isolation.

The *social and geographical divides* findings revealed how Australia's geographies apportioned an assortment of mateship cultures which varied in terms of their authentic connectedness and divisiveness and potential to other. While overarching were the cultural norms of Australian mateship, the mental health benefits were implied and did not always extend to address men's mental health challenges. Sharing or showing such vulnerabilities risked subordinate or marginalised masculinity and thwarted belongingness. While many participants touted these cultural contexts as opportunities for men to socially connect, there was clearly some misalignment for some men who were aspiring to fit within these geographic moulds.

***Male socialisation and generational dissidence: not getting the wisdom from the men that have gone before me***

Idealised Australian masculinities highlighted men as *being useful, a breadwinner, helping others, outdoorsy, rugged and adventurous*. Participants discussed how these characteristics were underscored by a *culture of invincibility* that accentuated (and exaggerated) normative masculine stoicism, dominance and aggression. While men's alignments to these

ideals varied, participants discussed the influence of this cultural hangover in how men were socialised to align to these norms in rejecting emotionality. Relating to men's mental health, male socialisation often dictated how they connected, idealising men's strength and emotional control – especially in the company of other men. One man explained how he was raised to hide potential weaknesses by expressing anger:

*The culture that was drilled into me from a young age which was around emotional safety, don't speak out, don't reveal weakness. The culture is one of ridicule that I grew up in for the first 30 years of my life, very strong ridicule about expressing any emotion, anything emotional, full stop. Apart from anger. Anger was the only legitimate emotion that I could express, that was approved of by most men that I grew up with. I can get angry, and I could have a bit of fun, but apart from that I was told "shut up, come sit down".*

Ridicule, as described by the participant, is reflective of teasing and policing cultures that point out (and correct) transgressions of normative masculinities. While teasing can denote inclusive collegial practices, it is also routinely used to enforce masculine and cultural norms. Moreover, the data suggests that anger is legitimatised and affirmed as a manly loss of control for purging pent-up emotions and contesting any marginalising effects invoked by others. Herein, anger might be understood as process and product in terms of how men express dissatisfaction, contest being marginalised and settle disagreements. However, as a response, anger may also conflate mental health challenges (e.g., anxiety and/or depressive symptoms) to shame and isolate men without other avenues for expressing and addressing their distress.

Some participants described how, as adults, they actively resisted normative masculine perceptions and practices, identifying adverse implications to their mental health. It was only through time and experience that men believed that they gained the ability to reflect on and challenge these normative masculinities. However, while participants believed that prevailing

culture and gender norms influenced and enforced generationally, they pointed to intergenerational disconnects that could mute important communications and knowledge sharing between men. One man explained how this could fuel conflict and dislocating forces between generations:

*So I think going deeper down this connection path is also a cross-generational component that is causing a lot of anxiety and challenges around health. I'm not getting the wisdom from the men that have gone before me, and I'm also not sharing the state of the world from where I am and what I see. That's putting an extra stress on who I'm looking up to and who is supporting me when I'm going through challenges as a man.*

Here the participant described how generational normative masculinities could fail to educate men about their mental health challenges and strategies for promoting their mental health. Evident were expectations that masculinities could be wisely taught to bridge temporally and equip future generations. This abeyance of mentorship might be understood as respecting men's self-reliance and shifting generational masculinities, but such disconnects could also be injurious to men's mental health.

In seeming opposition to the usual stoic practices around mental health, some men provided examples where progressive interpretations of masculinities allowed for mental health promoting behaviours. In particular, these caveats came from men who had previously experienced and overcame mental health challenges. Over-riding generational disconnects, men's lived experiences afforded strength-based asset-building narratives for how they overcame their mental health challenges. One man explained how recovering from his trauma and mental health issues made him feel a responsibility to help others:

*I feel like it's my gift. I look at my journey, I've got a lot of trauma in my life. I tried to take my life and was very lucky to live. But now I am totally grateful for that journey because I can share so much with a lot of guys. I get my mates out for a run, when I*

*know they are struggling. I know how thick their armour is so I don't ever push too hard. For me personally, I feel like it's my responsibility to do what I can.*

Expressed here and in many men's narratives was a willingness to help, albeit with care not to disrupt normative masculinities by assigning his friends vulnerabilities and the explicit need for help. It is perhaps that the 'success' of overcoming their own challenges afforded freedoms to disclose past struggles with mental health. Despite his willingness, the participant recognised vulnerability in his mates and discussed opening with an invitation to go for a run (i.e., typical masculine code) to inconspicuously help or introduce the idea of being helped. In this regard, the participant used normative masculinities as a frame for men's connection where doing gender together (and relying on talk) helped to connect the participant to a mate in need. While asking for help was perceived as a vulnerability, overcoming challenges demonstrates power, strength, and resolve. Paradoxically, mental health challenges only warrant narratives and exchange after they have been resolved. Regardless, there are benefits of normalising conversations that promote emotional reflexivity and frank discussions. As these men overcome adversity they felt that they were well positioned to share experience and power, whereby supporting others around them. Similarly, one father explained how he struggled to develop meaningful relations while growing up, and the deleterious effects it has had on his mental health, with his son:

*I've got a 15-year-old son and my sense of his experience is that there's still quite a powerful notion that men have to hold their own. That vulnerability is not an asset necessarily. I've done a lot of work with him to let him know that there's some strength in communication, in vulnerability, in knowing what's going on for yourself emotional.*

In positioning communication, vulnerability and emotional reflexivity as strength-based pursuits, the father demonstrated how recognising mental health challenges and working to address those issues is an acceptable masculine behaviour. Implicit also was the affirmation to

work on self-identity wherein his son might be best served to independently do that work rather than blindly align to maladaptive masculine behaviours.

The *male socialisation and generational dissidence* findings revealed stoicism and restrictive emotionality as commonly conveyed and conditioned across generations of Australian men. On balance, men's lived experiences of mental illness challenges and/or recognition of correcting the shortfalls in their forefathers messaging were potential avenues for norming mental health promotion and seeking help to address common challenges.

## **DISCUSSION**

Masculinities and cultures are contextual, and exploring these nuances can help to inform strategies for engaging Australian men in mental health promotion. In Australia, normative masculinities are heavily influenced by idealised masculine identities and cultures emphasising Anglo-Celtic, heterosexual and cisgender values. To a large extent, these perspectives permeate local and global perspectives of the iconic Australian man and, whilst many men do not fully ascribe to these practices, they hold relevance (and are complicit) throughout many aspects of their lives (Waling 2019, Elliott 2019). The present findings provide important insights to the connections between Australian masculinities and culture in men's mental health. Additionally, by exploring how men navigate and negotiate their mental health relative to normative Australian masculinities and cultures, transformative programs can be designed to promote men's mental health and help-seeking.

### **Australian masculinities, culture, and men's mental health**

Within the Australian contexts, we see the complex plurality of masculinities being heavily influenced by history and culture. In many ways, our study points towards a misalignment between society's understanding of normative masculinities and critical aspects of men's mental health, including scenarios where local, regional and national pride comply and/or defend outdated masculine stereotypes. Specifically, many participants denounced

negative masculine stereotypes but not the histories, cultures, or settings that produce and perpetuate them. As such, we conclude that Australian men's experiences and accounts of masculinity are ripe with contradiction (see also Waling 2019). For example, men in the current study framed and operated their masculinities in ways that demand both self-reliance and competitiveness as well as comradery and teamwork. Meanwhile, normative masculinities associated with (Australian) sport including dominance and power seem at odds with values upheld through mateship (e.g., selflessness and comradery).

Taken together, our study suggests that Australian culture has, for a long time, been tension filled in navigating and combining normative masculinities and men's mental health. However, the fluidity and plurality of masculinities (e.g., Oliffe, Rice, et al. 2019), and the ability of some study participants to negotiate masculinities supportive of their mental health, suggests that inclusive cultural change may well occur – if the social contexts in which men operate can shape and be shaped by this development. This implies that increased focus should be placed on the mechanisms and processes that facilitate relevant and meaningful progressions in local social settings (e.g., masculine drinking culture in Australian stadiums) (Hart 2016). Such inclusive masculinities (Anderson and McCormack 2018) may assist in influencing and shaping wider cultural norms and expectations. For example, elite sportsmen publicly acknowledging mental health challenges may reflect and further contribute to the progressive deconstruction of hegemonic masculinity to norm vulnerabilities, and value the authenticity to acknowledge such states as existing in all men. Overall, we posit that aspects of gender and culture are inherently connected and intertwined, and for sustained change to occur, both must be considered. While this more holistic approach undoubtedly creates challenges for mental health practitioners and policymakers, it also provides opportunities for more gender transformative programs.

In terms of theory, Connell (2005) continues to provide a robust framework to analyse and report the mental health perspectives and experiences of men. Moreover, the temporal and geographical dimensions for how masculinities and culture entwine were especially evident and applied as a result of integrating that theory. That said, additional research attention is needed to examine the dominant discourses of masculinity that negatively influence men's mental health and prevent them from speaking up about mental health challenges (see Chandler 2021).

### **Gender-based responses to promoting men's mental health**

Our findings point to men's interest in working together to support their own, as well as others' mental health. For example, the Men's Shed movement in Australia has had success in supporting men's mental health and intergenerational social connection (Golding 2015). However, paradoxically, men's social interactions and the cultural contexts where men gather were presented by participants as both the problem as well as a potential solution to men's mental health challenges. A significant counterweight to explain men's diverse experiences is related to their sense of belonging. Franklin et al. (2019) calls for a better understanding of the cultural and performative changes that underpin men's social connection and support, including attention to the social structures and interpersonal relationships that influence men's sense of belonging. Our findings suggest that, under the iconic guise of Australian 'mateship', normative masculinities constrained men who desired connections that extended beyond passive connection to address their mental health concerns. Furthermore, men risked isolation and marginalisation if they were unable to fit within the geographies that defined variations of Australian mateship.

The study findings highlight perspectives and experiences to offer a reference point and lens for enhancing and understanding the challenges to Australian men's mental health promotion. The complexities of gendered help-seeking and help-giving in the context of men's

mental health are themes that have been recognised by others as important considerations in efforts to promote men's mental health in Australia (Rice, Fallon, and Bambling 2011) and elsewhere (Robertson et al. 2018). What the current study adds is how historical influences, cultural norms and values, and contextual factors intersect to influence masculinities and men's practices in ways that have a bearing on mental health in the Australian context. In line with evidence from Europe (Gough and Novikova 2020), our findings indicate how Australian men can reframe help-seeking to align with normative masculinities as strength-based practices rather than a weakness (e.g., requiring strength, action and resolve) or as a means of regaining masculine capital (e.g., sharing experiences to help others). Importantly, participants also demonstrate strategies for re-defining normative, context-specific activities (e.g., drinking, sports associated with competitiveness and power) into spaces where men collectively promoted their own and others mental health. Important examples where peer-based knowledge related to cultural norms afforded men ways to connect legitimately (e.g., over coffee, during a run) to create opportunities to check in, support, and engage other men in disclosures and mutual help while reducing risks related to transgressing masculine norms. These findings speak to evidence that suggest shifts are occurring in contemporary masculinities and that younger generations are redefining masculinities to be less restrictive and rigid (Elliott 2019, Stahl 2020). For example, Elliott (2019) found that participants could juggle contradictory requirements of traditional or progressive forms of masculinity, including expressions of softer masculinities in their narratives of friendships. Furthermore, Flood (2018) reported that younger men held more progressive views on what it is to be a 'real man' and were less aligned to hypersexuality, rigid household roles, and the idea that men should use violence to get respect. Our findings suggest that some older men are also reflecting on misalignments between normative masculinities and their mental health behaviours and renegotiating more healthful frames of belonging, social support, and connectedness.



## **Practical implications for supporting Australian men's mental health**

Given the increased interest in men's health, a growing research focus has highlighted the need for tailored interventions, aimed at engaging men across a range of mental health concerns (e.g., Thapliyal et al. 2020, Rice et al. 2021). Increasingly, gendered approaches for men's mental health are cognisant of (but not curtailed by) normative masculine values, with program elements (e.g., name, offerings, setting) seeking to align with these values. Our findings point to avenues that may be used to engage men. As indicated, mateship is valued capital for many Australian men. Leveraging this, to deepen and strengthen meaningful connections amongst men, and broadening this to their intimate relationships, will improve social supports and assist in loosening restrictive norms supporting men to build better relationships (Oliffe et al. 2021). However, current trends suggest that men are becoming more isolated and socially disconnected than ever before (Cacioppo and Cacioppo 2018). Butera (2008) found that key aspects of traditional mateship, such as group loyalty, have been dropped in contemporary iterations. As a result, men may be failing to develop the capacity to create and maintain strong bonds under new circumstances (Franklin et al. 2019). Similarly, our findings suggest that, while mateship may provide men with limited opportunity for emotion support or connection. Important to this work is upskilling men's ability to converse in supportive ways. Such approaches should avoid pathologising men's communication styles, instead providing opportunity to enhance listening and validation skills (as opposed to problem solving skills). Men's health charity, Movember, has developed gendered Australian resources for this, including the Speak Easy initiative (Movember 2021b), and Movember Conversations (Movember 2021a). Educational reform has also been highlighted as a critical step to address male socialisation skills through effective gender equity policies (Weaver-Hightower 2008). Such approaches include engaging young men in Secondary School settings regarding the health-related harms of rigid adherence to the normative "*man-code*" which emphasises

toughness and stoicism, instead emphasising the value and importance of early mental health help-seeking (King et al. 2020). Scaling and evaluating similar male-friendly initiatives across the age range should be an urgent priority, as this work has the scope to improve men's peer relationships, and potentially reduce preventable mortality.

Mental health stigma remains a major concern for men, and approaches to address this should be mindful of developmental and generational differences. While younger men tend to report higher rates of mental health literacy relative to older counterparts, they still experience internal and external barriers to engaging with mental health services (Rice, Purcell, and McGorry 2018, Rice et al. 2018). Targeted campaigns focussing on endorsements from well-known male sporting or gaming identities may be an effective way to normalise and reframe men's mental health help seeking. For example, Australia's Headcoach initiative from youth mental health organisation, headspace, offers a model for such work (headspace 2019). Future work must also consider strategies that equip young men to help one another in ways that normalise, support, and affirm mutual and self-help, rather than impede it.

### **Limitations**

In light of the present findings, some limitations of this research must be acknowledged. As discussed throughout, masculinities are contextual and locale specific, therefore these findings are not reflective of all men's practices and experiences in Australia. While efforts were made to recruit a diverse sample of men, encourage open discussion, and avoid stigmatisation, men who were more reluctant to discuss mental health or disclose personal experiences may have been deterred from participating. Additionally, speaker logs were not kept during the focus groups, therefore we were unable to associate participant quotes with descriptive characteristics. It is also important to note that gender and culture intersect with wider social determinants, including economic hardship, access to services, racism and discrimination against marginalised groups of men. As others have suggested (Bridges and

Pascoe 2014, Elliott 2019), hegemonic masculinities may shift and change in response to challenges, but underlying inequities will persist. Future work might look to explore Aboriginal and Torres Strait Islander, migrant, or LGBTIQ+ experiences as well as further differentiate locale and population specific patterns (e.g., rural and remote areas).

## **CONCLUSION**

The current study offers unique insights into influences of Australian masculinities and culture on men's mental health. These findings help to illuminate the dynamic influences of gender and culture as both enhancing and limiting to men's mental health as well as their contextual and often contradictory natures. Beyond acknowledging these relationships, there is clear scope for public health initiatives, policy and community programs to directly target and address gender and culture in transformative ways that support men's mental health. While seeking out men in community-based settings has opened the door to start important conversations about mental health behaviour and help-seeking, if we truly want to make transformative changes, consideration must be made to the deeply rooted masculinities and cultures that are entangled with men's mental health.

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