Male Discourses of Anxiety and Help-Seeking in an Online Discussion Forum

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Abstract

This dissertation presents a qualitative analysis of men's accounts of their experiences of living with anxiety and seeking help for that anxiety within posts to an online discussion forum. It is widely acknowledged that, while men are less likely to seek help for mental health conditions such as anxiety, they are also 3-4 times more likely to die by suicide. Statistics such as these have led many to describe the state of men's mental health as a silent crisis. The difficulties associated with diagnosing and treating men with mental health disorders might well be exacerbated in the case of anxiety disorders. Such disorders are more likely to be viewed as a personal weakness rather than a legitimate illness when compared to other mental health conditions. Further, masculine social norms confer an expectation that men exhibit good health. It has also been argued that hegemonic masculine norms are not conducive to seeking help for mental health conditions. The culmination of these factors means men may face particular challenges in talking about and seeking help for their anxiety. Indeed, even though anxiety disorders are the most common mental health disorders amongst Australian men, men's anxiety has been argued to be under-researched and poorly understood.

The data analysed within the present dissertation consist of posts collected from a publicly accessible Australian anxiety online discussion forum. Online discussion forums have been argued to have particular value for men, who are typically less likely than women to seek help in traditional face-to-face mental health settings, particularly for sensitive health-related issues. Online discussion forums also offer researchers an opportunity to investigate how mental health-related supportive interactions between peers unfold. Such forums allow researchers to gather data from sources that exist independent of researcher involvement to investigate how people understand their mental health issues. The studies presented in the four analytical chapters of this dissertation explore how men construct their experiences of

anxiety and account for their support seeking practices in the context of that anxiety. The analyses in this dissertation employ a range of qualitative methodologies, informed by a social constructionist epistemology.

Study one employs thematic analysis, informed by principles of discursive psychology, to examine how men's accounts of their anxiety attend to issues of authenticity, and the types of support that men appear to be seeking online. Posters work hard to construct themselves as authentically anxious, and by doing so, claim some entitlement to request support from a community of individuals who have also experienced anxiety.

Study two utilises a discursive psychological approach, informed by principles of membership categorisation analysis, to examine how men describe the source of their anxiety. The analysis describes how men's descriptions of the source of their anxiety should be understood as culturally bound and related to expectations and obligations associated with their social context and category memberships.

Study three takes a thematic analysis approach, informed by principles of discursive psychology, to examine how men describe the lived experience of anxiety. The analysis shows how anxiety was constructed as a series of out-of-control emotional and physical states, over which the men hoped to regain control. Findings additionally show how the self-punitive constructions that men use to describe their distress are associated with these experiences of a loss of control. The findings of this study have implications for understanding suicide in the context of anxiety, as well as the value of various interventions for treating anxiety in men.

Study four uses discursive psychology to examine men how accounted for engaging in troubles-telling about their anxiety, a stereotypically 'feminine' activity. Such an approach enables the analysis to capture the complex, inconsistent, and contradictory accounts of anxiety and masculinity. In particular, discursive psychology enables me to demonstrate how

issues of masculinity and anxiety are organised around ideological dilemmas. Findings demonstrate how men reproduced hegemonic masculine ideals of strength, self-reliance and emotional stoicism in the face of adversity, while simultaneously making aspects of their emotional lives visible to the online community.

In the concluding chapter, the implications of the results are discussed. Specifically, I consider how the findings from the four studies (two published and two under review at the time of final submission) are relevant to understanding the particular challenges of being a man with anxiety. I also discuss implications for understanding masculinity and help-seeking in the context of anxiety. By enhancing our understandings of how men describe their experiences of living with, and seeking help for anxiety, this research offers valuable insight into improving understandings of men's experiences of anxiety as well as how researchers and clinicians alike might work to facilitate more effective support services for men. The findings also offer valuable contributions to qualitative research more broadly, particularly concerning the value of collecting and analysing naturalistic data.

Publications contained within this dissertation

Drioli-Phillips, P.G., Oxlad, M., LeCouteur, A., Feo, R., & Scholz, B. (2020). Men's Talk About Anxiety Online: Constructing an Authentically Anxious Identity Allows Help-Seeking. *Psychology of Men & Masculinities*. Advance online publication. https://doi.org/10.1037/men0000268

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Drioli-Phillips, P.G., LeCoutuer, A., Oxlad, M., Feo, R. & Scholz, B. (Under review). "I know you shouldn't compare to other people, but I can't do anything most people can": Age, family and occupation categorisations in men's reasoning about their anxiety in an online discussion forum. *Sociology of Health & Illness.*

Drioli-Phillips, P.G., Oxlad, M., Scholz, B., LeCoutuer, A. &. Feo, R. (Under review). "My skill is putting on a mask and convincing people not to look closer": Silence, secrecy and self-reliance in men's accounts of seeking support online for anxiety. *Men and Masculinities.*

Declaration

I certify that this work contains no material which has been accepted for the award of any other degree or diploma in my name, in any university or other tertiary institution and, to the best of my knowledge and belief, contains no material previously published or written by another person, except where due reference has been made in the text. In addition, I certify that no part of this work will, in the future, be used in a submission in my name, for any other degree or diploma in any university or other tertiary institution without the prior approval of the University of Adelaide and where applicable, any partner institution responsible for the joint-award of this degree.

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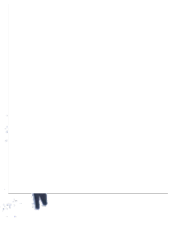
Phoebe Grace Drioli-Phillips



Signature: Date: 19/08/2020

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Overview of Dissertation

This dissertation is formatted as a "thesis by publication" allowed for under the guidelines set down by the University of Adelaide Graduate Centre. This style of dissertation was chosen as it allows for the telling of a cohesive narrative. It also allows for the research presented in this dissertation to be disseminated in peer-reviewed academic journals.

This dissertation begins by situating a discussion of the central issues of the dissertation within the broader academic literature. Chapter 1 provides an overview of the literature relating to anxiety, men's mental health and the men's mental health help-seeking. This chapter thus provides context for the issues under consideration in this dissertation. The aims and focus of this dissertation are also outlined.

In the next chapter, Chapter 2, an in-depth overview of the methodological approach of this dissertation is discussed. Chapter 2 first presents social constructionism as the theoretical underpinning of the dissertation. In particular, this chapter describes how notions of mental health, mental ill-health and gender and masculinity are understood through this social constructionist lens and in the context of the existing literature. This chapter also describes the rationale for the dissertation, including the methods of data collection and analysis, as well as ethical considerations. Data collection for this dissertation was conducted in Adelaide, South Australia.

Following the introductory chapters, four papers prepared as manuscripts are presented, each chapter contributing to the overall aim of exploring how men describe their experiences of living with and seeking help for their anxiety. The research papers presented within the four analytic chapters of this dissertation (Chapters 3-6) are done so in manuscript format, with the same typeset as the main body of the dissertation. References for all chapters are provided collectively at the end of the dissertation.

Research Paper 1: ""Men's Talk About Anxiety Online: Constructing an Authentically Anxious Identity Allows Help-Seeking" is presented in Chapter 3. This paper, published in the *Psychology of Men & Masculinities*, utilises thematic analysis, informed by principles of discursive psychology, to examine how men's accounts of their anxiety attend to issues of authenticity and legitimacy. The findings illustrate that the matter of authenticity is of great importance in relation to how men claim entitlement to seek support online. The implications of these findings are discussed, with particular reference to developing effective public health messaging, and for guiding clinicians who work with men experiencing anxiety. Findings also highlight the value of online discussion forums for men who are feeling isolated, alone and abnormal as a result of their experiences.

Research Paper 2: ""I know you shouldn't compare to other people, but I can't do anything most people can": Age, family and occupation categorisations in men's reasoning about their anxiety in an online discussion forum" is presented in Chapter 4. This paper, currently under review in *Sociology of Health & Illness* following a revise and resubmit outcome from its initial submission, utilises a discursive psychological approach, informed by principles of membership categorisation analysis, to examine how men describe the source of their anxiety. The analysis describes how men's descriptions of the source of their anxiety should be understood as being related to expectations and obligations associated with their social context and category memberships. The findings of this paper demonstrate how men themselves perceive their distress as something experienced in the context of social conditions, rather than in biomedical terms. In turn, these findings have important implications for clinicians supporting men with anxiety, and also for those designing public health messaging aimed at engaging more men in health services.

Research Paper 3: ""I feel abused by my own mind": Themes of Control in Men's Online Accounts of Living with Anxiety" is presented in Chapter 5. This paper takes a

thematic analysis approach, informed by principles of discursive psychology, to examine how men describe the lived experience of anxiety. This chapter, which has been published in *Qualitative Health Research*, demonstrates how anxiety was constructed as a series of out-of-control emotional states, over which the men hoped to regain control. The findings of this study have implications for understanding suicide in the context of anxiety, as well as the potential value of various interventions for treating anxiety in men.

Research Paper 4: ""My skill is putting on a mask and convincing people not to look closer": Silence, secrecy and self-reliance in men's accounts of seeking support online for anxiety" is presented in Chapter 6. This paper forms the final analytic chapter of this dissertation. Currently under review following a revise and resubmit outcome from its submission in *Men and Masculinities*, this paper uses discursive psychology, informed by principles of ideological dilemmas. This analysis seeks to examine how men accounted for seeking support online. Findings demonstrate how men variously reproduce and resist hegemonic masculine ideals in speaking about and seeking help for their anxiety. Findings also shed light on the challenges men perceive in disclosing their personal struggles to those close to them. In turn, the results of this study have important implications in terms of highlighting the value of anonymous online discussion forums in providing a supportive space for men in need to share their anxiety experiences.

The Discussion in Chapter 7 synthesises the results of this dissertation. Chapter 7 provides an in-depth discussion of the findings of this dissertation, with a particular focus on the implications of the findings for those working both in research and in clinical practice. This discussion is situated within a broader discussion of the academic literature, as it relates to the findings of this dissertation. This final chapter also details the limitations of this research and provides recommendations for future research that may further improve knowledge of men's experiences with anxiety.

Chapter 1

Men and Anxiety: An overview

1.1 Introduction

This dissertation seeks to enhance current knowledge concerning anxiety amongst men. At present, there is a paucity of research in this area. As such, the focus of this dissertation is to develop a deeper understanding of men's experiences of anxiety, through the intensive, in-depth, analysis of one data set, using a range of qualitative methodologies.

This first chapter consists of a literature review which will describe the growing body of research concerned with varying theories, definitions, and treatments for anxiety. The review presented in this chapter will then examine the literature on anxiety before moving on to provide an overview of the existing literature examining gendered experiences of distress, mental health help-seeking, and the value of online discussion forums as a source of data. The examination of these issues will provide the context and justification for the dissertation.

1.2 Overview

Health care researchers and providers frequently argue that an improved understanding of mental health and its promotion is central to reducing the personal, social and economic burden of mental illness (Ridge, Emslie, & White, 2011). Male experiences of mental illness, in particular, is an area of increasing interest to researchers (Ridge et al., 2011; Seidler, Rice, River, Oliffe, & Dhillon, 2018). Analysis of how men position, explain and justify their experiences of anxiety is particularly useful in this field of inquiry, due to several limitations associated with how existing research examines men's experiences of anxiety, and their mental health more generally. The use of self-report methods, for example, is

particularly problematic in investigating gendered assumptions of health, and help-seeking behaviours (Feo & LeCouteur, 2013; Seymour-Smith, 2013). Specifically, interviews and other forms of self-report research can provide an opportunity for men to "do" gender, or "perform" masculine identities, rather than relay their experiences or a real preference for action (Seymour-Smith, 2013). Research approaches should then take possible "performance" of gender when reporting health care preferences, into account (Ridge et al., 2011; Seymour-Smith, 2013). Additionally, research relating to how best to diagnose and treat mental health concerns in men is further complicated by a lack of understanding regarding how men express their emotions and emotional distress (Ridge et al., 2011). Indeed, very little is currently known about men's emotional inner lives (Ridge et al., 2011; Schwab, Addis, Reigeluth, & Berger, 2016). Similarly, very little is known about how men experience and seek help for anxiety.

In order to improve the reach and efficacy of mental health services, men's experiences with and perspectives on their anxiety must be better understood (Hoy, 2012). There is thus an ongoing need to contextualise the way men experience anxiety and examine how they talk about their motivations for seeking – or not seeking – professional help, or help from peers/fellow sufferers. Specifically of interest in this research are how men construct their experiences of anxiety, and request support for that anxiety from their peers in an online discussion forum.

Research on men's mental health has mostly, thus far, relied on insights developed through traditional research methodologies, particularly those based on the collection of survey and interview data (Seidler, Dawes, Rice, Oliffe, & Dhillon, 2016; Yousaf, Grunfeld, & Hunter, 2015). Several problems surrounding traditional social science research methodologies which typically involve self-report data collection methods have, however, been identified (Potter & Hepburn, 2005; Potter & Wetherell, 1987; Wetherell & Potter,

1988. Of particular relevance to understandings of gendered help-seeking behaviours is the assumption that people can act as accurate reporters of events, social processes and even their cognitions (Feo & LeCouteur, 2013; Potter & Hepburn, 2005). Data collection techniques utilising naturalistic observation methods, including analyses of online forums, have benefit in the assessment of gendered assumptions about support and help-seeking preferences. Specifically, such methods allow analysis of the unsolicited ways in which men construct requests for support and provide support to one another online (Feo & LeCouteur, 2013; Potter & Hepburn, 2005).

The research presented in this dissertation uses data collected from an online mental health discussion and support forum to investigate how men routinely describe their experiences with anxiety in ways that are not directed or influenced by researchers' concerns. More specifically, this research aims to examine how men routinely describe their experiences of anxiety in the context of requesting and providing support to peers online. Outcomes of this research will improve community understandings of men's subjective experiences of living with anxiety and will be of interest to stakeholders interested in developing platforms to enable peer-to-peer support, both online and offline. Additionally, these findings will also offer valuable information useful for health promotion campaigns and the development of effective psychological health interventions. Findings will also offer important insight into the sorts of services and interventions that men living with anxiety are likely to find valuable.

1.3 Defining anxiety

Anxiety disorders are a group of disorders characterised by excessive fear and anxiety, and behavioural disturbances related to those experiences of excessive fear and anxiety (American Psychiatric Association [APA], 2013). In this context, *fear* can be defined as the emotional response to any real or perceived imminent threat. In contrast, *anxiety* can be

defined as the expectation of future threat (APA, 2013). Anxiety disorders are also characterised by physiological changes as a result of autonomic arousal (Lang, McTeague, & Bradley, 2016). As a result, anxiety disorders often present with symptoms additional to excessive fear and worry, including difficulty concentrating, insomnia and nervousness (APA, 2013; World Health Organization [WHO], 2018). Anxiety disorders also often present with physiological manifestations, including heart palpitations, sweating, dizziness, and muscle tension (APA, 2013; WHO, 2018).

Anxiety disorders commonly present as co-morbid with other anxiety disorders, major depressive disorder, substance abuse disorders and somatic symptom disorders (Stein, Scott, de Jonge, & Jessler, 2017). Anxiety disorders also tend to run a chronic course and are particularly prone to persist if not treated (Bandelow, Michaelis, & Wedekind, 2017). It is of great importance that clinicians can both effectively identify and treat anxiety disorders (APA, 2013). There is, however, evidence to suggest that anxiety disorders are widely underdiagnosed and undertreated in primary care, and as such, there is the need for more research in this area (Thibaut, 2017; Wittchen et al., 2002).

1.3.1. Diagnosing anxiety disorders.

Anxiety disorders are diagnosable only in cases where the symptoms are not attributed to the physiological effects of a substance/medication or another medical condition (APA, 2013). Further, in order to make the diagnosis of an anxiety disorder, the symptoms must not be better explained by another mental health disorder (APA, 2013).

Given that individuals who suffer from anxiety disorders are likely to overestimate the danger in situations they fear, the decision regarding whether the fear or anxiety experienced by that individual is indeed excessive must be made by the clinician. In Australia, this distinction and the resulting diagnosis are frequently made by a Psychologist or Psychiatrist, as well as by General Practitioners (GPs) working in primary health care settings (Australian

Institute of Health and Welfare, 2018; Cook, 2019; Lyons & Janca, 2009). The boundary between normal distress and pathology (i.e., an anxiety disorder) can be particularly challenging to determine given that anxiety as an emotional response can be potentially adaptive within a particular context (Stein et al., 2017). Thus, in order to make this determination, the clinician must take into consideration various cultural and contextual factors (APA, 2013).

1.3.2. Anxiety symptomatology and meeting diagnostic criteria.

There is an important distinction to be made between clinical anxiety, which meets the criteria for diagnosis with an anxiety disorder and experiencing anxiety-related symptomatology. Even in healthy populations, symptoms of anxiety are a normal reaction to the experience of an unpleasant or dangerous situation (Bystritsky, Khalsa, Cameron, & Schiffman, 2013; Gutiérrez-García & Contreras, 2013). In fact, mild anxiety has an important adaptive function, in that it signals that self-protective action is required to maintain one's safety (Gutiérrez-García & Contreras, 2013; Price, 2013). Anxiety symptomatology can, however, also be maladaptive. Anxiety symptoms can, for example, occur in the absence of dangerous and threatening stimuli and as such, will not serve adaptive functions of protection from those stimuli (Gutiérrez-García & Contreras, 2013). Anxiety symptomatology then should be understood as both a normal, and even adaptive human experience, but also, in some cases, as a maladaptive process that can cause distress and or psychosocial impairment.

This distinction between clinical anxiety and anxiety symptomatology is significant when considering the diagnostic threshold for anxiety disorders. In particular, it is important to understand that one might experience anxiety symptomatology such as chronic worry, restlessness and fatigue, without meeting diagnostic criteria for diagnosis with any anxiety disorder. Further, many individuals who do not meet diagnostic criteria for diagnosis with an anxiety disorder might still experience symptoms of anxiety that are mild, atypical, masked

and/or brief but recurrent; presentations which preclude those individuals from a diagnosis (Haller, Cramer, Lauche, Gass, & Dobos, 2014).

It is also important to note that individuals with sub-threshold anxiety symptomatology can experience significant distress as a result of their anxiety symptomatology (Barlow & Campbell, 2000; Haller et al., 2014; Mendlowicz & Stein 2000). Several studies have shown that there is no significant difference in the levels of psychosocial impairment or distress that individuals with sub-threshold and threshold generalised anxiety disorder experience (Angst et al., 2006; Kertz & Woodruff-Borden, 2011; Rucci et al., 2003). As such research investigating experiences of anxiety must be inclusive of both those with a diagnosis, as well as those who might not meet diagnostic criteria, but who experience distress or psychosocial impairment as a result of their anxiety symptomatology.

1.3.3. Prevalence of anxiety disorders.

Anxiety disorders are the most common mental health disorder worldwide, with an estimated lifetime prevalence of between 5% and 25% of the population, and a global 12-month prevalence of between 3.3% and 20.4%, (Alonso et al., 2017; Bandelow & Michaelis, 2015; Kessler et al., 2009). These global patterns are in concert with findings from Australia which suggest that anxiety disorders are the most common affective disorder in the country, affecting approximately 13% of the population (Australian Bureau of Statistics [ABS], 2018). Anxiety disorders are diagnosed more frequently in females than in males, at a ratio of approximately 2:1 (Bandelow et al., 2017; Stein et al., 2017). Still, the most recent Australian National Health Survey (ABS, 2017-2018) suggests that one in ten men report having at least one anxiety-related condition. This finding means that anxiety disorders are the most prevalent mental health disorder amongst Australian males. There is, however, evidence to suggest that the difference in prevalence rates between men and women might be a result of

issues other than actual prevalence. These arguments will be outlined in more detail in section 1.4 of this chapter.

Worryingly, there is substantial evidence to suggest that anxiety disorders are widely underdiagnosed and undertreated in all populations. Results from the World Mental Health Survey conducted across 21 countries found that amongst those with a self-reported anxiety disorder, only a small percentage received treatment (27.6%), and even fewer reported that their treatments had been adequate (9.8%) (Alonso et al., 2018). These findings led the authors to argue that there exist low levels of service use worldwide amongst anxious populations, and as such, there is a need for improved recognition of, and treatment for, anxiety disorders.

1.3.4. Overview of the types of anxiety disorders.

While each of the following anxiety disorders shares common features of excessive fear and anxiety, each disorder differs in terms of the objects or situations that induce that fear or anxiety (APA, 2013). As such, though anxiety disorders commonly present as co-morbid with one another, the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) argues that they can be distinguished clinically through an examination of the situations or objects that are feared or avoided (APA, 2013). Differentiation between anxiety disorder diagnoses might also be achieved by investigating the content of the thoughts or beliefs associated with excessive fear and anxiety (APA, 2013). The most common anxiety disorders are as follows: Generalised Anxiety Disorder (GAD), Social Anxiety Disorder (SAD), Panic Disorder (PD) and Agoraphobia (Bandelow et al., 2017).

It should be noted that the objective of the DSM is to set forth a nosology of mental health disorders, such that there exists a common language among clinicians and researchers, as well as health insurance companies and the pharmaceutical industry (Khoury, Langer, & Pagnini, 2014). As such, the conceptualisations above, and indeed in all DSM disorders, are

reflective of a particular way of viewing distress, which reflect constructed and situated versions of understanding. Critiques of the validity of anxiety disorders as a diagnostic category will be discussed in detail in section 1.3.5 of this chapter.

The following sections will provide an overview of the most common types of anxiety disorders in Australia, as they are classified in the DSM-V (APA, 2013).

1.3.4.1. Generalised Anxiety Disorder (GAD).

GAD is characterised by an extended period of excessive worry over everyday events or situations (APA, 2013). This excessive worry and fear results in the behavioural response of avoiding or seeking reassurance about situations where the outcome is uncertain (APA, 2013; WHO, 2018). In order to meet the threshold for diagnosis with GAD according to the DSM-V (APA, 2013), individuals must experience excessive fear and or worry that they find difficult to control for a period of longer than six months. That worry and anxiety must also be accompanied by three of the six following symptoms: restlessness, fatigue, difficulty concentrating or mind going blank, irritability, muscle tension and sleep disturbances. In order to meet the threshold for a diagnosis, the anxiety symptoms must also result in clinically significant distress or psychosocial impairment in important areas of functioning, including social and occupational.

The WHO suggests that in Australia, the 12-month prevalence is 3.6%, and the lifetime prevalence of GAD is 8.0% (Ruscio, Hallion, Demyttenaere, Lee, & Lim, 2018). It is estimated that Australian males have a 12-month GAD prevalence rate of 2.0% (Slade et al., 2009).

1.3.4.2. Social Anxiety Disorder (SAD).

In SAD (also known as Social Phobia), individuals are fearful and/or anxious about social interactions and in particular situations that potentially involve their being scrutinised (APA, 2013). Individuals with SAD harbour fears they will be negatively evaluated as a

result of how they act, or how they express their anxiety symptoms. That is, SAD is characterised by a pervasive concern with being humiliated or embarrassed, and of being rejected by, or offending others (APA, 2013). As such, SAD is frequently associated with the behavioural response of avoiding social interactions (APA, 2013; WHO, 2018). According to the DSM-V (APA, 2013), in order to meet diagnostic criteria, the fear and/or anxiety associated with social interaction must be disproportionate to the actual threat presented by the social situation, and sociocultural context. That fear and anxiety must also be present for at least six months, and additionally must cause clinically significant distress or impairment in important areas of functioning including, but not limited to, social and occupational (APA, 2013).

In Australia, SAD is estimated by the WHO to have a 12-month prevalence of 3.6% and a lifetime prevalence of 8.5% (Stein, Kawakami, Girolamo, & Lépine, 2018). It is estimated that Australian males have a 12-month SAD prevalence rate of 2.0% (Slade, Teesson, & Burgess, 2009).

1.3.4.3. Panic Disorder (PD).

In PD, individuals suffer sudden attacks of fear or anxiety. These attacks, while usually brief, are experienced as so severe that individuals might feel they will collapse, or even die (APA, 2013; WHO, 2018). Symptoms such as heart palpitations, sweaty palms, and shortness of breath or nausea are common occurrences during panic attacks. In addition to the experience of sudden attacks of fear or anxiety, and associated somatic symptoms, individuals might also harbour concerns about possible recurrence of attacks. In turn, this might result in avoiding situations in which such attacks are perceived as more likely to occur (APA, 2013; WHO, 2018). In order to meet diagnostic criteria according to the DSM-V (APA, 2013), an individual must experience at least one panic attack that is accompanied by one or both of the following: (1) a persistent concern or worry about experiencing additional

panic attacks, and/or the consequences of those attacks, and (2) a significant and maladaptive behaviour change that is related to the attacks.

While the WHO does not provide data on the 12-month prevalence of PD in Australia, the lifetime prevalence in Australia is estimated to be 3.7% (De Jonge, Roest, Lim, Levinson, & Scott, 2018). Amongst Australian males, the 12-month prevalence of PD is estimated at approximately 2.3% (Slade et al., 2009).

1.3.4.4. Agoraphobia.

According to the DSM-V, Agoraphobia can be defined as anxiety that arises from a concern about being in situations or places from which it might be difficult or embarrassing to escape (APA, 2013). Specifically, and in order to meet DSM-V criteria for diagnosis with Agoraphobia, individuals must experience significant anxiety or fear regarding two or more of the following situations: using public transportation, being in open spaces, being in enclosed places and standing in line or being in a crowd. This fear or worry might also arise from the concern that one might not be able to receive help in the event of a panic attack, or panic-like symptoms. As a result of these experiences of fear and anxiety, the associated behavioural response of avoiding situations often arises (APA, 2013). Indeed, in order to meet diagnostic criteria set forth by the DSM-V, the fear, anxiety, or avoidance must additionally cause clinically significant distress or impairment in social, occupational, or other important areas of functioning (APA, 2013). The individual must also experience fear or anxiety that is disproportionate to the actual danger presented by the situation for at least six months (APA, 2013).

According to the WHO, In Australia Agoraphobia has a 12-month prevalence of 1.2% and a lifetime prevalence of 2.4% (Roest, De Jonge, Lim, Stein, Medina-Mora & Scott, 2018). The 12-month prevalence of Agoraphobia amongst Australian males is 2.1% (Slade et al., 2009).

1.3.4.5. Recent changes to diagnostic classifications.

It should be noted that in the DSM-V, some disorders that were previously classed as anxiety disorders were reclassified. Specifically, Acute Stress Disorder (ASD), Post-Traumatic Stress Disorder (PTSD), and Obsessive-Compulsive Disorder (OCD) are no longer characterised as anxiety disorders. While ASD and PTSD are now categorised as Trauma- and Stressor-Related Disorders, OCD is now a member of the newly defined category, Obsessive-Compulsive and Related Disorders. As a result, these diagnoses have been excluded from the present literature review concerning anxiety disorders.

1.3.5. Critiques of the validity of anxiety disorders as a diagnostic category.

Despite a significant body of literature evidencing the significant prevalence and costs of anxiety at an individual and societal level, some controversy exists about the validity of anxiety diagnoses. In particular, the rates of anxiety worldwide have been particularly controversial in recent years. Hickinbottom-Brawn (2014) argues, for example, that rates of diagnosis are increasing due to a range of complicated, and interrelated sociocultural and historical factors that culminated in normal social discomfort being viewed as pathological. In turn, Hickinbottom-Brawn (2014) argues that this view of social discomfort serves to promote its occurrence. In a review of the literature, Dowbiggin (2009) similarly argues that prevalence rates of anxiety result from cultural understandings that position anxiety as a socially and medically legitimate response to the pressures of life in the modern age. Further, Dowbiggin (2009) argues that increasing prevalence rates of anxiety have resulted from the valorising of an inability to cope with the demands of modern life. Findings of other studies have identified similar views amongst the broader community (Clark, Hudson, Dunstan, & Clark, 2018). Specifically, anxiety disorders, in comparison to other mental health conditions, have been found to carry a higher level of ‘weak not sick’ stigma, wherein mental health disorders are viewed as a personal weakness rather than legitimate illness (Clark et al., 2018;

Yap, Wright, & Jorm, 2011). As such, anxiety disorders should be understood both as a complex experience, and also one which is somewhat contested (Dowbiggin, 2009).

The contentious nature of such arguments aside, anxiety should be understood as being shaped by social norms and discourses (Dowbiggin, 2009; Mellifont & Smith-Merry, 2015). Mellifont and Smith-Merry (2015), for example, argue in their analysis of representations of anxiety in Australian print media, that discussions within media texts, and their associated online discussion platforms play an important role in influencing social discourses about mental health. Regardless of whether or not there exists some degree of pathologising normal human experiences of distress, an increasing number of people identify as experiencing significant anxiety-related distress. As such, it is critical that we develop better understandings of anxiety, and in particular, how anxiety experiences are framed within social interactions.

1.3.6. Aetiology of anxiety disorders.

At present, several models exist by which the aetiology of anxiety disorders can be understood. These include the biomedical model and the biopsychosocial model. Within the biomedical model of mental disorders, mental health disorders are conceptualised as diseases of the brain, which are caused by chemical imbalances and are thus able to be corrected with psychotropic medication (Deacon, 2013). The biomedical model of mental health disorders has however raised several critiques, including the consistent failure to explicate the biological basis of mental health disorders and the overly reductionist way in which mental health disorders are conceptualised (Deacon, 2013). Indeed as Deacon (2013) argues, neuroscience has, to date, failed in identifying even a singular instance in which neurobiology alone can explain a psychological experience, and as such, no biological test has appeared in any version of the DSM (APA, 2000; APA, 2013). Further, critics of the biomedical model of mental health disorders will argue that there exists no mental disorder that would be

recognisable to a Pathologist as meeting the scientific definition of "disease" (Deacon, 2013; Szasz, 2001). That is, no mental health condition is identifiable and definable in terms of a difference from normal physiological structure and function (Szasz, 2001).

Another important critique of the biomedical model of mental health disorders relates to the model's emphasis on disorder-specific treatments, which in turn, has frequently resulted in the study of disorders in isolation from each other (Deacon, 2013). While those studies have undoubtedly led to an improved understanding of the underlying psychological processes of specific mental health disorders, many have argued that this tendency towards the individual and isolated study of disorders has masked the notion that many mental disorders share commonalities (Harvey, Watkins, Mansell, & Shafran, 2004). This critique is particularly relevant to anxiety disorders, which are characterised by common features including the overestimation of threats to safety, information processing biases, and behaviours that aim to increase safety, but which ultimately function to perpetuate pathological anxiety (Clark, 1999). Clinicians who adopt a disorder-specific approach to anxiety disorders, argues Deacon (2013), risk missing out on a deeper understanding of anxiety disorders in general.

Several of these critiques, and particularly the biomedical model's reductionist philosophy that biology fundamentally underlies psychology, are addressed within the biopsychosocial model. In this view, the development of an anxiety disorder is understood as involving a complicated interface of psychosocial factors, such as childhood adversity or stressful events, and a genetic vulnerability, which manifests through neurobiological and neuropsychological dysfunctions (Bandelow et al., 2017; Thibaut, 2017). The biopsychosocial model of mental ill-health is particularly valuable in incorporating psychosocial determinants of health in accounting for the aetiology of mental health disorders such as anxiety (Tripathi, Das, & Kar, 2019). As such, it has been argued that the aetiology of

anxiety disorders is best described through the biopsychosocial model (Deacon, 2013; Thibaut, 2017). It is important to note, however, that the limitations of purely biological explanations should not completely erase the importance of biological theories and treatments for mental health disorders. Similarly, proponents of the biopsychosocial model will argue that it is equally problematic to attempt to account for mental disorders through a purely behavioural perspective (Deacon, 2013). The advantage of the biopsychosocial model of mental health disorders over the biomedical model is the acknowledgement of the etiological complexities of those conditions, and the understanding that to propose the primacy of any one explanation is so implausible as to be misleading (Deacon, 2013; Tripathi et al., 2019).

Like with the biomedical model of mental disorders, the biopsychosocial model has also received many critiques. For example, some argue that the boundaries between the biological, psychological, and social are artificial (Stilwell & Harman, 2019). The result of this is, when applying the model, a tendency to separate the root cause of mental health issues into two (biological or psychosocial) or three (biological, psychological, or social) domains. Similarly, others have argued that there is an absence of philosophical consistency underlying the biopsychosocial model and, as a result, there exist no defences against "either the dominance or the under-representation of any one of the three domains of bio, psycho, or social" (Benning, 2015, p. 347). This can result in a fragmented application of the model, wherein the focus remains the physical domain (Carr & Bradshaw, 2014). Others argue that the biopsychosocial model is not clear in how it delineates how various forms of assessment relate to the subjective experience of conditions such as anxiety (Wideman et al., 2019). As a result, some argue that, like the biomedical model, the biopsychosocial model also has a limited theoretical foundation, and that this limited foundation can, in turn, result in the perpetuation of dualistic and reductionist beliefs (Stilwell & Harman, 2019).

Evidently, there exists some ongoing contention regarding the aetiology of anxiety disorders. As outlined above, each model of understanding the aetiology of mental health disorders such as anxiety have critiques levelled against them. It is important, however, to understand each of these models, and the strengths and limitations of them, in order to better appreciate the range of treatments available to individuals experiencing anxiety.

1.3.7. Treatment of anxiety disorders.

Not all anxiety disorders require treatment; this is particularly true when symptoms are mild, transient, and occur in the absence of related difficulties in functioning (Bendelow et al., 2017). Treatment is however indicated when there is evidence of marked distress for the individual, or when the individual is suffering from other complications as a result of their anxiety disorder (APA, 2013; Bandelow et al., 2017). Complications might include secondary depression, suicidal ideation, or alcohol abuse (Stein et al., 2017).

Pharmacotherapy and psychotherapy, or a combination of both, are effective treatments for various types of anxiety disorders (Bandelow et al., 2017; Thibault, 2017). The most common treatment for anxiety disorders is Cognitive Behavioural Therapy (CBT; Carpenter et al., 2018; Kaczkurkin & Foa, 2015). CBT is also widely accepted as the most effective psychotherapeutic treatment for anxiety disorders (Carpenter et al., 2018; Cuijpers, Cristea, Karyotaki, Reijnders, & Huibers, 2016; Kaczkurkin & Foa, 2015). It will usually take 4–6 weeks to see improvement, whether CBT or an antidepressant is used (Andrews et al., 2018). More recently, Acceptance and Commitment Therapy (ACT), has been shown to be effective in treating anxiety disorders (A-tjak et al., 2015; Twohig & Levin, 2017; Vøllestad, Nielsen, & Nielsen, 2012). Indeed, the findings of one systematic review suggest that ACT is as effective as treatments such as CBT (Bluett, Homan, Morrison, Levin, & Twohig, 2014). The following sections provide a brief overview of both CBT and ACT, as well as a summary of common pharmacological treatments for anxiety disorders.

1.3.7.1. Cognitive Behavioural Therapy (CBT).

CBT is often referred to as the current gold standard treatment of anxiety (Otte, 2011). The central tenet of CBT posits that maladaptive cognitions, including beliefs about the self, the world, and the future lead to automatic thoughts (Beck, 1970). In turn, those maladaptive cognitions and related automatic thoughts give rise to emotional distress and problematic behaviours (Hofmann, Asnaani, Vonk, Sawyer, & Fang, 2012). As such, CBT can be understood as a psychotherapeutic approach wherein clinicians and clients work collaboratively to identify patterns of dysfunctional, and maladaptive thinking characterised by automatic thoughts, and in turn seek to replace those patterns with more adaptive ones (Hofmann et al., 2012).

CBT is most commonly offered as an individual therapy, but can also, but can also be offered in groups (Wolgensinger, 2015). Both individual and group therapies have their own advantages and disadvantage. For those seeking therapy in a group setting, many find it helpful to meet others who live with similar difficulties (Norton, 2012). Through their group therapy, these participants are able to support each other, and share their experiences with anxiety (Norton, 2012). From a clinician perspective, group therapy is also advantageous in allowing clinicians to provide therapy to many individuals at one time (Wolgensinger, 2015). For some however, a group setting is not the most suitable means of accessing support. This is particularly true of those who are uncomfortable sharing their own personal experiences and fears (Wolgensinger, 2015).

Rigorous systematic and meta-analytic reviews have repeatedly shown CBT to be effective in treating anxiety disorders (Norton & Price, 2007; Olatunji, Cisler & Deacon, 2010; Bandelow, Beitt, Röver, Michaelis, Görlich, & Wedekind, 2015). In fact, CBT is widely considered to be the gold standard in treating anxiety disorders (Otte, 2011), as a

result of evidence suggestion that it consistently outperforms other psychosocial treatment modalities (Olatunji et al, 2010; Chawathey, K., & Ford, A. (2016).

1.3.7.2. Acceptance and Commitment Therapy (ACT).

ACT is another treatment for anxiety, which has an emerging evidence base (A-tjak et al., 2015; Hayes, Strosahl, & Wilson, 1999; Marks, 2017; Vøllestad et al., 2012). ACT is frequently hailed as the third wave of CBT (Hayes, 2004; Brown, Gaudiano, & Miller, 2011) and differs from the second wave of CBT which focused on supporting individuals to reassess maladaptive thinking patterns and included therapies such as Cognitive Therapy (Beck, 1976) and Rational Emotive Behaviour Therapy (Ellis, 1957). In contrast, ACT is largely centred around the development of cognitive flexibility through the acceptance of uncomfortable thoughts and feelings that are unable to be controlled (Eifert, Forsyth, Arch, Espejo, Keller, & Langer, 2009). As Eifert et al. (2009) argue, ACT is likely to offer value in reducing the distress associated with the experience of anxiety. ACT also aims to foster both commitment and action towards a life lived in alignment with one's values (Eifert et al., 2009; Hayes, Strosahl, & Wilson, 2009). Some of the core concepts of ACT used to achieve these goals include the concept of observing oneself, and one's anxiety, rather than attempting to control that anxiety (Eifert et al., 2009; Hayes & Lillis, 2014).

Compared to CBT, ACT is a comparatively new treatment modality (Landy, Schneider & Arch, 2015). As such, the evidence base for ACT is more limited than that of CBT (Landy et al, 2015; Vøllestad et al., 2012). There is however growing evidence for the efficacy of ACT in treating anxiety disorders (Sharp, 2012; Landy et al, 2015; A-tjak et al., 2015. Indeed, studies have shown ACT to be an effective treatment for anxiety disorders (French, Golijani-Moghaddam, & Schröder, 2017; Ruiz, Peña-Vargas, Ramírez, Suárez-Falcón, García-Martín, García-Beltrán, Henao, Monroy-Cifuentes & Sánchez, (2020). These smaller studies are validated by the findings of larger reviews. For example, a 2015 meta-

analysis of 39 randomized controlled trials on the efficacy of ACT for example found no significant difference between the efficacy of ACT compared to CBT (A-tjak et al., 2015).

1.3.7.3. Pharmacological treatments.

Selective serotonin reuptake inhibitors and serotonin-norepinephrine reuptake inhibitors are first-line pharmacological treatments for anxiety (Lang et al., 2016; Thibault, 2017). The potential side-effects of benzodiazepines mean that current guidelines do not recommend them as first-line treatments for anxiety (Bandelow et al., 2017). There is for example a risk of ong-term risk of physical dependence (i.e., tolerance and/or withdrawal) when beginning a treatment course of benzodiazepines (Guina & Merrill, 2018). Reviews have also shown demonstrated higher mortality rates amongst users of benzodiazepines, when compared with nonusers (Parsaik, Mascarenhas, Khosh-Chashm, Hashmi, John, Okusaga, & Singh, 2016). Other pharmacological treatment options for anxiety disorders include, amongst others, tricyclic antidepressants (Bandelow et al., 2017; Guina & Merrill, 2018). Current treatment protocols recommend that use of medication should be continued for up to 12 months and that when developing a treatment plan, issues such as efficacy, side-effects, costs and patient preferences should be considered (Bandelow et al., 2017; Guina & Merrill, 2018; Thibault, 2017).

It should also be noted that research suggests that the use of psychotherapeutic approaches such as CBT and ACT in combination with pharmacotherapy, is associated with better efficacy than pharmacotherapy alone (Thibaut, 2017).

In line with the critiques of the biomedical model of mental ill-health, including anxiety, biomedical theory has been criticised for promising a medical cure through pharmacological treatments such as those detailed in this section. In particular, the notion that mental health concerns, which are frequently described by those experiencing them as being rooted in social contexts that cannot be treated through medication, has been problematised

(Kokanovic, Bendelow, & Philip, 2012; Lafrance, 2007). Such findings demonstrate one way in which the biomedical model for understanding mental ill-health may be problematic for patients with anxiety – it draws on biomedical understandings of both their diagnosis and the treatments for that diagnosis. However, these treatments cannot address the broader contexts in which they experience their condition.

1.4. Male mental illness: A silent crisis

Research on men's mental health has evolved significantly over the previous two decades. From large-scale quantitative studies focusing primarily on gender differences in mental health outcomes, research has more recently focused on investigating the influence of gender as a social construct on men's mental health experiences and outcomes. This section will provide an overview of the current academic literature as it pertains to men's mental health.

A historically singular focus on women has unintentionally led to neglect, within the academic literature, of men with stereotypically feminine mental health conditions such as anxiety and depression (McKenzie, Jenkin, & Collings, 2016; McKenzie, Collings, Jenkin, & River, 2018; Ridge et al., 2011; Smith & Mouzon, 2014). Conditions such as depression and anxiety are commonly considered to be disorders from which women suffer a greater burden than do men (Gough, 2016; Ridge et al., 2011). These gendered conceptions of mental health disorders are due in part to research findings that consistently report a higher prevalence of common mental disorders amongst women compared to men (Gough, 2016; Johnson, Oliffe, Kelly, Galdas, & Ogrodniczuk, 2012; Ridge et al., 2010). In Australia, for example, men are diagnosed with and treated for anxiety at a significantly lower rate than women (ABS, 2015). It is possible however that, rather than reflecting an actual disparity in prevalence, differing diagnosis rates represent a widespread underdiagnosis of men with mental health issues (Addis, 2008; Gough, 2016; Johnson et al., 2012; Ridge et al., 2011). As Christiansen (2015)

argues, though sex differences in anxiety disorders are generally well-documented, it remains unclear how much of these differences can be attributed to either biological sex or cultural gender. Indeed, clinicians and researchers alike have suggested that lower rates of anxiety amongst men might, rather than reflecting actual differences in prevalence between men and women, be a result of extensive underdiagnosis of common mental disorders among men (Addis, 2008; Johnson et al., 2012).

Atypical presentations of distress have been identified as presenting a particular challenge to those working with men (Ridge et al., 2010). Existing diagnostic criteria have been widely criticised as insensitive to important gender differences in the way men and women express symptoms of psychological distress (Ridge et al., 2011; Scholz et al., 2017). For example, men much more frequently report somatic symptoms rather than the tearfulness more typically associated with depressive illnesses (Johnson et al., 2012; Scholz et al., 2016). Others yet have argued that gendered socialisation can inhibit men's ability to develop the emotional knowledge and vocabulary necessary to recognise, label and communicate their distress effectively (Addis & Mahalik, 2003; Cleary, 2012; Esmlie et al., 2006; Möller-Leimkühler, 2003; Sweeney, Owens & Malone, 2015).

There is some evidence to support the notion of widespread underdiagnosis of males with mental illness (Addis, 2008; Johnson et al., 2012). Further, although anxiety disorders are the most common psychiatric presentation to primary health care (Combs & Markman, 2014), they often are under-recognised and undertreated in both genders (Alonso et al., 2017). This under-recognition and undertreatment are likely to be particularly true in populations of men. Previous research has shown that identifying with a masculine gender-role might be associated with the under-reporting of anxiety symptoms (Bekker & van Mens-Verhurlst, 2007; Pierce & Kirkpatrick, 1992; McLean & Hope, 2010).). Further, stigmatising attitudes and social norms around the expression of emotion might contribute to difficulties

with diagnosing anxiety in men (Smith, Mouzon, & Elliot, 2018). There is also evidence to suggest clinicians frequently report facing barriers to successfully communicating with, and treating, men who have they received a diagnosis (Heru, Strong, Price, & Recupero, 2006; Kilmartin, 2005; Owen, Wong, & Rodolfa, 2010).

Several explanations have been proposed for the difficulties that clinicians report regarding diagnosing and treating men experiencing mental health conditions. One such suggestion is that masculine social norms, such as self-control and emotional stoicism, might make it more difficult for men to discuss their psychological distress with both lay networks and health professionals when compared to women (Johnson et al., 2012; Lomas, Cartwright, Edginton, & Ridge, 2012; Sweeney et al., 2015). Masculine norms, such as emotional stoicism and independence, are likely to be challenged by the necessary disclosure of vulnerability that is central to discussing emotional distress (Lomas et al., 2012). There is also evidence to suggest the possibility that men express emotional distress (such as anxiety, low mood and stress) in ways that differ from women, thus making it more challenging to identify men who are struggling with their mental health (Brownhill, Wilhelm, Barclay, & Schmied, 2005; Johnson et al., 2012; Seidler et al., 2016).

The challenges associated with diagnosing and treating men with mental health disorders are likely to be intensified in the case of anxiety disorders. Anxiety disorders have, for example, been shown to be particularly stigmatised in the sense that they are frequently viewed as a personal weakness rather than a legitimate illness (Yap et al., 2011; Clark et al., 2018). Further, it has also been argued that individuals experiencing mental health conditions are required to attend to the apparent authenticity of their experiences in order to be perceived by others as legitimate (Lafrance & McKenzie-Mohr, 2013) since mental health symptoms are not readily ‘observable’. These factors are likely to be exacerbated by masculine social norms that bestow an expectation that men exhibit good health (Courtenay, 2000; Scholz,

Crabb, & Wittert, 2017). As such, the combination of these factors means it is possible that, when seeking help, men experience challenges both in expressing their distress and in articulating their help-seeking preferences.

1.4.1. Men and anxiety.

In addition to the issues surrounding atypical presentations of mental illness in men, a large proportion of the existing literature focuses exclusively, and to the neglect of other disorders, on men's experiences with depression (McKenzie et al., 2016). In a meta-synthesis of 26 articles relating to men's perceptions of common mental health disorders, McKenzie et al. (2016) note that most of the included literature focused on men's experiences with depression, with a small remainder focusing on suicide, well-being and stress. Notably, despite being a common mental health disorder in both men and women, anxiety received almost no mention across the literature. This lack of coverage was not due to the study's design or inclusion criteria, which included anxiety, anxiety disorders and affective disorders. Rather, it appeared, from this study, that there is very little scholarly work on common mental health disorders, other than depression, in men. This suggestion is supported by an examination of the sex differences in anxiety disorders, wherein Christiansen (2015) argues that differences in anxiety have been largely overlooked when compared to depression. The narrow focus on depression within academic literature is problematic, considering the current limited understandings of male experiences with anxiety.

The existing research that does investigate anxiety among men is largely oriented to developing understandings of barriers to help-seeking. A study of young male adolescents in Australia, for example, found that participants perceived a significant risk of stigma when seeking help for anxiety (Clark et al., 2018). Clark et al. (2018) also reported that young men lacked information about the benefits of help-seeking, as well as what the experience of receiving help would involve in practice. To address these barriers, the authors suggested that

enhancing knowledge of anxiety, and in particular, exposing adolescents to individuals with a personal history of anxiety would be beneficial.

1.4.2. Anxiety and suicidality in men.

While research explicitly concerned with men and anxiety is, as noted above, limited, there is growing evidence to suggest that there are links between anxiety and suicidality in general. Indeed, anxiety disorders, generally, are increasingly being linked to a range of adverse outcomes, including the risk of suicidal ideation and suicidal self-injury (Nock et al., 2009; Nock, Hwang, Sampson, & Kessler, 2010). The findings of two consecutive North American national epidemiological surveys, for example, suggest that anxiety is a significant independent risk factor for suicide, even after controlling for comorbidities (Cougle, Keough, Riccardi, & Sachs-Ericsson, 2009; Nepon, Belik, Bolton, & Sareen, 2010). For individuals with a documented history of suicidality, Nepon et al. (2010) found that 70% met criteria for an anxiety disorder. Further, after controlling for psychiatric comorbidity, it has been suggested that anxiety disorders confer a significant risk for suicide, as only disorders characterised by anxiety and poor impulse-control predict which people with suicidal ideation are likely to act on those thoughts (Nock et al., 2010). More recently, a recent meta-analysis found that anxiety is likely to be an important risk factor for suicide but called for additional investigation into the complex combinations of risk factors such as social support, triggering events, and the sudden onset of severe panic-like symptoms (Bentley et al., 2016). The relationship between anxiety disorders and suicidality is particularly concerning in light of findings which suggest that Australian men are 3-4 times more likely to die by suicide than are women (ABS, 2015; Turecki & Brent, 2015). Rigorous epidemiological reviews replicating these Australian patterns suggest that men are 3-7 times more likely to commit suicide than women worldwide (Nock et al., 2010; Turecki & Brent, 2015).

The proposed relationship between anxiety disorders and suicidality has been shown, in some studies, to be particularly strong for men. In a large cohort study, for example, a significantly greater effect of nervousness and self-reported anxiety on subsequent suicide attempts was identified for men than for women (Weitoft & Rosén, 2005). The authors theorised that this was due to men being less equipped to cope with their experiences of anxiety than are women and that this, in turn, placed them at higher risk of dying by suicide. Similar findings have been noted elsewhere. Weiss, Muzik, Deligiannidis, Ammerman, Guille, & Flynn (2016), for example, conducted a prospective, observational study in which they analysed a data sample of 268 women and 154 men collected from a multicentre registry in the United States of America. They analysed the association between gender, and measures of anxiety, in addition to measures of depression, childhood adversity, psychiatric diagnosis and employment status, to determine their association with suicidality. Like the findings of Weitoft and Rosén (2005), Weiss et al. (2016) found that anxiety was a more important risk factor for suicidality amongst men than amongst women. Clearly, research focused on anxiety disorders amongst men is much needed.

Despite a well-established evidence base for issues around anxiety disorders generally, as well as a growing body of literature concerned with men's mental health, there exists only minimal research concerning anxiety in men. Experiential accounts of anxiety, in particular, are even more limited (Boyle, 2018). Further research is required into the lived experience of anxiety disorders, particularly amongst men. To provide a better context for understanding men's experiences of anxiety, it is important to provide an overview of the existing research on men and mental ill-health more generally. As such, and to better highlight the complexities associated with identifying, diagnosing, and providing treatment for men suffering from anxiety, the following section will examine the relationship between

gender and mental ill-health. In particular, the following section will provide a summary of the much more established background literature on men and depression.

1.4.3. Men and depression.

The scarcity of literature explicitly concerned with men's experiences of anxiety is undoubtedly problematic. There exists, however, a significant body of literature investigating men's experiences with depression. Within this literature, there is significant evidence to support the notion of gendered expressions of distress. It has been argued, for example, that men more frequently attempt to cope with their depression through engaging in action, rather than through introspection (Addis, 2008). In line with this suggestion, a qualitative study of people who identified as having experienced chronic low mood found that men were more likely to try to avoid feelings of distress through engaging in numbing or escapist behaviours, rather than to discuss their distress with health professionals, or lay networks, including peers and family (Brownhill et al., 2005). The avoidance of feelings of distress often led to a build-up culminating in the externalisation of distress through acts of aggression, hostility and, in extreme cases, suicide attempts, leading the authors to coin the term "hidden depression" (Brownhill et al., 2005). Researchers interested in the phenomenon of "hidden depression" have gone so far as to describe maladaptive behaviours such as aggression, substance abuse and suicide as depressive equivalents (Cochran & Rabinowitz, 2003; Brownhill et al., 2005; Martin, Neighbors & Griffith, 2013). Within such research, it is argued that, rather than simply being acknowledged as associated with depression, maladaptive behaviours should be included in diagnostic criteria for depressive illnesses (Brownhill, 2005; Cleary, 2012; Cochran & Rabinowitz, 2003).

Other studies have similarly demonstrated a tendency towards externalising distress. For example, studies have found that while women have been found to articulate emotional distress more frequently than men, men are more likely to mask their distress with alcohol

and substance use (Mirowsky & Ross, 1995; Elliot, 2013). Similarly, a 2012 meta-ethnography, found that men frequently reported a tendency to externalise their distress through engaging in substance abuse or anger and aggression (Hoy, 2012). Constructions of suicide and substance abuse as reasonable and masculine mechanisms by which men can cope with their distress can be identified consistently across the literature on men's psychological distress. Through a series of semi-structured interviews with men, Oliffe et al. (2010) highlight how men with depression frequently referred to suicide as a brave, active and masculine way to cope with depression and regain self-control. A more recent systematic review has shown that men across both quantitative self-report studies and interview studies routinely referred to alcohol and substance abuse, as well as suicide as a masculine means of regaining control in the face of depression (Seidler et al., 2016). In short, findings such as these emphasise the significance of improving understandings of atypical expressions of, and categories for, distress in men (Cleary, 2015; Ridge et al., 2011).

In order to investigate further the construction of anxiety experiences, and the socially situated practice of seeking help for that anxiety by men, it is important to provide an overview of how the present dissertation understands gender. The following section will provide an overview of critical perspectives on gender, with a particular focus on gender and emotional distress.

1.5. Gender, masculinity and psychological help-seeking

In this section, I will review the literature relating to gender, masculinity and psychological help-seeking. In order to do this, I will first provide an overview of the academic literature as it pertains to critical perspectives of gender, in order to contextualise my approach to understanding gender in this dissertation. Following this, I will discuss notions of masculinity, as they are related to help-seeking practices, before moving on to describe the concept of multiple masculinities in the context of understanding men's mental

health and mental health help-seeking. Finally, I will review the evidence base regarding men's help-seeking practices from lay networks.

1.5.1. Critical perspectives on gender.

A critical perspective on gender underpins this dissertation. Within this perspective, gender is viewed as a socially constructed category with significant social implications, rather than just a mechanism by which two biologically different sexes can be categorised (Burr 1998; Ridge et al., 2011). In their seminal works on the social construction of gender, West and Zimmerman (1987; p. 126) described gender as achieved through action and interaction: a "routine, methodological and reoccurring accomplishment". That is to say, gender is conceptualised as something people 'perform', in contrast to the attributes possessed by an individual. This conceptualisation is of particular relevance to health-related outcomes and behaviours (Courtenay, 2000; Ridge et al., 2011). The critical theorist, Courtenay (2000), argued that health-related behaviours are one way in which masculinities can be performed. How men express psychological distress and seek help (or indeed avoid doing so) are conceptualised within this perspective as a way of enacting masculinity (Courtenay, 2000; Seymour-Smith, 2013).

In developing a gender model of male vulnerability to suicide, it has been argued that men are socialised to inhibit their emotional expression (Möller-Leimkühler, 2003). Within the model developed by Möller-Leimkühler (2003), which is borne from early theoretical and empirical insights into gender and distress, male expressions of distress are accounted for by gender role socialisation. More specifically, the author argues that male and female roles include a set of social norms and cultural expectations for both genders. These norms and expectations characterise typical and desirable ways of being for both males and females. Similar insights were produced within an analysis of emotional talk within illness narratives (Charteris-Black & Searle, 2009). There the authors posit that, since illness is a

stereotypically female domain, men might be restricted in their abilities to develop and articulate narratives of self when they experience physical and mental illness and associated distress.

The insights produced by both Charteris-Black and Searle (2009), and Möller-Leimkühler (2003) are perhaps best understood within the context of a discussion of the traditional and stereotypical model of masculinity, known as hegemonic masculinity. Hegemonic masculinity can be defined as the idealised, and prescriptive form of masculinity (Connell, 1995). More specifically, hegemonic masculinity is the dominant construction of gender in which femininities are subordinated, as are other forms of masculinity (Connell, 1987). While there is an ongoing debate regarding meaning, and validity of hegemonic masculinity as a construct (Connell & Messerschmidt, 2005; Edley & Wetherell, 1995; Everitt-Penhale & Ratele, 2015), as a theoretical concept it calls attention to the idea that not all masculinities are considered equal. Further, and according to Connell (1987), the accomplishment of 'being a man' requires men to engage in the enactment of various strategies by which they are able continuously to negotiate their 'hegemonic masculinity'. Notions of emotional control, rationality, self-reliance and emotional stoicism, for example, are each argued to be valued as a traditional marker of hegemonic masculinity (Courtenay, 2000; Gough, 2018).

Living up to this idealised form of masculinity (with which the theoretical construct of hegemonic masculinity is concerned) has detrimental effects on men and their mental health (Courtenay, 2000; Ridge et al., 2011; Seidler et al., 2016; Seidler, Rice, Oliffe, Fogarty, & Dhillon, 2017). The relationship between masculine social norms, and in particular hegemonic masculine ideals, which include emotional stoicism, invulnerability, health, strength, independence and self-control (Courtenay, 2000; Ridge et al., 2011), has been repeatedly linked both theoretically and empirically to poorer outcomes for

psychological distress and help-seeking in males (Cleary, 2012; Ridge et al., 2012; Seidler et al., 2016). Indeed, the set of norms and practices associated with the construct of hegemonic masculinity, in which men are required to be strong, emotionally stoic, and rational has been argued to be inherently at odds with the experience of mental ill-health (Galasiński, 2008; McVittie & Willock, 2006). As such, the experience and expression of emotional distress itself can be particularly challenging to these ideals, and many men struggle to live up to expectations of hegemonic masculinity (Courtenay, 2000). Indeed, masculine social norms are a double-bind which appear to simultaneously underpin men's discourses of the self and can also function as a source of suffering. That is, the pressure to meet expectations of hegemonic masculinity can also, in itself, cause significant distress (Oliffe et al., 2010; Scholz et al., 2017; Seidler et al., 2016).

The role of masculine social norms in men's experiences of mental health conditions can be seen in, for example, Oliffe et al.'s (2016) qualitative analysis of male college students with depression. There, the authors found a recursive relationship between depression and students' sense of masculinity. Specifically, men articulated the concern that their experience with depression meant they were harbouring faulty masculinity (Oliffe et al., 2016). Such concerns were, in turn, associated with an increase in psychological distress. A systematic review, which included analysis of several focus group and interview studies on men with depression, produced similar findings (Seidler et al., 2016). There, the authors noted that most of the studies reviewed found that men frequently highlighted the contradiction between masculine ideals, such as strength and stoicism, and their experiences with depression.

Though there exist a number of studies which demonstrate problematic associations between hegemonic masculinity, and poor health practice, the theory of hegemonic masculinity has, Connell and Messerschmidt (2005) argue, been widely over-simplified to the point of misuse. This over-simplification has, in turn, resulted in the reduction of hegemonic

masculinity to a negative construct in which the hegemonic male is presented as "unemotional, independent, non-nurturing, aggressive and dispassionate" (Connell & Messerschmidt, 2005, p.840). It should be noted then that hegemonic masculinity is a localised phenomenon; that is to say, it is the most highly prized form of masculinity in any given locale (Connell & Messerschmidt, 2005; Lomas, Cartwright, Edginton, & Ridge, 2012). As such, in some places and in certain circumstances, non-stereotypically masculine traits such as empathy can also be valued as hegemonic (Lomas et al., 2012). For example, Lomas et al. (2012) found that male interview participants in the UK reported their explorations of new ways of doing manhood, which included interpersonal intimacy and abstinence. In those accounts, traits not typically associated with hegemonic masculinity such as empathy could also be valued as hegemonic (Lomas et al., 2012).

It would not be true to say then that the contradictions between masculine ideals and experience with depression are always a source of distress for men. An analysis of interviews of men with depression found that in describing their recovery from depression, men were seen to work to reconstruct a positive sense of themselves and their masculinity (Emslie, Ridge, Ziebland, & Hunt, 2006). In order to achieve this, men most frequently incorporated hegemonic masculine norms into their narratives of recovery from depression. A minority of men in the study also described their masculinity in ways which were situated outside hegemonic norms. Importantly, Emslie et al. (2006) demonstrate that there are men who are willing and able to talk about their depression, and emotions more generally, and thus it is important not to make generalisations about men being uniformly silent about their mental health.

In addition to shaping and constraining expressions of emotional distress more generally, gender has also shown to be related to patterns of health help-seeking. This appears particularly true for the relationship between masculinity and psychological help-seeking.

The following section will provide an overview of the current evidence base relating to gender, masculinity and psychological help-seeking.

1.5.2. Masculinity and help-seeking.

The significance of masculinity as a factor that influences expressions of distress and help-seeking is one of the least contested notions within the men's health literature (Cleary, 2015). Help-seeking can be defined as the recognition of a health concern, accompanied by taking action on that concern. Help-seeking actions include a range of behaviours which include health care utilisation, seeking informal advice or support online, and discussing health concerns with friends and family (Smith, Braunack-Mayer, & Wittert, 2006; Yousaf et al., 2015). Current understanding of men, masculinity and help-seeking for depression suggest that men are influenced by cultural stereotypes that encourage ignoring preventative health care, delaying help-seeking for health concerns and the engagement in maladaptive coping strategies (Ridge et al., 2011; Seidler et al., 2016; Yousaf et al., 2015). A 2016 systematic review, for example, found that men who report greater endorsement of masculine ideals also held less favourable views of psychological help-seeking (Seidler et al., 2016).

Similarly, a review of factors associated with delays in psychological help-seeking found that a reluctance to express emotion was a common barrier to psychological help-seeking by men (Yousaf et al., 2015). Even health professionals acknowledge the difficulties associated with correctly identifying and diagnosing men with mental health disorders (Lyon & Janca, 2009; Ridge et al., 2011; Scholz et al., 2017). Specifically, research relying on self-report data collected from GPs found that they frequently reported difficulties with diagnosing men with mental health conditions due to men being unable or unwilling to discuss emotional problems (Lyon & Janca, 2009). Seidler et al.'s (2016) synthesis of qualitative studies similarly suggested that men's limited emotional vocabulary often hindered recognition of depression by men and health professionals.

1.5.3. Multiple masculinities.

A narrow focus on traditional hegemonic masculinity is at odds with social constructionist theorists such as Connell (1995) who argued the co-existence of fluid and relational masculinities. Within such perspectives, an individual's masculinity is not static, but is dynamic, and continually constructed and reconstructed within different social contexts. Men's health research however typically takes a deficit-based approach to men's health, in targeting what is 'wrong' with men (Kesilica & Englar-Carlson, 2010; Scholz et al., 2017; Seidler et al., 2016). Such approaches have a narrow focus on specific aspects of masculinity and frequently ignore positive aspects of being male (Scholz et al., 2017). As such, Kesilica and Englar-Carlson (2010) argue that a strengths-based approach is critical in developing male-friendly health care services. Similarly, Cole (2013) found that, based on the results of self-report interview data, there is merit in shifting academic focus to positive aspects of traditional masculinity. Specifically, Cole (2013) argued that an emphasis on positive aspects of masculinity, such as a desire to protect loved ones, is vital in developing mental health awareness campaigns and interventions.

In line with research that contests a deficit-based approach to men's mental health, there is an increasing focus on the abilities (or lack thereof) of services and clinicians to treat a diverse population of men effectively. Amongst other issues, clinicians' biases regarding masculinity (Owen et al., 2010), as well as structural barriers to seeking help (Seidler et al., 2016; Seidler et al., 2018) are increasingly being highlighted as limiting progress towards improving men's mental health. As Seidler et al. (2017) argue, simultaneously supporting men's diverse and fluid masculinities, while creating judgement-free spaces where men can safely challenge more unhealthy patterns of masculinity, might be an important next step in improving men's mental health outcomes. In short, the relationship between gender, emotional distress and psychological help-seeking is far more complicated than the notion

that masculinity is uniformly harmful to men's health (Emslie et al., 2006; Hoy, 2012; Johnson et al., 2012; McKenzie et al., 2016; Seidler et al., 2016).

It is important to consider how research relating to gender differences in emotional expression and other expressive behaviours might reinforce and reproduce culturally-endorsed beliefs about gender and emotional experiences. Similarly, the resulting low diagnosis rates of male mental health disorders has the potential to perpetuate and reproduce gender stereotypes of silent males who do not experience or seek help for emotional distress (Johnson et al., 2012; Ridge et al., 2011). Such gender stereotypes additionally mean that when men do seek professional help for their mental health, there might be a lack of appropriate, male-friendly support (Gough, 2016; Ridge et al., 2011).

Though this dissertation focuses only on the anxiety experiences of men, it does not intend to suggest that those experiences can be understood through the lens of a gender binary. Rather, the present research attempts to avoid binary presumptions around the gendering of emotional experiences. Like Seidler and colleagues (2018), I argue that in order to better identify and meet men's mental health support needs, it is essential to actively counteract unhelpful stereotypes about men and their health practices. The failure to deliver tailored and responsive services, designed with men's diverse needs in mind, will continue to contribute to help-seeking barriers, and the sense of shame and alienation experienced by men struggling with anxiety (Primack, Addis, Syzdek, & Miller, 2010; Seidler et al., 2018). As such, clinicians and researchers alike must work to challenge cultural understandings of the relationship between masculinity, emotional experiences and help-seeking, and to instead replace them with more diverse models of fluid, adaptive masculinities (Cochran & Rabinowitz, 2003; Seidler, 2018). To continue to view masculinity as one solitary, static role is to risk obscuring multiple masculinities, and serves to minimise the significance of

complex systems, structures and social determinants of health including culture, socioeconomic status, sexuality and race (Connell, 1995; Griffith, 2012).

It must be acknowledged here that it is problematic to essentialise particular experiences or behaviours to any particular gender. For example, men are widely reported to have fewer social supports than women (Hoy, 2012). Tendencies such as limited social support networks are not viewed however, within the social constructionist view of gender underpinning this dissertation, as a result of any essential or innate trait of men. Rather gender and any associated behaviours and traits are viewed as a social accomplishment, and thus as being bound by social norms and expectations. Despite this, throughout this dissertation, I have focused exclusively on men's experiences of anxiety. I did not aim to compare anxiety in men with anxiety in women; to do so would be outside the scope of this dissertation. This decision might, in itself, however, be argued to represent a reproduction of the gender binary. I have, however, aimed to avoid the potential to reproduce any dominant understandings of men, including that of men being uniformly uninterested in seeking help for their mental health. Further, I do not assume necessarily that men and women experience anxiety differently, nor necessarily respond to that anxiety differently. Regardless, and in line with social constructionist epistemology of this dissertation, I argue that it is worth investigating the gendered (and non-gendered) ways in which men make sense both of their anxiety experiences and their mental health help-seeking. Through carrying out this research, I simply aim to investigate anxiety in the contexts in which it is understood by the men experiencing it.

To offer some contribution towards addressing these issues and concerns, this dissertation will attempt to improve understandings of the socially-situated expression of anxiety by men, by avoiding assumptions about a gender binary, and instead focusing on the issues that people who present themselves as men make relevant. I argue that a deeper

understanding of how men engage in socially-situated behaviours and actions in the context of anxiety is an important next step in men's health research. Indeed, while significant attention both in research and public health policy has been paid to the unwillingness of men experiencing distress to disclose their troubles to others in their social networks (Sweeney et al., 2015), comparatively little academic effort has been applied to the consideration of *how* social networks are utilised when men do choose to articulate their distress (Charteris-Black & Searle, 2012; Gough, 2016; Sweeney et al., 2015). Examinations of such social interactions are particularly important, considering the difficulty in reaching men within traditional primary and secondary health care services (Cleary, 2012; Gough, 2016; Scholz et al., 2017). The complex relationship between gender and expressions of anxiety, help-seeking behaviours and health outcomes means that it is essential to contextualise men's experiences with anxiety in order to provide effective mental health services at a peer-to-peer and professional level (Gough, 2016; Johnson et al., 2012). Investigations into how men represent their anxiety and seek support from their peers have the potential to improve understandings of men's experiences of anxiety and their support needs as well as to inform future health promotion activities.

1.5.3. Help-seeking from lay networks.

Throughout the empirical literature, men often identify lay networks (such as romantic partners, mothers and friends) as a preferred source of help and support in times of emotional distress (Fogarty et al., 2015; Schwab et al., 2016; Sweeney et al., 2015). Such preferences are of particular consequence, given the difficulty associated with engaging men with primary and secondary health care services, as detailed above (Sweeney et al., 2015). An appreciation of how men talk about their emotional distress with their lay networks is arguably of great importance in improving men's peer support initiatives (Gough, 2016; Hanna & Gough, 2016; Sweeney et al., 2015).

While lay networks might have value in providing support to distressed men, it is widely acknowledged within the men's mental health literature that men do not have the same social supports as women (Hoy, 2012). Within Hoy's (2012) meta-ethnography of research relating to men's perspectives on psychological distress and help-seeking, recurrent discourses of men struggling with loneliness and isolation were identified. Men articulating these discourses identified these feelings as a factor contributing to their distress. Hoy (2012) argued, however, that there were some more positive and promising findings on this front. Specifically, men frequently articulated the significance of support from other men as an important factor in alleviating their distress. This was typically expressed through describing the value of being "one of the boys", and through participation in organised sports and other social activities.

There do exist, however, some inconsistencies within the academic literature concerned with men's preferences for support from lay networks. Within their analysis of interview data collected from unstructured interviews with Irish males aged 19-30 years, Sweeney et al. (2015) found that while male participants commonly articulated a preference for discussing their mental health with lay networks, they explicitly highlighted a preference for such emotional discussions to be held with their mothers or girlfriends, rather than with male friends. The men interviewed suggested that when emotional discussions occurred amongst male friends, it was almost exclusively under the influence of alcohol, and the content of such conversations was readily dismissed as 'drunk talk'. Ongoing research seeking to develop a deeper understanding of how such supportive interactions are perceived will be central to facilitating more effective initiatives in the area of men's mental health (Sweeney et al., 2015).

Other studies have, similarly to Sweeney et al. (2015), demonstrated the diverse ways in which men reported seeking support from their lay networks. An analysis of interviews

with men, for example, highlighted the role of silence and vulnerability within men's talk about their stressful life events (Schwab et al., 2016). In describing their inner experiences of dealing with stressful events, including job loss, illness and relationship breakdowns, several men could be seen to produce stereotypically masculine discourses of reluctance or refusal to discuss their emotional experiences both with the interviewers and within reflections of their coping behaviours. Other men in the study, however, openly discussed their emotions with the interviewers and discussed doing so with significant people in their lives, including romantic partners, friends, and co-workers. Those men frequently highlighted the significance of friendship and trust as essential in facilitating their ability to be emotionally vulnerable. The findings of Schwab et al. (2016) also demonstrated how men frequently emphasised the significance of shared experience as a necessary condition for emotional vulnerability. A thematic analysis of men's accounts of their positive mental health coping strategies produced similar findings (Fogarty et al., 2015). The most frequently identified piece of advice to men, offered by the men interviewed in the study was in relation to talking about emotional problems with others. Here again, men emphasised the importance of trust, shared experiences and talking to the right person. Evidently, lay networks as an avenue for support and help-seeking was something which men in this study valued highly. A review of patterns of social connectedness amongst men also found evidence of great diversity in those patterns (McKenzie et al., 2018). These findings were argued to challenge understandings that frame men's social relationships as instrumental and men as being uninterested in forming emotional and supportive relationships with others.

While it is widely accepted that men are reluctant to seek help for mental health concerns, the findings outlined above highlight that men do, in the right context and with the right support networks, value help and support seeking. Hence, in order to more effectively engage men, and to provide male-friendly mental health services, approaches to providing

support and treatment must seek to actively counteract unhelpful stereotypes including that men refuse to seek help for their mental health. Rather, these approaches should acknowledge the diversity of men and their help-seeking preferences and behaviours in order to promote diverse, flexible and healthy masculinities.

1.6. Aims of this dissertation

This research will use publicly available text from men's online discussion forums to explore recurring practices around seeking, and offering support for, anxiety. A range of qualitative analytic techniques will be used to explore how men construct their experiences of anxiety, as well as how anxiety-related interactions take place between posters online.

Analysis will focus on the routine ways in which men construct and explain their experiences of anxiety. It will also seek to examine how men describe and account for their experiences of seeking help and support for their anxiety.

Chapter 2

Methodological rationale and considerations

2.1. Chapter summary

In this chapter, I will provide an overview of the methodological and analytical approach used in this dissertation. I will begin by providing an overview of the research program of this dissertation, starting with a description of the theoretical and data collection approaches taken in this study. I will then describe the rationale for my use of naturalistic data collected from online discussion forums by providing an overview of the literature as it relates to critiques of self-report data, as well as previous uses of naturalistic data within the academic literature. Following this, I will describe ethical considerations before moving on to describe the various analytic approaches taken throughout this dissertation.

2.2. The program of research

2.2.1. Theoretical approach.

In this dissertation, I view discourse as shaped by broader cultural and ideological contexts. Further, I understand discourse and language as being simultaneously constructed by, and constructive of, social meaning. The analysis in this dissertation is, therefore, compatible with a social constructionist epistemology. As such, throughout this dissertation, I take the view that mental health conditions, such as anxiety, are socially and discursively constructed. This epistemological stance does not equate to a suggestion that anxiety or gender are not real, or are an imagined phenomenon. Rather, I view anxiety as something that comes to be through interactions between individuals.

The following sections will provide a brief overview of social constructionism before explaining how anxiety disorders and gender are viewed through the lens of social constructionism for this dissertation.

2.2.1.1. Social constructionism.

A social constructionist epistemology underpins the present dissertation. Social constructionism is primarily concerned with how knowledge is constructed and understood and stems from an epistemological position; it is not an explanatory theory. Central to social constructionism is the challenge to the notion that knowledge is, or can be, objective (Burr, 1995). Further, social constructionism posits that knowledge is constructed through diverse discourses and systems of meaning (Burr, 1995). Meaning is in this view, the product of prevailing cultural, social, linguistic, discursive and symbolic practices (Cojocaru, Bragaru, & Ciuchi, 2012; Galbin, 2014).

Social constructionism contrasts with more traditional approaches to scientific observation such as logical positivism, by suggesting that the categories through which we perceive the world do not represent real and naturally pre-existing classifications (Burr, 2003). Rather, those categories are brought into being through social interaction (Burr, 2003). There also exist some important distinctions between social constructionism and other, similar, positions (i.e., constructivism and social constructivism) (Gergen, 1999). For example, and unlike other positions, social constructionism emphasises the centrality of discourse in shaping the construction of both identities and the broader social world (Gergen, 1999). As such, taking a social constructionist perspective has utility in facilitating the understanding of discourse as something which constructs the world, rather than something which reflects it (Potter, 1996).

From a research perspective, viewing language and discourse as constituting a set of social practices that accomplish goals, allows researchers to examine both how discourses are

constructed, as well as the implications of those constructions (Potter, 1996). That is to say, examining these constructions allows the examination of how accounts are produced, as well as the significance how of these accounts produce specific versions of the world.

According to Burr (2003), the following four key principles define social constructionist approaches. The first principle of social constructionism posits that it is not possible to claim access to any one accurate representation of reality, as it is not possible to gain unmediated access to the 'real' world. The second principle of social constructionism is that the categories and concepts we use to understand the world are bound by history, culture and context. That is to say, there are many ways in which to understand the world and each of those understandings are shaped by the time, culture and context in which those understandings exist. The third principle is that knowledge is not derived from the nature of the world. Rather, knowledge is constructed and maintained through social interactions in everyday life. The fourth principle argues that each possible social construction of the world invites different actions. That is, different constructions have different implications for what is permissible, and what is not (Burr, 2003).

2.2.1.2. The social construction of anxiety disorders.

Social constructionist perspectives of anxiety disorders differ from traditional views of mental health disorders in that symptoms are conceptualised as cultural definitions rather than as properties of individuals (Horwitz, 2012). Indeed, psychiatric categories do not refer to diseases that occur naturally, but rather they are practical categories that allow us to describe and understand distress (Galasiński, 2008). As highlighted in Chapter 1, there does not exist a single example of a psychiatric category that would meet the scientific definition of "disease", at least in terms of pathology (Deacon, 2013; Szasz, 2001). Diagnostic criteria which seek to describe and define experiences of mental distress should similarly be understood as produced within social interactions, rather than as natural, pre-existing sets of

criteria (Galasiński, 2008). From a social constructionist perspective, definitions of mental health, and ill-health are culturally and historically bound, and can be understood as emerging in particular social circumstances (Galasiński, 2008; Horwitz, 2012). As Horwitz (2012) argues, the cultural boundedness of psychiatric categories means that certain groups are allowed the privilege of defining and enforcing distinctions between normality and abnormality, and in turn to apply those definitions to individuals in the form of psychiatric diagnostic labels.

Anxiety disorders can also be understood as socially constructed, in that individuals' determination of whether they are ill or not are socially situated (Stier, 2013). Further, these determinations are context-dependent, and grounded in culturally bound, locally defined judgements about what is, and what is not normal behaviour (Jenkins & Kleinman, 1991). Indeed, that which comes to be defined as a disorder, including the threshold for, and duration of, that disorder, is ultimately grounded in judgements about normality and abnormality. The social context in which any one individual exists, then, is central in constructing the expectations they have of themselves, as well as the expectations that others have of them (Radley & Billig, 1996).

The privileging of biomedical models of mental health disorders and the resulting loss of lay conceptualisations of distress is resulting in calls for the involvement of social sciences in classifying and defining mental health conditions (Galasiński, 2008). Incorporating lay perspectives of anxiety disorders when classifying and defining mental health conditions is also important given that it is possible for an individuals' experience to not be entirely covered by a taxonomy of 'symptoms' as such taxonomies they are constructed within medical models of mental disorders. For example, the experience of depression is not listed anywhere in the DSM-5 as a symptom of anxiety, though there is frequently significant overlap between experiences of depression and anxiety (Eysenck & Fajkowska, 2018;

Zbozinek et al., 2012). The potential incongruence between lay and medical constructions of mental disorders is particularly important given, as Jenkins and Kleinman (1991) note, clinicians must reference lay accounts of distress in order to make a clinical diagnostic judgement. That is to say, mental health concerns are unlike other physical illnesses in that they are not readily observable (Lafrance & McKenzie-Mohr, 2013), and thus clinicians must rely on their clients' accounts of distress in order to make clinical judgements.

The present dissertation takes up calls for the privileging of lay perspectives and additionally posits that whether or not it is biological, anxiety is also inherently social. The research presented in this dissertation, then, is concerned with investigating how male users of an online discussion forum define and describe their experiences of anxiety. It will additionally seek to investigate how men seek help for that anxiety.

2.2.1.3. The social construction of gender.

In the present dissertation, gender is understood as a way of interacting with one's broader social world and context, rather than something one has or is. That is to say, gender is something someone "does" (Burr, 1998; Courtenay, 2000; West & Zimmerman, 1987). Conceptualisations of male gender, and masculinity, then are here treated as products of the social exchanges and linguistic practices inherent to everyday life, including those which can be observed within interactions on an online discussion forum. This view diverges significantly from alternative views of gender, including the more mainstream psychological 'sex factors' approach to gender (Burr, 1998).

'Sex factors' approaches to gender are primarily concerned with the measurement of factors, traits and sex differences, and generally argue that gender differences arise from natural differences ingrained in biology, or that gender can be understood as roles or attributes of individuals (Burr, 1998). In this view, sex (defined by possession of specific chromosomal arrangements and gonads) and gender are considered to be dichotomous and

co-extensive; that is, women are human females, while men are human males (Mikkola, 2016). Attributions of gender differences to biology rather than culture have many profound psychological, social and behavioural implications (West & Zimmerman, 1987). Differentiated masculine and feminine expressions of distress, for example, are from a sex factors perspective due to the enduring and biological division between men and women (West & Zimmerman, 1987).

As noted above however, this dissertation does not take a sex factors approach to gender. Rather, in the present dissertation, masculinity is viewed in two ways. First, masculinity, like anxiety, is the product of locally negotiated identities. These identities should be understood not as static, but as existing in a constant state of flux (Galasiński, 2008). Like several others have posited, I argue that masculinities are always local, contextually, culturally and historically bound, and thus perpetually subject to change (Brittan; 1989; Connell, 1995; Galasiński, 2008).

In the second view of masculinity taken in this dissertation, masculinity is understood as a social construct. That is to say, masculinity is a set of ideologies, bound up in societal expectations of gender (Galasiński, 2008). In this view, masculinity refers to patterns of behaviour that become associated with being male or female (Edley, 2001; Ochs, 1992). While masculinity can be understood in terms of patterns of behaviour, and ways of aligning with social norms and practices (Burr, 1998; West & Zimmerman, 1987), it should equally be understood as mediated by society's ideological constructs (Galasiński, 2008). These ideologies, constructed and maintained by various individual and public discourses, are thus likely to be non-homogenous, and frequently contradictory (Galasiński, 2008).

2.3. Rationale

As I have detailed in sections 2.2.1.1-2.2.1.3, concepts such as anxiety, gender and masculinity are viewed within this dissertation as socially constructed concepts. In this view,

anxiety, gender and masculinity do not exist outside of social and cultural processes; rather, they only come to exist through those processes. That is, society and culture do not simply shape how people understand concepts such as anxiety, gender and masculinity; rather, they are central to its very production. Research methodologies are one such cultural process by which such concepts are produced. As such, it is important to consider the strengths and limitations of particular ways of collecting data. The following sections (2.3.1- 2.3.4) will describe the limitations of self-report data as means to understand gender and help-seeking in particular, before moving on to address the possibilities of using naturalistic data to address some of these limitations.

2.3.1. Issues with self-report data.

While there is evidence to support masculine preferences for solution-based, action-oriented support (e.g., Seidler et al., 2016; Yousaf et al., 2015), most academic literature investigating issues around men's mental health, relies on insights derived through self-report data. A reliance on self-report data as a means to understand gendered help-seeking behaviours has significant limitations. Indeed, the solicitation of responses inherent to interview and focus group settings could be understood as fundamentally problematic (Feo & LeCouteur, 2013; Seymour-Smith, 2013). For example, question construction within interviews guides participants in providing answers relevant to the social science agenda at hand (Potter & Hepburn, 2005; Potter & Hepburn, 2012).). Interviews thus have the potential to result in circular investigations whereby interviewers offer up agendas and categories, only to receive back from interviewees the same agendas and categories, albeit in a restructured, refined way (Potter & Hepburn, 2005; Potter & Hepburn, 2012). Additionally, Potter and Hepburn's (2005) critique of focus group and interview research problematises the view that such methods provide unmediated access to the perceptions or beliefs of participants. Self-report data of emotionally distressed men, therefore, should not be assumed to provide full

and accurate access to the perceptions of participants. Rather, it is more appropriate to consider the interview or focus group setting as a specific type of social interaction (Feo & LeCouteur, 2013). These criticisms of interview data can be applied more broadly to other self-report data, including survey data (Potter & Hepburn, 2005; (Potter & Hepburn, 2012; Feo & LeCouteur, 2013).

The use of self-report methods is particularly problematic in investigating gendered assumptions of health and help-seeking behaviours (Courtenay, 2000; Feo & LeCouteur, 2013; Seymour-Smith, 2013). Specifically, interviews and other forms of self-report research can provide an opportunity for men to "do" gender or "perform" masculine identities, rather than relay their experiences or a real preference for action (Seymour-Smith, 2013). Research approaches should then take into account the possible "performance" of gender when reporting health care preferences (Courtenay, 2000; Ridge et al., 2011; Seymour-Smith, 2013).

2.3.2. The analysis of naturalistic data.

The analysis of naturalistic data has historically provided important insights within the field of health research. A particularly relevant example of such techniques can be seen in the work of Feo and LeCouteur (2013) in their qualitative analysis of talk on a men's relationship helpline. Within this analysis, male callers to the helpline were observed to routinely engage in troubles telling, through the narrative reporting of relationship troubles. Troubles telling, as described by Jefferson and Lee (1981) in their study of helpline calls, can be defined as instances of talk in which the focal point is the troubles teller and their experiences. Jefferson and Lee (1981) further argue that those engaging in troubles telling are seeking and will accept emotional reciprocity, while in contrast, advice-seekers are seeking, and will accept advice. Offers of emotional reciprocity or advice that mismatch what is sought by the advice-seeker and troubles teller, respectively, are therefore problematic and

frequently resisted by those individuals (Jefferson & Lee, 1981). The findings of Feo and LeCouteur (2013) contrast then with the widely held understanding of men's help-seeking preferences, informed by analysis of self-report data, which indicate masculine preferences for solution-focused advice. These findings are particularly significant when one considers that the data analysed by Feo and LeCouteur (2013) were collected from interactions that occurred outside of the influence of researchers.

2.3.3. Online discussion forums as naturalistic data.

The Internet has become pervasive in everyday life. One benefit of this increased use is the ease of access to online support groups/discussion forums which, in providing support, are argued to increase levels of self-empowerment (Seymour-Smith, 2013). This empowerment is in turn linked to improvements in general wellbeing, as well as more effective utilisation of healthcare services (Seymour-Smith, 2013). Specifically, empowerment as a result of online forum use has been found to lead to more active involvement in diagnoses, and entitlement in questioning the decisions of health professionals (Seymour-Smith, 2013). An active interest and involvement in one's medical diagnoses is likely to be of particular relevance to mental health conditions in males, given the issues with potentially gendered diagnostic criteria outlined above in section 1.4 (Male mental illness: a silent crisis). In fact, results from previous studies of online forums suggest these services have utility in directing otherwise under-serviced population groups towards traditional, face-to-face mental health support services (Gough, 2016).

In addition to the benefits of the Internet for individuals, researchers also now have novel opportunities to conduct naturalistic observations and analysis of interactions (Gough, 2016; Seymour-Smith, 2013). The study of discourse in computer-mediated contexts is an area of increasing scholarly interest, due to changes in health care information and support provision associated with an increasingly computer literate society (Hanna & Gough, 2016).

Online discussion forums offer potentially significant benefits in the study of men's health through, for example, the ability to collect naturally occurring and unsolicited talk for analysis (Gough, 2016; Veen et al., 2010). In building a case for online discussion forums as a useful source of data, Jowett (2015) similarly argues that naturalistic data such as posts in online discussion forums offer the opportunity to investigate how unsolicited talk occurs in specific social settings.

Within the men's health literature, the limited understanding of how men discuss their emotional distress in a naturalistic setting is becoming increasingly acknowledged and problematised (Charteris-Black & Searle, 2009; Gough, 2016). Further, as discussed earlier in section 1.4 (Male mental illness: A silent crisis), existing research relating to men and distress focuses largely on the negative and maladaptive coping mechanisms implemented by men during times of emotional distress (Fogarty et al., 2015; Seidler et al., 2016). Further research is thus necessary for improving understandings of the positive ways in which men cope with their distress (Fogarty et al., 2015; Ridge et al., 2011; Seidler et al., 2016). The increasing use of the Internet by individuals for purposes of seeking support from peers and lay networks provides both opportunities for individuals to seek support for their distress in a positive way, and for researchers to develop insights into how men discuss their distress in a naturalistic setting (Gough, 2016). It should be noted, however, that the Internet and discussion forums such as those studied in this dissertation are still a situated naturalistic setting. A discussion of whose experiences are likely to be represented in this setting will be included in the following section (2.3.4).

2.3.4. Analyses of Online Discussion Forums.

Men's experiences with anxiety should be understood as being shaped by social norms and discourses (Dowbiggin, 2009; Mellifont & Smith-Merry, 2015). As highlighted earlier, Mellifont and Smith-Merry (2015) note in their analysis of representations of anxiety

in Australian print media that lay discussions of mental health within media publications and associated discussion platforms can be highly influential in shaping social discourses about mental health. Gough (2016) makes similar claims in his discursive analysis of the online construction of depression, in arguing that lay discussions on those contexts are also important in shaping mental health discourses. In line with Gough (2016), I argue that online support groups are a site where anxiety is socially constructed through talk. By investigating these discussions, we can gain important insights into how men talk about and seek help for anxiety, while also tracing cultural knowledge around anxiety, mental health help-seeking and masculinity. Lay perspectives are also increasingly sought after and valued within health research (Gough, 2016; Ridge et al., 2011). A focus on men's constructions of their experiences with anxiety is consistent with these trends.

Due to their anonymity and accessibility, online forums are often suggested as useful ways for otherwise difficult to engage users of traditional health services to access support (Gough, 2016). Online environments such as discussion forums might offer the opportunity to legitimise participation in discourses around health (Robinson & Robertson, 2010), an outcome likely to be particularly significant for men who are frequently excluded from conversations around health and wellbeing (Tyler & Williams, 2014). Online forums additionally allow researchers to gather data from sources that exist independently of researcher involvement in order to investigate people's understanding of their mental health issues. Previous research into online discussion forums has for example shown how 'communities of practice' (Wenger, 1998; Paechter, 2003; Stommel, 2008) support members and offer advice outside traditional, formalised healthcare settings (Hanna & Gough 2016a, 2016b).

Previous research has explored how peer-to-peer interactions in several online support groups unfold. Those studies have taken a range of methodological approaches including

discursive psychology, thematic analysis, conversation analysis and membership categorisation analysis and have focused on a range of issues including eating disorders (Giles, 2006; Horne & Wiggins, 2009), Bipolar Disorder (Vayreda & Antaki, 2009), and depression (Gough, 2016; Lamerichs & Te Molder, 2004).

Analysis of interactions occurring within online settings began to emerge in the 1990s. Initial qualitative studies in the field collected data from online depression discussion forums, and findings indicated the same number of men participated in these online discussions as did women (Salem, Bogat, & Reid, 1998). Further, and in contrast to widely held gendered assumptions about emotional expression and language use, content analysis of online posts suggested that men were as emotive in their messages as women (Salem et al., 1998). Notable early studies in the field include a 2004 analysis by Lamerichs and Te Molder that studied interactions within online depression forums using a discourse analytic approach to data analysis. Results of this study suggested that interactions within such forums were routinely constructed around the seeking and provision of social support and experiential sharing. Additionally, the construction of facets of posters' identities, including competence and rationality, were frequently seen to be worked up discursively within such forums (Lamerichs & Te Molder, 2004).

A thematic analysis of gender differences in communication styles in cancer support forums found little difference between men and women in terms of their communication styles (Gooden & Winefield, 2007). Specifically, men and women sought both information and emotional support, though instances of talk that displayed strong emotional content did not necessarily utilise emotion words (Gooden & Winefield, 2007). As such, more fine-grained analysis such as discourse analysis was suggested by Gooden and Winefield (2007) as a useful method for investigating emotion-related communicative practices.

Other researchers have since implemented this recommendation for a fine-grain analysis of online talk. Seymour-Smith's (2013) discourse analytic study of men's online discussion of testicular transplants, for example, produced findings supporting Gooden and Winefield's (2007) work. Seymour-Smith (2013) found that a common conversational approach of men online involved the sanctioning of emotional talk, though as Gooden and Winefield (2007) suggested, such sanctioning often did not utilise emotion words. Accordingly, Seymour-Smith (2013) argued that existing studies that take a content analysis approach are more proficient at illuminating differences than identifying similarities. Further, interactive features of online communication are likely to be lost in such an approach (Seymour-Smith, 2013).

A fine-grained approach to the analysis of online discussion forums for depression and eating disorders was similarly undertaken by both Giles and Newbold (2013) and Kaufman and Whitehead (2016). Posters within Giles and Newbold's (2013) study were routinely seen to seek out validations of normality, through the deployment of membership categorisation practices. Discursive practices such as these were argued to be associated with developing connections and friendships online. In a similar study, Kaufman and Whitehead (2016) used conversation analysis to consider the interactional features of talk within a depression forum, and in particular, how empathy and support are produced within such settings. The authors noted how online forums could be conceptualised as a platform through which individuals can "practice" and improve upon their abilities with regards to seeking and offering support.

Both Giles and Newbold (2013) and Kaufman and Whitehead (2016) highlight the homogenous nature of their data as a limitation however and recommend on-going research complete similar micro-analysis of online talk to investigate whether different mental health forums are used differently. More importantly, authors in both studies recommended that the

investigation of supportive interactions within online discussion forums is likely to be valuable in producing insights into how support is both sought and received interactionally. The fine-grain analysis of online interactions is also, as Gooden and Winefield (2007) and Seymour-Smith (2013) note, likely to be particularly valuable in investigating issues of gender, within support seeking interactions. As such, the analysis of online interactions has significant implications for researchers interested in developing peer support interventions for those dealing with issues such as anxiety.

2.4. Data collection

Data analysed within this dissertation were collected from a single, publicly accessible Australian online discussion forum designed to offer a supportive platform for those suffering from common mental health conditions. The online discussion forum is part of a larger website maintained by a large Australian not-for-profit organisation working to address issues of mental health. Users of this forum were required to select, as the site of their posts, the sub-forum they believe is most relevant to their presenting concern. The 'Anxiety' sub-forum of this website was dedicated for those seeking support related to their experience of living with anxiety disorders, or anxiety symptomatology. Data were collected by reading each post made to the 'Anxiety' sub-forum over two years (2017-2019) and were selected for inclusion if the post was identified as being made by a male poster.

The opening posts in online discussion forum threads (asynchronous message posts under a particular topic title), from which all other discussion in that thread follows, are referred to hereafter as opening posts. Opening posts are the point at which posters first describe their problems to the online community. Data were collected from opening posts, meaning that posters were not responding to anything in particular, but rather created threads unprompted. Opening posts were selected as the primary site of data collection, as it is within those posts that men first introduce themselves and their presenting problems to the forum in

their own words. These opening posts were often the most detailed contribution that men made to the forum, and frequently included background information on their anxiety experiences, as well as explanations of their decisions to post to the online discussion forum. Given my aim of investigating how men construct their accounts of living with and seeking help for their anxiety, opening posts were thus decided to be the most useful place from which to collect and analyse data.

In the current study, I drew on a sample of 130 opening posts, which were authored by 122 individual posters. The analysis of those opening posts within the data corpus provided several broad and nuanced insights into men's experiences of living with and seeking help for anxiety. The size of this data corpus was deemed sufficient as data could be seen to reach saturation, in that analysis of additional data did not facilitate the emergence of new themes, or patterns of meaning (Saunders et al., 2018).

In addition to providing several valuable insights, the size of the data corpus analysed within the present research is consistent with other qualitative analyses of online discussion forum data, where the priority is the depth and richness of data (e.g., Giles & Newbold, 2011; Gough, 2016; Hanna & Gough, 2018; Horne & Wiggins, 2009; Seymour-Smith, 2013; Stommel & Koole, 2010; Varga & Paulus, 2014; Wiggins, McQuade & Rasmussen, 2016). In Horne and Wiggins' (2009) analysis of the discursive construction of an authentically suicidal identity, for example, the authors utilised a data set consisting of 42 threads collected from two forums (17 from the first forum and 25 from the second). In their analysis of online constructions of grief, Varga and Paulus (2014) analysed a similarly sized dataset of 107 threads. Wiggins et al., (2016) and Stommel and Koole, 2010 analysed datasets consisting of 27, and 80 threads, respectively.

For the current research, I have referred to the data contained within the corpus as naturalistic data. Admittedly, there is some contention surrounding the definition of

'naturalistic' (e.g., Speer, 2008). In the view of discursive psychologists, naturalistic can be distinguished from non-naturalistic, by not being 'non-natural', 'contrived' or 'researcher-provoked' (Speer, 2008). That is, non-natural data can be defined as data that have been produced by the researcher through the use of interviews, experiments or surveys (Potter, 2004; Potter & Hepburn, 2005). As Silverman (2006; p. 201) argues then, such data 'would not exist apart from the researcher's intervention'. In this dissertation, I take the view of naturalistic as defined by Speer (2008). In utilising naturalistic data (as I have defined it above), I was able to collect data in a way that passed Potter's (1996) "dead social scientist" test. The interactions from which I collected data, would have been the same even if I did not exist before the interaction took place.

Speer (2008) further notes that discursive psychologists' concern with naturalistic data is largely oriented towards minimising the loss of the fundamental features of the natural interactional phenomena which such researchers hope to access. As such, and in the context of the present dataset, it is not my intention to suggest that the present dataset is *entirely* 'naturalistic'. Some might criticise, for example, limiting access to the full and complete interactions between forum users. That is, due to my focus on opening posts, I have not extensively analysed the unfolding interactions between online posters. Rather, like other similar works (e.g., Gough, 2016), I am seeking to emphasise the value of examining how men produce accounts of anxiety within the specific context of an online discussion forum.

In line with other gender researchers who have also used naturalistic data, the primary motivation of this method of data collection was to, as far as possible, avoid the imposition of previously formulated analytic categories and concepts on the data collection (Speer, 2008); to 'give voice' to the male users of the forum (Kitzinger, 2003); and to seek to have those male users, wherever possible, "assert their own interpretations and agendas" (Wilkinson, 1999; p. 233).

2.4.1. Collecting data from a single online discussion forum.

The investigation of the construction of anxiety by male posters is a novel research topic, and as such, a focus on one website is justified (Gough, 2016). As in other studies of online data (Gough, 2016; Stommel & Meijman, 2011), the novel focus in the present dissertation on 'naturalistic' discussions initiated by male posters in a singular online forum for individuals experiencing anxiety falls into this category. The lack of research regarding men's experiences of anxiety means it is important to collect, and produce an in-depth analysis of, men's experiences of anxiety, to begin to develop a literature base in this area. As such, I argue that the novel nature of the topic of this dissertation (men's experiences of anxiety) also justifies the use of one dataset for analysis. This is particularly true in light of the range of analytic methodologies deployed in the analysis of the present dataset. Rather than developing a necessarily representative account of men's experiences, this dissertation aims to develop and engage with a rich set of data relating to how men describe their experiences of living with anxiety.

In order to achieve this, I have utilised a range of qualitative methodologies, including discursive psychology (section 2.6.1.), thematic analysis (section 2.6.2.), membership categorisation analysis (MCA) (2.6.3) and ideological dilemmas (2.6.4) to develop nuanced insights into the complexities of men's experiences of anxiety and accounts of their help-seeking practices. In particular, the use of these methodologies has allowed me to investigate both the content of posts, as well as to examine the situated, action-oriented, and constructive nature of the language used by men within those opening posts. My use of varied qualitative methodologies then offers in-depth understandings of how men construct the topics of anxiety and mental health help-seeking, and as well as the social actions accomplished by these constructions. These insights additionally form a solid foundation for on-going and much-needed research in this area.

2.4.2. Determining the gender of posters.

Both male and female posters used the online discussion forum from which the data were collected. Consistent with the approaches of Gough (2016), Hanna and Gough (2016; 2018) and Seymour-Smith (2013), information about posters' gender was established through the direct self-identification of posters' use of gendered tags (e.g., explicit references to being male) and references to gendered roles (e.g., husband, father) within opening posts.

Admittedly, how posters identify their gender in the 'real' or offline world is information which remains inaccessible to me as a researcher. However, and consistent with the social constructionist paradigm within which discursive psychological approaches are situated, identities (including gender identities) are viewed as an interactional accomplishment. Thus, in this dissertation, I view those identities as being brought into being through interaction. That is, to present oneself as male is to be male. Similarly, to present oneself as anxious is to be anxious. As such, in line with the theoretical underpinnings of this research, I have accepted the presentation of posters as male, and as anxious, as sufficient for inclusion in this dataset. I argue that this approach allows analysis of the data in such a way that it provides insight into how online posters perform both anxiety and masculinity. Indeed, it is the interactional management of an anxious, male identity in the specific context of online discussion forums, that is of interest here.

2.5. Ethical considerations

The data collected as part of this dissertation are accessible within the public domain. Posts were amassed from an online discussion forum viewable without the need for a password-protected account. As such, and in line with Ethics Guidelines for Internet-Mediated Research (British Psychological Society [BPS], 2017), consent was not sought from the posters. The collection of data in such a manner remains an issue of debate amongst researchers, due to issues relating to a lack of consent by participants (Hanna & Gough,

2016). In line with the BPS recommendations however, this approach is justified by the fact that data were collected from an open-access source that was not password-protected. Further, the BPS guidelines state that where there is no reasonable expectation of privacy and where the potential for scientific or social value is significant, the use of research data without consent may be justifiable (BPS, 2017). For various reasons outlined in the introduction, disclosure from men about their experiences with mental health, and anxiety, in particular, can be difficult to achieve. The present research, which does not seek consent, is further justified by its value in improving understanding of men's experiences of anxiety and help-seeking for that anxiety, and the potential for the research to improve the provision of appropriate services for men with anxiety.

It remained important, however, to protect the privacy of online posters. As such, all data has been deidentified via removing identifying information, and the website in question will also remain, in this dissertation, unnamed. The terms and conditions of the website that hosts the online discussion forum examined here also requires posters to explicitly acknowledge that all information posted is publicly viewable and that posters must remain anonymous by refraining from including any personally identifying information when posting. The privacy of posters was further protected by not including entire opening posts, but rather including only extracts from those posts. This approach is consistent with other research examining online discussion forums (Gough, 2016; Kaufman & Whitehead, 2016; Hanna & Gough, 2016). As such, while it is possible for extracts contained in the present dataset to be traced back to the original site from which data was collected, it is not possible to trace the data to any individual.

Ethics approval for this study was given by the School of Psychology Human Research Ethics Sub-Committee at the University of Adelaide, approval number 17/67.

2.6. Analytic approach

As detailed in the previous sections (see 2.2.1.1-2.2.1.3), this dissertation takes a social constructionist approach to the analysis of text data collected from an online discussion forum. This section will describe the various analytic methodologies utilised to analyse this data. In my analysis, I have maintained a particular focus on how discursive resources and practices are used to accomplish specific actions within the context of the online discussion forum. These actions included the construction of oneself as 'authentically anxious', and how this subsequently makes space for men to seek specific forms of support (Chapter 3); how men construct the source of their anxiety (Chapter 4); the construction of men's lived experience with anxiety (Chapter 5), and how men account for the ways in which they sought support from the online discussion forum (Chapter 6).

Each study was analysed, to differing degrees, according to principles of discursive psychology and thematic analysis. Though each of these methodologies is explained in the subsequent analytic chapters, they are also described in detail below. The discursive psychological techniques deployed across the four studies included in this dissertation combined techniques of thematic analysis with principles of discursive psychology, as well as principles of membership categorisation analysis and ideological dilemmas. The following sections will provide an overview of these methodologies.

2.6.1. Discursive psychology (Chapters 3, 4, 5 and 6).

Discursive psychology is a qualitative method used to examine talk and text within the social constructionist paradigm and is concerned with the social organisation of that talk and text (Wetherell & Potter, 1988. Discursive psychology seeks to examine how issues of knowledge, beliefs, truths and explanations are constructed in everyday interactions between individuals (Edwards & Potter, 1992). To this end, discursive psychological approaches aim

to identify discursive resources and devices that are routinely employed within interactions to achieve different functions (Jørgensen & Phillips, 2002).

The analytic focus of discursive psychology is the action orientation and constructive nature of language in constructing various versions of reality (Edwards & Potter, 1992; Potter & Wetherell, 1987). Discursive psychologists hold the view that it is not possible to access what individuals 'really think', as talk always occurs within some form of social interaction (Goodman, 2017). What might be presented as an accurate representation, for example, a cognition or a belief, should be understood as an instance of that individual doing, or accomplishing some action within that interaction (Goodman, 2017). As such, discursive psychological analyses primarily seek to identify and describe the various discursive devices deployed to organise talk, as well as the interactional and meaning-making consequences of using some constructions rather than others (Potter & Wetherell, 1988). Wetherell and Potter (1988). described three interconnected tenets of discourse analysis: function, variation and construction. The concept of function refers to the action orientation of talk. This is the idea that discourse is functional; actions such as justifying, explaining, blaming and accusing are achieved through discourse (Potter & Wetherell, 1987). The principle of variation refers to the idea that discourse is highly variable, depending on its function. That is, speakers give inconsistent, changing and sometimes contradictory accounts of their social worlds, though the production of variable discourse is not necessarily a deliberate or conscious process (Edwards & Potter, 1992). Since variation is a consequence of function, the analysis of variation gives rise to understandings of function (Wetherell & Potter, 1988). The third principle, construction, involves the idea that different versions of the world can be constructed, each worked up through the selection and inclusion of different resources within talk (Wetherell & Potter, 1988). The notion of construction suggests that discourse is

organised to achieve particular purposes and consequences at a given point in time (Edwards & Potter, 1992).

Chapters 3, 4, 5 and 6 each take a discursive psychological approach to the analysis of the dataset. This analytic approach was particularly concerned with the action orientation of men's accounts of anxiety. That is, I sought to examine how and what was being achieved by particular discourses, and how these discourses countered actual or potential alternatives (Potter & Hepburn, 2007; Potter & Wetherell, 1987). This analytic process involved initial inductive coding of the online discussion forum data. Following this initial coding, subsequent analysis was undertaken to identify, define and refine recurrent patterns of meaning. In this part of the analytic procedure, discursive psychological analysis was used both to describe patterns across the dataset and to interpret the meanings and underlying significance of each pattern. After my initial analysis, I consulted with my supervisory panel to refine the concepts presented within the analyses.

2.6.2. Thematic analysis (Chapters 3 and 5).

Thematic analysis seeks to describe patterns across qualitative datasets (Braun & Clark, 2006). Unlike other qualitative approaches, thematic analysis is not bound to any one theoretical framework. As such, it can be used within a range of theoretical frameworks to achieve different purposes. In this dissertation, analysis is informed by a social constructionist epistemology. I use this position to inform considerations about how posts are presented, as well as how constructs such as gender norms and illness categories, are constructed and negotiated through men's individual accounts. This approach is in line with Braun and Clarke's (2006) recommendation that thematic analysis is suitable for use as a constructionist methodology, which seeks to investigate how realities, meanings events and ideas are brought into being through the discourses that exist within a society. As such, in the analytic chapters which deploy a thematic analysis methodology informed by principles of

discursive psychology (Chapters 3 and 5), I first analysed the data using the approach detailed by Braun and Clarke (2006; 2013). This approach can be summarised as consisting of six major steps; familiarising one's self with the data, the generation of initial codes, searching for themes, reviewing themes, defining themes and finally writing up results.

The approach to coding in Chapters 3 and 5 is iterative and inductive. My approach to coding is also arguably at times, by virtue of my immersion in and understanding of the theoretical and conceptual literature base in the field, deductive. That is, themes were data-driven, and the direction of the analysis was determined by the data, rather than being pre-determined by a theoretically informed coding frame. However, the direction of analysis was also informed by my understanding of relevant literature, particularly as it relates to men's experiences of mental health.

This analytic process began with my immersion in the data, to familiarise myself with the data and to identify preliminary ideas. These initial ideas were then developed into initial codes by identifying recurrent features across the entire dataset. These codes were then collated further into initial themes. Each of these themes consisted of underlying patterns of shared meaning. Following this initial coding and analysis, I consulted my supervisory panel to discuss the codes and agree upon the broader themes. The process of refining themes involved collaboratively reviewing the themes with my supervisory panel to refine the definitions of themes and to name those themes.

As highlighted earlier, this approach to analysis was informed by a constructionist epistemology, and principles of discursive psychology. As such, following the identification of themes, those themes were further analysed using principles of discursive psychology. Utilising a discursively informed approach to studying men's accounts of their anxiety provides a way to privilege the men's voices and the ways in which they describe their experiences of living with, and seeking help and support for, their anxiety. This step of the

analysis had a focus on the constructive and action-oriented nature of language used by men in the online discussion forum.

In adopting a thematic analysis approach informed by principles of discursive psychology, I was interested in the way accounts were constructed, as well as the content presented in those anxiety accounts. While I have drawn on various concepts from discursive psychology (e.g., Edwards & Potter, 1992; Potter, 1996; Wetherell & Potter, 1988), I have not adopted a full discursive psychological analysis in studies one and three. Rather, the key focus of analysis in Chapters 3 and 5 is on broad patterns of individual constructions of anxiety (within opening posts), and what is at stake for male forum users. Hence, a thematic analysis is informed by discursive psychology was the chosen approach.

2.6.3. Membership categorisation analysis (Chapter 4).

The analysis presented in Chapter 4 is informed by principles of Membership Categorisation Analysis (MCA). MCA is an Ethnomethodological approach which facilitates the systematic analysis of categories in talk-in-interaction (Sacks, 1992). According to Sacks (1992), categories are inference-rich and contain significant taken-for-granted information about society. Activities and predicates (characteristics of categories) are bound *in situ*, or by rules of application, to categories (Sacks, 1992; Stokoe, 2012).

Stokoe (2012) proposed several guidelines for the systematic study of membership categories in talk. The principle of 'category-tied predicates' for example, can be understood as the culturally-bound characteristics of a given category (Sacks, 1992). These predicates describe the characteristics of individual members of a given category (Stokoe, 2012). Categories such as father and husband, for example, can additionally be understood as having moral obligations to their standardised relational pairs (such as son and wife, respectively). Category membership can also be understood in terms of 'category-bound activities', which provide inferences into the expected, or normative actions of members (Sacks, 1992).

Further, references to such gendered categories, and their socially bound roles and obligations, have interactional significance in accounting for actions and behaviours (Stokoe, 2012). The categories of husband and father, for example, are hearably gendered and thus contain several socially bound inferences about members of those categories (Stokoe, 2012). The organisation and deployment of categories within an interaction can thus be used as a resource for action (Stokoe, 2012).

The aforementioned principles are not meant to suggest that categories always index the same meaning. Rather, categories are inherently flexible, and thus any one person can be categorised in many ways (Sacks, 1992; Stokoe, 2003). Further, all these categorisations might at different times, and in different contexts be "correct" (Hester & Eglin, 1997; Sacks, 1992; Stokoe, 2003). The going-together of categories and their associated devices, predicates, activities and obligations, thus are accomplished within interaction (Hester & Eglin, 1997; Stokoe 2012).

Researchers have typically used the analysis of membership categories as a means of investigating processes of social identity construction (Dillon, 2011; Giles & Newbold, 2013). MCA has particular utility for those interested in analysing the construction and negotiation of issues such as deviance, normality and morality (Eglin & Hester, 1999; Housley & Fitzgerald, 2007). MCA is also valuable for researchers with an interest in categorial or 'topical' issues (such as, for example, gender and identity) (Stokoe, 2012). The value of MCA also arises from its facilitation of the study of members', rather than analysts', categories (Stokoe, 2012).

As described above, following initial coding, analysis sought to identify and define recurrent patterns of meaning through the use of discursive psychology. The goal of this stage of the analysis was to describe patterns across the dataset and to interpret the meanings and underlying significance of each pattern. It was at this stage of the analysis in chapter 4 (paper

2) that the application of principles of MCA to a discursive psychological analysis took place. This involved a particular focus on the action-orientation of various constructions, as well as a focus on how particular constructions varied from alternative constructions, and the functions that these variations achieved. In line with Stokoe's (2012) recommendations, this primarily involved first collecting explicit mentions of categories and categorial talk, locating the sequential position of each deployment of categorial talk within the data, and then analysing the design and action orientation of the deployment of the category as it appeared within the data.

2.6.4. Ideological dilemmas (Chapter 6).

As outlined above, Chapter 6 utilised discursive psychology in order to investigate the socially constructed nature of anxiety and masculinity. This chapter paid particular attention, within the discursive psychological analysis, to the ideological dilemmas men negotiated within their accounts of anxiety. This approach allowed the analysis to demonstrate the complexities, inconsistencies, and contradictions present within men's accounts of their anxiety.

According to Billig et al. (1998), ideology can be understood as a set of values, beliefs, or practices of particular societies. In other words, the notion of ideology relates to how common sense and everyday understandings come to inform the ways in which societies make sense of the world. This ideological, or common-sense thinking is, according to Billig (1998), frequently dilemmatic and contradictory. Ideology then is not a set of values, or attitudes, but rather a means by which individuals can account for or manage particular realities or representations. Ideological dilemmas occur, and can be identified in talk, where individuals attempt to negotiate competing ideologies in their talk (Goodman, 2017).

The analysis of ideological dilemmas involves first the identification of such dilemmas (Goodman, 2017), and within Chapter 6, this was initially achieved through the

analysis of interpretative repertoires. Interpretative repertoires can be described as a broadly recognisable set of patterns of descriptions, expressions and figures of speech, and are frequently organised around metaphors or vivid imagery (Wetherell & Potter, 1988). Interpretative repertoires in talk and text can be demonstrated, through analysis, to perform different actions (Wiggins & Potter, 2008; Goodman, 2017). In particular, interpretative repertoires can function to strengthen and make persuasive arguments in talk (Wetherell & Potter, 1988). Interpretative repertoires are particularly useful to facilitate the discursive psychological analysis of talk and text, particularly with regards to the discursive psychological approach to context and variation. In identifying and analysing interpretative repertoires, analysts should seek to examine the consequences of identifying the deployment of any one particular strategy at a given time (Goodman, 2017). Further, analysts should also seek to identify instances where speakers utlise different and potentially contradictory repertories and how these different repertoires function to accomplish different actions within interactions (Wiggins & Potter, 2008; Wetherell & Potter, 1988).

From an analytic perspective, investigating ideological dilemmas within naturalistic interactions such as those within an online discussion forum allowed me to investigate complex, and frequently contradictory accounts of sense-making and accounting. In my analysis of ideological dilemmas then (Chapter 6), I initially identified a set of interpretative repertoires in posters' talk. Following this, I analysed the interactional consequences of the use of those repertoires, with a focus on how talk is arranged around various ideological dilemmas. In doing so, I sought to demonstrate how men's posts are constructed in contradictory ways, and the various functions these contradictory accounts serve.

Like my application of principles of MCA, my identification and analysis of ideological dilemmas within interpretative repertoires occurred during the stage of the discursive psychological analysis in which the meanings and underlying significance of each

pattern were analysed. Again, the focus in this stage of analysis was on the action-orientation of various constructions. This part of the analytic process also had a particular focus on how interpretative repertoire constructions varied from alternative interpretative repertoires and the functions that these variations achieved.

2.7. Conclusion

In this chapter, I have given an overview of the methodological and analytical approach used in this dissertation. I have focused initially on providing a rationale for my use of naturalistic data, through reviewing the academic literature as it relates to previous analyses of naturalistic data, as well as interactions within online discussion forums. I have also provided an overview of the research program of this dissertation, beginning with a description of the theoretical and data collection approaches taken in this study. In particular, I have aimed to justify and describe how throughout my analytic chapters, I have used discursive psychology as the overarching methodology. I have also detailed in this chapter how, in conjunction with discursive psychology, I have utilised thematic analysis, MCA, and ideological dilemmas to enhance my analyses. Given the need for research in the area of anxiety in men, the data source and the range of analytic techniques included in this dissertation allows for a detailed examination of the construction and negotiation of issues describing men's experiences of anxiety and seeking help for that anxiety.

Chapter 3

Statement of Authorship

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By signing the Statement of Authorship, each author certifies that:

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Chapter 3: Paper 1

Men's talk about anxiety online: Constructing an authentically anxious identity allows help-seeking

Although anxiety disorders are the most prevalent mental health disorder amongst Australian males, very little is known about men's experiences of living with, and seeking help for, anxiety. This paper examines how male users of an online discussion forum for 'anxiety' describe their anxiety in their opening posts. Of particular interest is how such descriptions attend to issues of authenticity, and the types of support that men appear to be seeking online. Data were taken from one Australian online anxiety discussion forum over a two-year period, and were analysed using thematic analysis, informed by principles of discursive psychology. The analysis demonstrates that authenticity of posters' anxiety is attended to in four main ways: (1) orienting to a diagnosis, (2) detailing the severity of their anxiety, (3) emphasising the longevity of their anxiety, and (4) constructing themselves as troubles resistant. The findings suggest that the forum partially functions as a site for authentically anxious identities to be tested by forum users. A fifth theme relates to how those identities appeared to serve a particular function in terms of men's support-seeking behaviours on the forum. This paper has clear practical implications for better understanding men's experiences of anxiety, and their anxiety-related help-seeking preferences.

Keywords: Anxiety, men, qualitative, online discussion forums, support

Public Significance Statement: Despite a high prevalence of anxiety disorders amongst Australian males, men's experiences of anxiety are under-researched and poorly understood. This qualitative study investigates the issues that men themselves make relevant when

seeking support for their anxiety from an online discussion forum. Findings provide insight into the significance of authenticity in seeking support, as well as the type of support men appear to be seeking.

Introduction

A historically singular focus on the mental health of women has unintentionally led to poor understanding of men's experiences of stereotypically feminised mental health conditions, such as anxiety and depression (McKenzie, Jenkin, & Collings, 2016; McKenzie, Jenkin, Collings, & River, 2018; Ridge, Emslie, & White, 2011; Smith & Mouzon, 2014). Recent years, however, have seen growing scholarship in the field of men's mental health, in part due to research that demonstrates Australian men are 3-4 times more likely to experience death by suicide than are women (Australian Bureau of Statistics, 2015). This number is even higher worldwide, with rigorous epidemiological reviews reporting that men are between three and seven times more likely to die by suicide than are women (Turecki & Brent, 2015).

Research in the field of men's mental health has focused almost exclusively on men's experiences with depression, justifiable given the well-known association between depression and suicide (McKenzie et al., 2016; Seidler, Dawes, Rice, Oliffe, & Dhillon, 2016). However, research is increasingly uncovering an association between anxiety disorders and a range of adverse outcomes, including the risk of suicidal ideation and suicidal self-injury (Nock et al., 2010). The findings of a North American national survey, for example, suggest that anxiety is a significant independent risk factor for attempting suicide, even after controlling for co-morbidities (Nock et al., 2010). A more recent meta-analysis found that anxiety might be an important risk factor for suicide but called for further investigation into the complex combinations of risk factors, including social support (or a lack thereof; Bentley et al., 2016).

These findings on the link between anxiety and suicide are particularly concerning considering the high prevalence of anxiety amongst Australian males. Though men are diagnosed with, and treated for, anxiety at a lower rate than women in Australia, the 2017-2018 Australian National Health Survey (ABS, 2018) suggests that approximately one in ten (10.6%) Australian men report having at least one anxiety-related condition. This positions

anxiety disorders as the most prevalent mental health disorder amongst Australian males. Psychologists have suggested however that differing rates of diagnosis between men and women might be a result of widespread under-diagnosis of common mental health conditions among men, rather than actual differences in prevalence (Addis, 2008; Johnson, Oliffe, Kelly, Galdas, & Ogrodniczuk, 2012).

Indeed, research suggests that when men seek help, this often occurs after a lengthy struggle with mental health issues, at times of crisis, and at the bequest of concerned family and friends (Seidler et al., 2016; Seidler, Rice, Oliffe, Fogarty, & Dhillon, 2017). When men present to health services, clinicians often report challenges in detecting and diagnosing mental health conditions (Lyons & Janca, 2009). Stigmatising attitudes and social norms around the expression of emotion might contribute to difficulties with diagnosing anxiety in men (Smith, Mouzon, & Elliot, 2018). There is also evidence to suggest clinicians frequently experience barriers to effectively communicating with, and treating, men once they receive a diagnosis (Heru, Strong, Price, & Recupero, 2006; Kilmartin, 2005; Owen, Wong, & Rodolfa, 2010). Many suggestions have been put forth to explain this phenomenon. One such explanation is that social norms of masculinity, such as self-control and emotional stoicism, impact men's ability to recognise and discuss anxiety and distress with health care providers (Johnson et al., 2012; Misan, 2013).

The difficulties associated with diagnosing and treating men with mental health disorders might well be exacerbated in the case of anxiety disorders. Anxiety, like depression and suicide contemplation, is a complex and somewhat contested human experience (Dowbiggin, 2009; Mellifont & Smith-Merry, 2015; Scholz, Crabb, & Wittert, 2017). Rates of anxiety worldwide have been particularly controversial in recent years. In a review of the literature, Dowbiggin (2009) argued that prevalence rates for anxiety result from the valorising of an inability to cope with the pressures of life in the modern age. Similar views

have been identified amongst the wider community (Clark, Hudson, Dunstan, & Clark, 2018). Anxiety disorders have also been shown to be associated with a higher degree of 'weak not sick' stigma than other mental health conditions (Yap, Wright, & Jorm, 2011). From this perspective, mental health disorders are viewed as personal weakness rather than legitimate illness (Clark et al., 2018). It has also been argued that individuals suffering from mental health conditions might, in the absence of 'observable' symptoms, be required to manage the authenticity of their experiences in order to be perceived by others as legitimate (Lafrance & McKenzie-Mohr, 2013). In addition to issues around authenticity and legitimacy, social norms also confer an expectation that men exhibit good health (Courtenay, 2000; Scholz et al., 2017). The culmination of these factors means it is possible that, when seeking help, men experience particular pressure to manage the perceived authenticity of their anxiety.

While several variations exist in the definition of authenticity, a review of the theoretical and empirical literature highlighted that authenticity commonly refers to concepts such as truthfulness and sincerity (Vannini & Frazese, 2008). The notion of authenticity as being true to one's self and others, and the relation of these ideas to the concept of identity, is also a common theme in the authenticity literature (Vannini & Frazese, 2008). As Goffman (1963) argued in his early theoretical contribution to the authenticity literature, there is a distinction to be made between the perceptions that others hold of an individual and the individual's perceptions of themselves. As such, identity is a subjective, reflexive matter, with individuals seen to perform their identity for an audience, in order to create a believable front that prompts the approval of others (Goffman, 1959). The search for authenticity has been similarly described elsewhere as an interactional accomplishment (Vannini & Frazese, 2008). This conceptualisation of authenticity as an intersubjective, and interactional accomplishment has particular relevance in the context of men's mental health. Men have

been shown, for example, to carefully manage how they conveyed the experience of mental illness as authentic and real in order to justify mental health help-seeking (Gough, 2016).

Men's healthcare and help-seeking preferences are the subject of increasing academic attention in an attempt to improve healthcare uptake and outcomes (Scholz et al., 2014; Seidler et al., 2016). However, as Feo and LeCouteur (2013) note in their analysis of men's distress-related helpline interactions, much of the men's health literature to date has relied on insights derived through self-report methodologies such as interviews and focus groups. Comparatively little is known about how men seek help *in situ* (Gough, 2016). Analyses of naturalistic data in situations where men can communicate anonymously, such as within online discussion forums, has particular value in improving understanding of how men themselves construct their experiences of anxiety, without the influence of researchers. Additionally, the analysis of online posts offers valuable insights into how men seek help from peers in times of distress (Hanna & Gough, 2016). This is significant as critics of self-report methodologies have problematised the influence of researchers' own theoretical concepts (such as masculinity) on data collection procedures (Gough, 2016; Potter & Hepburn, 2005). Naturalistic methods of data collection have the particular benefit of limiting the influence of researchers' own concepts and research agenda (Gough, 2016; Potter & Hepburn, 2005). A focus on men's constructions of their experiences with anxiety and depression is also consistent with more general trends in health research, in which lay perspectives are sought and valued (Gough, 2016; Ridge et al., 2011).

Due to their anonymity and accessibility, online discussion forums are often suggested as useful ways for reluctant users of traditional health services to access support (Gough, 2016). Online environments such as discussion forums might offer the opportunity to legitimise participation in health-related discourses (Robinson & Robertson, 2010), an outcome likely to be of particular value for men who are frequently excluded from

conversations around health and wellbeing (Tyler & Williams, 2014). Although online discussion forums have been described elsewhere as low threshold services (Stommel & Koole, 2009), evidence suggests seeking help from online discussion forums is still an accountable matter. Accountability refers to the notion that all social action is describable and understandable by the individuals who participate in it (Potter & Wetherell, 1987). A situation is "accountable," therefore, in the sense that it can be explained or described (Cody & McLaughlin, 1988). Hence, to suggest that help-seeking is an accountable matter, is to highlight that the choice to seek help, must be explainable. Indeed, as Sacks (1972) and Edwards and Stokoe (2007) argue, there is accountability in seeking help generally, and especially when consulting strangers or experts rather than friends or family.

Previous research has illustrated how posters to online discussion forums have attended to issues of accountability, by carefully managing the authenticity of their accounts. Horne and Wiggins (2009), for example, investigated how posters discursively managed the delicate business of presenting oneself as "authentically suicidal". The authors found that in order to construct an authentically suicidal identity, and in turn claim eligibility to seek support, posters must position themselves as simultaneously immediately suicidal, and rational in their decision to take their own life. In another study, Gough (2016) investigated how men managed issues of accountability and authenticity in their online depression talk. Men there routinely oriented to a biomedical discourse through discussions of diagnosis and medication. Conversely, men without a diagnosis engaged in several discursive strategies (including positioning oneself as pro-active in the face of depression, and accounting for depression by citing various extenuating circumstances) in order to manage the contestable authenticity of their accounts. Those who failed to make an authentic claim to being depressed risked receiving less than supportive responses from other online discussion forum users.

While a growing body of research has explored online discussion forums for other populations, anxiety online discussion forums have not yet been rigorously examined. Influenced by the work of Horne and Wiggins (2009) and Gough (2016), we apply discursive psychological principles to thematic analysis (Braun & Clarke, 2006) to explore men's descriptions of anxiety on a mental health forum. We were particularly interested in how men's accounts of their experiences with anxiety attend to issues of authenticity. We were also interested in the sort of support men appear to be seeking within their opening posts. By improving our understanding of how men engage with such online spaces, we can gain further insight into how men engage in help-seeking *in situ*.

Method

Data collection

The data analysed here were drawn from a wider qualitative research project exploring how men share their experiences of anxiety online. Data were collected from a single, publicly accessible Australian online discussion forum designed to offer a supportive platform for those suffering from common mental health conditions. Data consisted of posts made over the course of two years to a dedicated sub-forum titled 'Anxiety' (2017-2019). Included posts were collated in a document maintained by the lead researcher.

Both male and female posters used the forum from which the data were collected. In order to guide data collection, information about posters' gender was ascertained through the direct self-identification including the use of gendered tags (e.g., explicit references to being male) and references to gendered roles (e.g., husband, father) in opening posts. Posts were excluded from the dataset when the gender of posters could not be determined from information contained within the posts. This data collection approach is consistent with the methodological approaches of similar studies, including the works of Gough (2016), Hanna and Gough (2016; 2018) and Seymour-Smith (2013).

The opening posts in forum threads (asynchronous message posts under a particular topic title), from which all other discussion in that thread follows, are referred to hereafter as opening posts. Opening posts are the chosen site of investigation for this study as it is here that posters first present their problems to the online community. Within this article, we drew on a sample of 130 opening posts. The sample size is consistent with other qualitative analyses of online data, where the central concern is the depth and richness of data (Gough, 2016; Hanna & Gough, 2018; Horne & Wiggins, 2009; Seymour-Smith, 2013; Stommel & Koole, 2010; Varga & Paulus, 2014). Sample extracts from opening posts are provided to illustrate themes. All extracts are reproduced verbatim, including any and all spelling and grammatical errors.

Analytic process

Themes were generated utilising the thematic analysis methods detailed by Braun and Clarke (2006; 2013), where thematic analysis involves six major steps. The first author immersed themselves in the data and engaged in familiarisation through multiple readings of opening posts to identify preliminary ideas. Initial readings of the data highlighted recurrent references to issues around a diagnosis, and the severity of posters' anxiety. Initial codes were then generated by identifying features in the entire dataset related to questions of interest to the research. Following this, codes were collated into potential themes, which were each made up of latent patterns of shared meaning. The process of generating themes was achieved via numerous discussions amongst the authors and was necessarily theoretical and interpretative. These themes were then reviewed in relation to the raw dataset, initial codes and research aims. All authors reviewed the themes collaboratively, refined the definitions and limits of the themes and developed appropriate theme names. Analysis was an iterative process, and thus these steps did not necessarily occur in a linear order. Rather, theme generation involved multiple discussions amongst authors to refine codes and themes,

debating what constituted a theme and deciding which name best encapsulated the meaning of a theme. Finally, compelling extracts illustrative of each theme were selected. Like the process of generating and refining the themes, this process involved multiple readings of extracts of the dataset, in order to select the extract which best illustrated themes. The purpose of this data analytic process was both to describe themes and to interpret the meanings and underlying significance of each theme.

One superordinate theme identified which was identified as a result of this process, related to the discursive management of the authenticity of men's accounts of anxiety. In this context, authenticity refers to the construction of one's anxiety in relation to how objectively 'real' and legitimate that anxiety is – that is, the discursive management of authenticity attends to the issues of whether or not posters' anxiety is a genuine health need requiring, and eligible for, support. All data coded to this superordinate theme were then analysed by applying principles of discursive psychology (Potter, 2012; Potter & Wetherell, 1987). As such, our analysis was particularly concerned with the action orientation of men's accounts of anxiety (i.e., what is achieved by particular discourses, and how these discourses counter actual or potential alternatives) (Potter & Hepburn, 2007).

While we draw on various concepts from discursive psychology (e.g., Edwards & Potter, 1992; Potter & Wetherell, 1987), we have not adopted a discursive psychological analysis in the purest sense. Discursive psychology is mainly focused on the micro-sequential details of unfolding interactional sequences (Potter & Hepburn, 2007). In contrast, the central interest of the present analysis is in individual constructions (within opening posts) rather than on how interactions unfold across threads. Accordingly, we frame the present research as thematic analysis informed by principles of discursive psychology, to inform reflections about not just the semantic content of opening posts, but the discursive practices deployed

within posts. The constructive nature of discourse (i.e., how particular individual identities and actions are constructed through discourse) is a central concern here.

As is highlighted earlier, authenticity is a common focus in discursive analyses of 'contested' topics. Previous work on depression, for example, has examined how men work to construct their condition as a legitimate medical complaint, rather than any alternative explanations, including personal weakness, poor life choices, or malingering (Gough, 2016).

Ethics

All data utilised in this study are freely available in the public domain. Data were collected from an open-access forum viewable without access to a password-protected account. Therefore, in following the *Ethics Guidelines for Internet-Mediated Research* (British Psychological Society, 2017), attempts to gain informed consent from online posters was unnecessary. The website that hosts the forum examined in the current study explicitly required posters to acknowledge, when agreeing to the terms and conditions of joining the forum that all information posted was publicly viewable, and that posters must remain anonymous by refraining from including any personally identifying information when posting. As such, the posts included in this dataset are not traceable to any individual. In order to further protect the privacy of posters, all screen names have been anonymised in the dataset and the website has remained unnamed. Further, in line with recommendations of Gough (2016), the privacy of posters was protected by not including entire opening posts, but rather only extracts from those posts. Ethics approval was given by the School of Psychology Human Research Ethics Sub-Committee at The University of Adelaide.

Findings

The following analysis will present short extracts from opening posts, to illustrate themes relating to male forum users' management of issues of authenticity in those posts.

Management of authenticity will be investigated across the following four themes: (1) orienting to a diagnosis, (2) detailing the severity of their anxiety, (3) emphasising the longevity of their anxiety, and (4) constructing themselves as troubles resistant. Following this, we briefly examine a fifth theme; how issues of authenticity are related to the type of support that men appear to be seeking from the online discussion forum. The themes of this study and the relationship between those themes are represented in Figure 1.

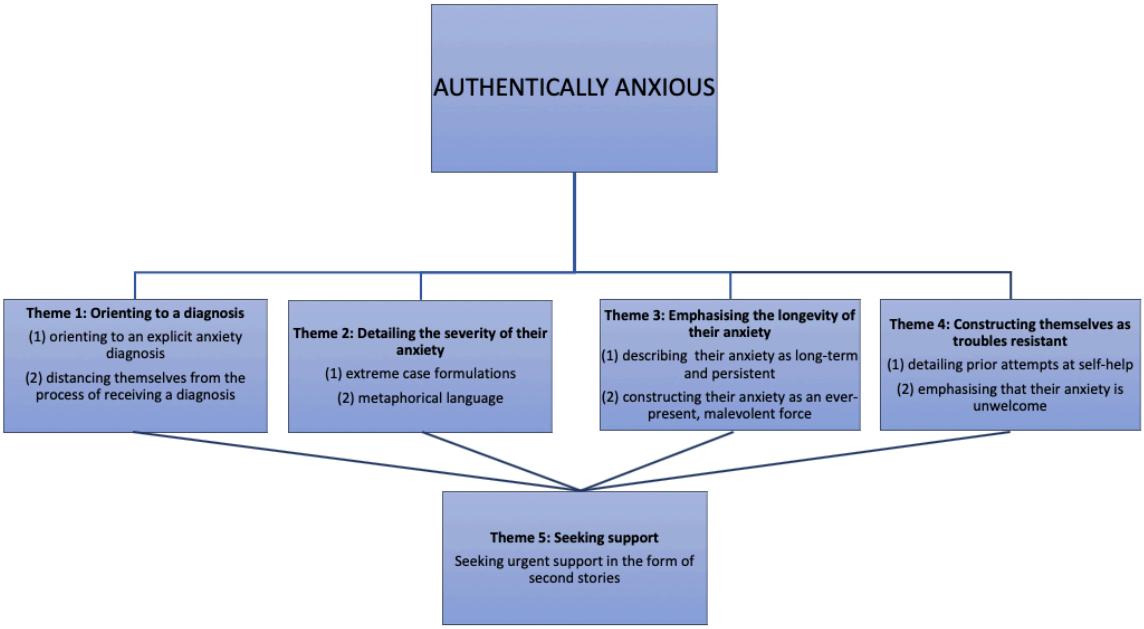

Figure 1. A thematic map of the five themes identified

Theme 1: Orienting to a diagnosis

Across the dataset, men were frequently seen to (1) orient to an explicit anxiety diagnosis in their opening posts, and (2) simultaneously distance themselves from the process of receiving such a diagnosis. These references to a diagnosis were seen to position the posters as an 'authentic patient'. Both sub-themes can be seen in the following extracts:

Extract 1.

I was "diagnosed" (such a weird word) with GAD and health anxiety 2 weeks ago

Extract 2.

Hello all, Currently living through the worst personal crisis I have experienced so I have come here for support and advice. 12 months ago I was diagnosed with General Anxiety Disorder

Extract 3.

I was affraid of doctors until I recently forced myself to get a regular GP after having what turned out to be panic attacks, he has confirmed anxiety

In Extracts 1-3 above, the posts begin with details around the posters' diagnoses. Posters' references to a diagnosis can be seen to validate their illness report as one confirmed by a medical professional, and thus as medically legitimate and authentic. This is particularly significant in view of issues identified elsewhere around the legitimisation of illnesses. As Jutel (2010) argues, there are several entitlements available to those who have a diagnosis of a medically-recognised condition such as anxiety. Specifically, medically-diagnosed patients are entitled to a framework for explaining their condition, to treatment, and to legitimisation of their complaint (Jutel, 2010). Medically-diagnosed patients are also allowed access to the "sick role", which can justify being excused from normal obligations such as work (Heritage & Clayman, 2010; Parsons, 1951). Access to the "sick role" additionally provides entitlement

to seek social support from others, including from online discussion forums (Stommel, 2009). Conversely, the absence of a diagnosis can obstruct access to those same entitlements (Jutel, 2010).

In addition to receiving a medical diagnosis, posters also attended to other requirements of accessing the sick role; namely, that being sick must be viewed as undesirable (Heritage & Clayman, 2010; Parsons, 1951). As can be seen in the extracts above, in addition to detailing a diagnosis, posters worked to distance themselves from the process of receiving a diagnosis of an anxiety disorder. In Extract 1, for example, the poster achieves this distance by characterising the word "diagnosed" itself as "weird". The poster in Extract 3, also distances themselves from their diagnosis by describing having "forced" himself to consult a General Practitioner who subsequently "confirmed anxiety". In doing so, the poster positions himself as initially unwilling to receive medical care. The positioning seen in these extracts serves to manage, through stake inoculation (Potter, 1992), the posters' stake or interest in receiving a diagnosis, and as such protects against potential accusations of having a personal agenda or investment in that diagnosis. This is noteworthy because as Heritage and Clayman (2010) argue, there are significant consequences for the moral and social character of those who make illegitimate or inauthentic claims to the "sick role".

By detailing a medical diagnosis, while simultaneously distancing themselves from the diagnostic process, posters in this forum positioned their anxiety diagnosis as both medically valid, as well as something which was (unwillingly) foist upon them. The routine orientations across the dataset to a diagnosis thus functioned to bolster the authenticity of posters' anxiety descriptions by countering alternative, non-medical, and potentially morally-laden explanations for posters' circumstances (e.g., exploiting the sick role, malingering).

Theme 2: Detailing the severity of their anxiety

Men across the dataset routinely detailed the severity of their anxiety. Specifically, men routinely oriented to their anxiety as being so severe, as to pose a threat to their future. In doing so, these men appeared to make an attempt at constructing their anxiety as an objective, rather than subjective experience, which in turn positioned themselves as legitimately in need of support. In this dataset, these constructions were achieved through the use of (1) extreme case formulations (ECF; Pomerantz, 1986), and (2) metaphorical language.

As can be seen in Extracts 4 and 5 below, men used ECF to present their anxiety as so severe, profound and all-consuming, as to be likely to affect both their present and future. For many men in the forum, anxiety appeared to have become an all-consuming and defining aspect of their lives. In many cases, such as in the following examples, ECF were deployed when narrating the extreme emotional burden of their anxiety.

Extract 4.

> *I keep thinking that I may not live to see old age and My life is a mess (no job, no car, no family). I can't even take care of myself.*

Extract 5.

> *I feel numb, helpless & most of all HOPELESS. I want to escape & rise above it all, but I can't see the future*

In both extracts, the posters described their anxiety as so severe that their current wellbeing, as well as their future, was in threat. Such constructions are hearable as extreme, and thus are rhetorically powerful. ECF have been described as working to legitimise a phenomenon and to distance from or counter alternative explanations, such as personal failings (Pomerantz, 1986). As such, extremity in talk often functions to attend to issues of authenticity, by countering challenges to the legitimacy of descriptions (Edwards, 2000). In

the extracts above, the ECF contained within these temporal constructions position posters' experiences as recurrent, outside of the ordinary, and unrelated to day-to-day circumstances that might otherwise explain their occurrence as unproblematic. The deployment of three-part lists within these ECF ("no job, no car, no family" and "numb, helpless & most of all HOPELESS") further bolsters the posters' constructions of their experiences as being more severe than ordinary problems. The poster in Extract 5, for example, is not simply feeling "numb", nor is he solely "helpless", or "hopeless"; rather he is a decidedly more severe combination of all three.

In addition to ECF, posters routinely described the severity of their anxiety through metaphorical language, which functioned to convey a sense of urgency and impending crisis. That is, as shown in Extracts 6 and 7, not only was their anxiety constructed as severe, but also as getting worse.

Extract 6.

I feel like I am drowning in worry and it's only a matter of time before I can't keep my head above it all..

Extract 7.

I'm worried that I will spiral to a place I won't be able to come back from

Across the dataset the use of metaphorical expressions performed interactionally significant work in constructing men's experience of anxiety as severe. Using metaphorical expressions allows for the articulation of difficult-to-explain emotional experiences (Edwards, 1999). In Extract 6, for example, the poster's description of himself as 'drowning in worry', formulates his anxiety as overwhelming. The subsequent reference to temporality "it's only a matter of time" builds upon this narrative of a worsening emotional state, heading for a point of crisis. Similarly, in Extract 7, referencing a fear that he will "spiral to a place" similarly conveys a sense of being caught in a downward trajectory towards a crisis point. In

other words, these men describe their anxiety as characterised by extreme emotions, on a worsening trajectory.

Theme 3: Emphasising the longevity of their anxiety

Across the dataset, men routinely oriented to a lengthy struggle with anxiety. It appeared that these constructions functioned to emphasise the interminable suffering that their anxiety caused. This orientation towards longevity was routinely achieved through (1) describing their anxiety as long-term and persistent, and (2) constructing their anxiety as an ever-present, malevolent force. These constructions appeared to protect against potential alternative explanations for the posters' anxiety, such as transient distress or a bad day, or as evidence of problematic personality traits. In turn, these orientations could be seen to bolster the authenticity of the men's accounts, and add credibility to their claim of their anxiety as legitimate, and in need of support.

Consistent with posts across the dataset, Extracts 8 and 9 below illustrate how men constructed their anxiety as long term and persistent. Men in this forum routinely detailed having lived with anxiety for significant periods, ranging from years to decades:

Extract 8.

> *I have been living with this condition for my whole teenage/adult life and it is unbearable at times.*

Extract 9.

> *Hello, I am 31 years old and had my first panick attack at age 23 but have had anxiety as long as I can remember.*

A striking feature of these accounts is how each poster presents their current anxiety against a background of lifelong anxiety. In Extract 8, for example, the poster explicitly references living with the "condition" throughout their teenagerhood, and into adulthood. The poster in Extract 9 similarly orients to their anxiety being long-term and persistent by

describing having lived with anxiety "as long as I can remember". Like Lamerichs and Te Molder (2003) and others have noted, situating narratives of mental health issues in time and place attends to issues of credibility. This might be particularly important in the context of anxiety, which can be understood both as a universal, normal human experience and also as a diagnosable mental health condition (Dowbiggin, 2009). As such, in describing anxiety that persists for decades, these posters distance their experience from an inability to cope with transient, "normal", everyday anxiety. Rather, detailing a long-term, persistent state of anxiety upgrades their experience to a 'real' and authentic mental health condition.

Other posts across the dataset similarly described a years-long struggle with anxiety, in which that anxiety is constructed as an ever-present entity with malevolent intent. In Extracts 10 and 11, men describe their recurring anxiety as an independent entity with agency, against which they have struggled for decades:

Extract 10.

> *Began when I was about 16 that I remember - maybe younger but I don't really know. I'm a 41 year old man now and over the last couple of weeks it's back with a vengeance.*

Extract 11.

> *my Anxiety has always been present in my life in one form or another i find myself going a while without any issues and then Anxiety peeps its head up from under the sand to try derail me.*

As can be seen in the extracts above, constructions of posters' anxiety as an ever-present, malevolent force serves to emphasise the authenticity of posts. These constructions in the extracts above are notable in that they serve to distance posters from their experience of anxiety. By describing their anxiety as being "back with a vengeance" and something that "peeps its head up", posters construct their anxiety as an independent entity. Attributing

persistent, intentional actions ("try derail me") to their anxiety further distances men from their anxiety. This is likely particularly important considering lay conceptualisations of anxiety wherein sufferers are commonly perceived as being 'weak not sick' (Clark et al., 2018; Yap et al., 2011). Constructing one's anxiety as an external independent force serves to counter alternative explanations for the posters' experiences, such as problematic personality traits (e.g., weakness). In turn, constructions of anxiety as an independent entity with agency bolsters posters' constructions of their anxiety as outside of their control, and thus as an authentic mental health condition.

Theme 4: Constructing themselves as troubles resistant

Across this dataset, male posters managed a delicate balance between describing the troubles associated with their anxiety, while also appearing to be proactive in resisting that anxiety. As such, men across the dataset could be described as constructing themselves as troubles resistant (Heritage & Clayman, 2010; Jefferson, 1988). That is, when engaging in troubles talk about their anxiety, men also routinely described their circumstances as both distressing and disruptive to their everyday life, but also something to be resisted (i.e., something to be managed, or at least coped with). In the present dataset, this was routinely achieved in two ways; (1) through detailing prior attempts at self-help, and (2) through emphasising that their anxiety is unwelcome.

As Extracts 12 and 13 illustrate, posters routinely portrayed themselves as having made many attempts at self-help in addition to seeking support from the online community.

Extract 12.

> *Id really like it if someone replied, i feel so hopeless at the moment, as if I'll never return to life as normal.*
>
> *Oh and after thinking for a while i could deal with it, after a panic attack tonight ive decided to organise a psychologist visit*

Extract 13.

> *i am afraid of other people and get nervous but appear confident. I am getting help with medication and couciling. But i can't function properly anymore.*

Extracts 12 and 13 are consistent with posts across the dataset, in which men orient to themselves as being pro-active about their anxiety, by detailing attempts at self-help through engagement with mental health services. Like these extracts illustrate, these attempts frequently included contact with mental health professionals, including psychologists and counsellors. Through detailing contact with mental health services ("I've decided to organise a psychologist visit" and "getting help with medication and couciling [sic]") the men posting in this forum routinely detailed self-help efforts specifically oriented towards addressing their anxiety in a way reflective of the nature of their troubles (i.e., as a real, 'authentic' mental health concern). This served a particular purpose in managing the authenticity of their account. Specifically, in order to legitimise their experience with anxiety, men appeared to ward against potential suggestions that they had not tried to improve their circumstances and were thus in part to blame for their condition.

Posters who did not explicitly detail attempts at self-help alternatively attended to this notion, by describing a desire to improve their condition. In these cases, posters explicitly reiterated that their experience of anxiety is unwelcome. This can be seen in Extract 14, where the poster laments the impact that his anxiety has on his life:

Extract 14.

> *I suffer from social anxiety among other things, but I have to say this one is the most disabling one on my life. Im 25 and feeling the pressures of society on my shoulders, I can also feel my anxiety holding me back. I feel as if I'm living my life on the sidelines. I want to break this habit, I don't want to be*

to scared to pursue a career or anything else because I'm afraid. Just not don't where to start...

In the extract above, these posters demonstrate examples of how a want to get better appears to be central to working up an authentic help-seeking account. Talk of being "held back" or "disabled" can be seen as figures of speech that convey a negative value attached to the circumstances around the poster's anxiety (Drew & Holt, 1998), making clear that this poster is not content with his situation. Consistent with posts across this dataset, this poster orients to a sense that a course of action should be taken by stating that he does not "know where to start". In doing so, this poster formulates his account in a way that is consistent with the role of being authentically "sick", and simultaneously inoculates against other alternative interpretations of their circumstances (such as laziness or a lack of motivation to change or seek help). That is, by providing an account of the extent to which the anxiety has disrupted one's life, the poster can script themselves as someone who would not normally choose to live such a limited existence, if not for their anxiety.

Theme 5: Seeking support

Attending to the authenticity of opening posts appeared to serve an important function on this forum. That is, by presenting oneself as authentically anxious, through detailing diagnosis, severity, longevity, and previous attempts at self-help, posters claimed some entitlement to request support from a community of individuals who have also experienced anxiety. Specifically, working up a legitimate account and experience of anxiety, functioned to make space for men to seek out immediate and urgent support from the community, in the form of second stories. Examples of this can be seen in Extracts 15 and 16:

Extract 15.

I don't like to burden people with my problems (damn male gene) but I know I can't keep going on like this, I am mentally exhausted!!!

Any tips/advise would be welcome, or even jus knowing I am not alone I guess.

Extract 16.

I feel like I'm going to completely lose it. It's the worse feeling ever, give me two broken legs any day. Has anyone here ever been that out of control bad and thought you were going to explode in your mind?

Male users of this forum routinely oriented to a need for urgent support by describing an impending inability to manage their anxiety. This is evident in Extract 15 where the poster suggests that, as a result of their anxiety, they are "mentally exhausted" and cannot continue as they are. Similarly, in Extract 16, the poster suggests they are reaching the point of breakdown: "I feel like I'm going to completely lose it". Not only do the men across the dataset appear to be concerned with the severity ("I am mentally exhausted"), longevity ("I can't keep going on like this") and resistance to their troubles ("I don't like to burden people with my problems"), but the ways in which they attend to these issues relate to the type of support they appear to be seeking. That is, across the dataset, men appeared to be seeking urgent help, by posting at times of crisis.

In addition to seeking urgent support, male posters routinely requested support from others who have had similar experiences. Posts such as Extracts 15 and 16 appeared to function as an attempt at eliciting the reciprocal sharing of second stories. Second stories are a device through which personal stories are told, to promote the understanding of having shared similar experiences (Sacks, 1992). This can be illustrated where the poster asks, "has anyone else here…" in Extract 15, and "has anyone else experienced this" in Extract 16. Such framings are perceptibly oriented towards encouraging other members of the online community to share their own experiences with anxiety. In requesting second stories (Sacks,

1992), male posters explicitly oriented to wanting a specific form of support; one that facilitates a shared understanding and connectedness amongst forum members.

Discussion

Our findings offer an important contribution to the literature on men's mental health, and the poorly understood area of men's experiences with anxiety specifically, by considering men's naturalistic accounts of anxiety within an online discussion forum. Evidently, the matter of authenticity is of great importance – this is an online discussion forum for those experiencing anxiety, and forum users work hard to construct themselves as authentically anxious. Our analysis contributes anxiety-specific insights to broader understandings around men's experiences with mental health. Additionally, our findings have clear practical implications for those seeking to develop male-friendly mental health services, as well as those looking to better engage men struggling with anxiety in health promotion messaging.

It is of central importance that public health messaging and clinicians foster and support healthy and diverse masculinities, and to do this, we need to better understand men themselves (Seidler, Rice, Dhillon, & Herrman, 2018). Our findings offer particularly valuable insights into the relevance of gender in men's discussions of anxiety online. In this analysis, we did not necessarily assume that gender is a relevant issue for the men posting to the forum. Instead, our findings suggest that issues of authenticity and accountability were central concerns for the men posting to the forum; more so than issues of masculinity (except for Extract 15). Like Seidler and colleagues (2018), we argue that our findings highlight the importance of actively counteracting unhelpful stereotypes about men and their health practices. As such, those seeking to better understand men's mental health help-seeking could usefully increase focus on the issues that men themselves make relevant in their discussions of their mental health, such as severity, longevity and authenticity. In doing so, researchers

and clinicians should be careful to set aside any pre-conceived notions around masculinity constructs. It should be noted of course, that the constructions of anxiety identified in this dataset might be achieving functions in addition to managing authenticity.

From a practical perspective, these findings have implications for designing health promotion campaigns. Existing health messaging might overstate the significance and relevance of gender norms generally, and masculinity specifically, in men's decisions to seek help. Instead, issues related to authenticity might be a more useful concept in developing public health messaging aimed at better engaging men with health services. Devoting attention to authenticity might be particularly important given findings relating to anxiety-related stigma (Clark et al., 2018; Tyler & Williams, 2014; Yap et al., 2011). As such, those interested in developing such messages might utilise ideas around severity, length of suffering, and a sense of impending crisis, to encourage men who feel their distress is a "weakness" or otherwise not severe enough to require action or engagement with health care providers.

These findings also have important implications for those working directly with men in health settings. In this dataset, men routinely deployed constructions of temporality in describing their past, present and future experiences with anxiety. Such constructions worked to build up posters' anxiety as persistent and recurrent. Temporality was particularly prevalent in opening posts where men deployed constructions related to the severity and longevity of their anxiety. These constructions functioned to emphasise the seriousness and urgency of that anxiety. Various other studies have highlighted that men frequently delay seeking help until they reach crisis points (Scholz et al., 2017; Seidler et al., 2016; Seidler et al., 2017). These findings have, however, largely been derived through studies of men living with depression. Further, these studies largely conceptualise help-seeking in terms of contact with professional services. As such, the present study offers a unique contribution to men's

mental health literature, both by highlighting the centrality of temporality to men's accounts of anxiety, and demonstrating how these constructions of temporality are employed within informal help-seeking practices, such as the use of online discussion forums.

Our findings are also particularly important when taking into consideration previous research which suggests that, while men might not readily volunteer sensitive information about their health and emotional wellbeing, they are more likely to express such concerns when communication is effectively facilitated (Zaman & Underwood, 2003). Specifically, we argue that health professionals should be aware, when working with men with anxiety, of the potentially debilitating nature of anxiety. Further, we urge clinicians to be careful of dismissing men presenting with anxiety-related concerns as less severe, or at less risk, than those presenting with depression. The recurrent references to "lost" futures seen across the dataset are particularly concerning given associations between anxiety and suicidal behaviours.

Our findings also raise important questions around long-held assumptions regarding men's help-seeking behaviours and preferences. Findings from systematic reviews of men's mental health help-seeking preferences in the context of depression suggest that when men seek help, they self-report preferences for action-oriented, solution-focused support (Seidler et al., 2016). In the present study, however, the men largely did not orient to the forum as a place to ask for practical support with an action-orientation. Rather, it appears that this particular forum functions primarily as a site where male users seek validation of their authentically anxious status. In turn, our findings suggest that, once an authentically anxious identity is established, the forum also functions as a platform to enable men to seek non-professional support from peers who have similar experiences. Male users of this forum appeared to place a high value on receiving second stories from other men who had also experienced anxiety. As such, our analysis offers a valuable contribution for those looking to

develop male-friendly support services. In particular, our findings highlight the benefits of online discussion forums, as a valuable source of informal support for men struggling with anxiety. Such forums, which allow connection with peers who have similar shared experiences, are likely to be especially valuable for those men who are feeling isolated, alone and abnormal as a result of their experiences.

With regards to engagement with traditional health services, our results also offer important insight. Our finding that men routinely work up accounts about resisting anxiety is perhaps unsurprising, given that attempts at self-help have been widely shown to be a normative requirement of seeking help from others (Gough, 2016; Jefferson, 1988; Sacks, 1972). Current understandings of men, masculinity and mental health help-seeking suggest that men are influenced by cultural stereotypes that encourage ignoring preventative health care, delaying help-seeking for health concerns and engaging in maladaptive coping strategies (Ridge et al., 2011; Yousaf et al., 2015). However, in the current dataset, the number of men sharing established diagnoses and their descriptions of previous engagement with mental health services, raises important questions around the validity of previously held assumptions regarding how men use online discussion forums, and engage with health services more generally.

Previous research, for example, has suggested that online help-seeking might be more acceptable to men, and thus used instead of traditional face-to-face methods of intervention (Bennett & Gough, 2013). In our data, however, the men posting to the forum frequently described prior engagement with traditional mental health services (e.g., Extracts 1, 2, 3, 12, and 13). As such, the online forum appeared to function as an adjunct to these services, rather than a replacement of, or precursor to using, traditional health services. It might be that forums have particular utility for men who are already engaged with traditional health services but who require additional informal support in order to cope with their anxiety.

Alternatively, it is possible, but unknowable, that posters to the online discussion forum examined have a history of using other online forums, which might have predated their engagement with traditional health services.

The findings of the present study should be considered in light of its limitations. The present analysis is based on data collected from one Australian online discussion forum. We cannot know if this is the first or only online discussion forum men have posted to, nor whether men construct their experiences differently according to the emphasis of each forum. The recurrent orientation to diagnoses, longevity and severity in the present analysis for example might well be shaped by the community norms of the forum. Similarly, while we have identified recurrent orientations to the authenticity of accounts, it is unknowable what functions might be achieved in posts to other online discussion forums. As such, we argue it is important that future research employs similar methodologies to those used here, in order to develop a deeper understanding of how men present their experiences with anxiety online. Future research exploring men's accounts on a range of online discussion forums focused on mental health, as well as on websites not explicitly developed as a platform for mental health-related interactions discussions, is recommended. In particular, there would be value in investigating whether men's anxiety-related discussions within non-mental health-related online discussion forums similarly orient to issues of authenticity and accountability.

Additionally, there are likely to be many men who do not seek help and support from online discussion forums. As such, this analysis does not necessarily provide insight into the experiences of men who have not sought help for anxiety from online discussion forums. As a result, we cannot claim that our findings are representative of all men's experiences with anxiety. Finally, the posts analysed in this study, which we claim to evidence issues around authenticity, could arguably function to achieve other purposes, including for example communicating men's suffering. We argue however that even then men are, at least in part,

still making a claim to being authentically anxious. Additional functions of opening posts within the current data set will be explored further in subsequent studies.

Despite these limitations, the present study offers an important contribution to the men's mental health literature in an area that has, to date, been poorly understood; men's experiences with anxiety. Findings of the study strengthen previous contributions around authenticity in posting to online discussion forums (Gough, 2016; Horne & Wiggins, 2009). More specifically, these findings provide insight into the discursive management of authenticity within men's online help-seeking for anxiety, and additionally highlight the various counter-explanations against which men must protect themselves. In investigating issues of authenticity in men's online anxiety talk, this study has also yielded important information regarding the potentially severe and debilitating nature of the anxiety many men live with. Worryingly, these findings suggest that, for some men, anxiety is so severe and debilitating, that it is experienced as a threat to their future. It was also interesting to note that, though men were turning to the forum at times of crisis, they were often already engaged with traditional health services. Our findings highlight the importance of on-going research dedicated to improving understandings of men's experiences with anxiety, as well as the potential value of developing supportive interventions through which men can seek support from, and offer support to, other men.

Chapter 4

Statement of Authorship

Title of Paper	"I know you shouldn't compare to other people, but I can't do anything most people can": Age, family and occupation categorisations in men's reasoning about their anxiety in an online discussion forum
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Principle Author

Name of Principal Author (Candidate)	Phoebe Drioli-Phillips
Contribution to the Paper	I am responsible for the conception and primary authorship of this paper. I conducted the literature review, developed the research aims, conducted analysis, and wrote the manuscript. I was identified as the first author when this article was submitted for publication, and I have been responsible for all communications with journal administration including responses to reviewer feedback.
Overall percentage (%)	85%
Certification:	This paper reports on original research I conducted during the period of my Higher Degree by Research candidature and is not subject to any obligations or contractual agreements with a third party that would constrain its inclusion in this thesis. I am the primary author of this paper.
Signature	Date August 20th 2020

Co-Author Contributions

By signing the Statement of Authorship, each author certifies that:

iv. the candidate's stated contribution to the publication is accurate (as detailed above);
v. permission is granted for the candidate in include the publication in the thesis; and
vi. the sum of all co-author contributions is equal to 100% less the candidate's stated contribution.

Name of Co-Author	Associate Professor Amanda LeCouteur
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Signature	Date 10/08/2020

Chapter 4: Paper 2

"I know you shouldn't compare to other people, but I can't do anything most people can": Age, family and occupation categorisations in men's reasoning about their anxiety in an online discussion forum

Despite its prevalence, men's anxiety is argued to be under-researched and poorly understood. The present study explores the reasoning provided by male posters to an online discussion forum about the source of their anxiety. Posts were collected from a publicly accessible Australian anxiety online discussion forum. The present study utilises discursive psychology, informed by principles of membership categorisation analysis, to describe how age, occupation and family-related identities can be invoked within common-sense reasoning about the source of male anxiety. References to various identity categories were routinely employed by male forum posters to describe the source of their anxiety in terms of a contrast between how they *are*, and how they *should* be. In examining accounts of anxiety and responses to those accounts, we can trace cultural knowledge about issues regarding men, masculinity and anxiety that those accounts make relevant. Findings illustrate how men's descriptions of the source of their anxiety should be understood as culturally bound and related to expectations and obligations associated with their social context and category memberships. By enhancing our understandings of how men describe the source of their anxiety, this study offers valuable insight into improving the identification and engagement of men experiencing anxiety in health services.

Introduction

Online discussion forums have been argued to have particular value for men, who are typically less likely than women to seek help in traditional settings, particularly for sensitive health-related issues (Gough, 2016; Robertson, Gough, Hanna, Raine, Robinson, Seims & White, 2018).Seidler et al., 2016; Yousaf et al., 2015). Previous research has suggested that online help-seeking might be a more acceptable means of support-seeking for men than traditional face-to-face methods of intervention (Bennett & Gough, 2013). Online discussion forums are also likely to offer a valuable platform for providing support for men at times when in-person professional support is unavailable due to reasons such as timing, or finances (Tucker & Goodings, 2018). Indeed, it is often reported that online peer support is being increasingly relied upon because of the limited availability of professional in-person services (Tucker & Goodings, 2018). Male posters to online health discussion forums have also argued that such forums afford a valuable sense of anonymity for men when seeking support (Hanna & Gough, 2016; Tyler & Williams. 2014).

The increasing use of online discussion forums to seek and offer support for health issues, however, calls for the need to better understand the use of such platforms. This is particularly the case given that digital technologies are replete with their own sets of norms of practice, discourses and meanings (Goodings & Tucker, 2018). Further, the content of online peer support is not necessarily constrained by clinical parameters and the biomedical model of mental health (Lavis, 2016). Indeed, interactions within such forums can contradict mainstream medical understandings of illness and illness categories, while also offering great value in the everyday life of users (Lavis, 2016). Researchers have also expressed concerns around the potential for such platforms to perpetuate and exacerbate poor mental health outcomes such as self-harm (Arendt, Scherr, & Romer, 2019; Tanner, 2015), eating disorders (Gavin, Rodham, & Poyer 2008) and suicide (Rajagopal, 2004). It is possible then that

accessing online discussion forums can contribute to, and exacerbate existing distress, including experiences of anxiety. It is important to note however, that accessing discussion forums can also offer the opportunity for individuals to seek help, which is important in light of issues including offline stigma and service gaps which frequently limit access to traditional mental health services (Lavis & Winter, 2020).

Online discussion forums also offer researchers an opportunity to investigate how mental health-related supportive interactions between peers unfold. Such forums allow researchers to gather data from sources that exist independently of researcher involvement to investigate how people understand their mental health issues. The collection and analysis of such naturalistic data allows researchers to focus on the issues that are at stake for the participants rather than imposing their concerns, understandings, concepts and analytic categories (Seymour-Smith, 2015). This enables researchers to better capture the complexity of often mundane interactions, including online talk about anxiety (Potter & Wiggins, 2007).

In contrast, it has been argued that insights derived from self-report methodologies might reflect men engaging in practices of 'doing being masculine' rather than reflecting men's actual healthcare preferences or behaviours (Ridge et al., 2011; Seymour-Smith, 2013). An investigation of calls to an Australian men's helpline provided support for such an argument, highlighting how male callers routinely engaged in troubles telling (narrative reporting) of their distress, despite attempts by counsellors to provide solution-focused advice (Feo & LeCouteur, 2013). As such, naturalistic observation methods have been argued to offer particular insights into the influence of gender performance on help-seeking practices (Seymour-Smith, 2013). The collection of naturalistic data is also likely to hold particular value in the context of men's mental health, in that such data offer the opportunity to move from the investigation of retrospective accounts of support seeking, to offering insight into the interactional performance (or 'doing') of issues such as masculinity, anxiety and support

seeking (Horne & Wiggins, 2009). A focus on men's constructions of their experiences with anxiety is also consistent with recent trends in health research, in which lay perspectives are valued and prioritised (Gough, 2016; Ridge et al., 2011).

Existing studies of men's online health talk have investigated issues such as infertility (Hanna & Gough, 2016), diet (Bennett & Gough, 2013), body dissatisfaction (Jankowski, Gough, Fawkner, Halliwell & Diedrichs, 2018), and testicular cancer (Seymour-Smith, 2013). To our knowledge, only one study (Gough, 2016), an investigation of an online depression forum, has investigated men's online talk about their mental health. Further, there appears to be no research examining how men describe their experience of anxiety online or how they seek help for it.

Anxiety disorders are reported to be the most common affective disorder in Australia, being experienced by around 11 per cent of the population (Australian Bureau of Statistics [ABS], 2015). Although Australian men are diagnosed with and treated for, anxiety at significantly lower rates than women (ABS, 2015), the most recent Australian National Health Survey (2017-2018) found one-in-ten men reported at least one anxiety-related condition. The prevalence of anxiety disorders in Australian men is particularly concerning in light of evidence that men are reluctant users of traditional mental health services (Seidler et al., 2016), and are less likely to divulge psychological and emotional issues to health care providers (Yousaf et al., 2015). Researchers have highlighted an improved understanding of men's experiences of distress as central to developing more user-friendly services for men who are experiencing anxiety (Johnson et al., 2012; Ridge et al., 2011).

Evidence on men's perceptions of the source of their anxiety is, at present, minimal. However, studies examining men's perceptions of their emotional distress more generally might shed some light in this area. Studies have shown, for example, a significant relationship between men's mental health issues and their experiences at work (McKenzie et

al., 2016). Difficulties associated with particular life stages have also been reported to contribute to poorer mental health outcomes amongst men. Young men have been found to account for their depression by detailing concerns around uncertain career prospects, a fear of failure, and debt (Oliffe et al., 2010). In contrast, older men have been shown to report their emotional distress was a result of a lack of career and financial security, as well as difficulties in fulfilling their role as a provider (Oliffe et al., 2013). For men in middle adulthood, the juggling of a household, work and family, as well as pressure to fulfil their various responsibilities as a provider, has been shown to be a source of significant distress (Coen, Oliffe, Johnson & Kelly, 2013; Grove, 2012). For men of all ages, a sense of failing to 'measure up' to others is a consistent theme in men's perceptions of the source of their mental ill-health (Bryant-Bedell & Waite, 2010; Oliffe et al., 2013).

The present study utilises discursive psychology, informed by a social constructionist epistemology, to describe how various age, occupation and family-related identities can be invoked within common-sense reasoning about the source of men's anxiety. From a social constructionist perspective, the concepts such as age, family and occupation explored in the studies above, are viewed as categories used by individuals to describe social worlds (Gubrium, Buckholdt, & Holstein, 1994; Stokoe, 2012). The referencing of age-stratified points through the life course, for example, is argued to allow for comparisons between one's actions or circumstances, and the normative actions associated with a given 'location' in the life course (Rosenfeld & Gallagher, 2002; Rosenfeld et al., 2016). From the deployment of categories in talk, for example, a "25-year-old man", we can infer the expectations and rights that are usually associated with that life stage (Widdicombe & Wooffitt, 1995). As such, invoking age categories can function to position individuals as being 'on time' or 'off time' (Settersten & Hagestad, 1996).

The deployment of family and occupation categories can similarly imply many normative expectations and obligations associated with membership of those categories (Thell & Jacobsson, 2016). As Hunter, Riggs and Feo (2019) note, contemporary re-conceptualisations of the category 'father' have resulted in shifting understandings of the obligations of this category to include being both a financial provider as well as a nurturing caretaker. Invoking a series of cultural inferences about the moral obligations associated with age, family and occupation categories thus might be used to position individuals as compliant or deviant, relative to normative expectations (O'Neill & LeCouteur, 2014; Thell & Jacobsson, 2016).

The present study aims to trace the cultural knowledge made relevant within men's reasoning about the source of their anxiety in an online discussion forum. We are interested in how the deployment of age, family and occupation categories are used to invoke cultural scripts around normativity, and how such scripts are embedded in negotiating explanations of, and solutions for, men's anxiety experiences. While a growing body of work has separately investigated men's understandings of common mental health problems, the significance of age, family and occupation in the specific context of men's anxiety has not yet been explored.

In analysing interactions within online discussion forums for anxiety, our study will additionally contribute to the literature on health-related support seeking practices in an online context, as well as providing insight into the management of various identities within social interactions. We are particularly interested in how men describe the source of their anxiety in seeking support and how those constructions are responded to by other forum members. We aim to develop knowledge regarding the impact of online discussion forums on the seeking and offering of support for male users suffering from anxiety. Findings will

additionally highlight the possibilities for improving health services, and public health messaging.

Method

Analytic approach

The data analysed here are drawn from a broader research program exploring how men describe their experiences of anxiety in online discussion forums. The present study utilises discursive psychology to describe how various age, family and occupation-related identities can be invoked within common-sense reasoning about the source of men's anxiety.

Discursive psychology is a qualitative methodology used to examine talk and text and is explicitly concerned with the social organisation of talk (Potter & Wetherell, 1987). The analytic focus of discursive psychology is the use of language, and particularly the action orientation and constructive nature of language, in constructing different versions of reality (Edwards & Potter, 1992; Potter & Wetherell, 1987). As such, discursive psychological analyses primarily focus on the various discursive devices used to organise talk, as well as the significance of using some constructions rather than others (Potter & Wetherell, 1987). An example of such a discursive device is contrast structure – a rhetorical device used to portray something (in the present study, the poster's inner anxious experience) as abnormal, deviant or even pathological (Smith, 1990).

Initial coding and subsequent analysis of the online forum data identified recurrent orientations, by male posters, to various age, family and occupation categories. As such, the present study draws on tenets of Membership Categorisation Analysis (MCA) as the analytic method (Sacks, 1992) to examine the orientation to, and function of, various category membership practices within men's anxiety talk. MCA is a method for analysing the organisation of social identities and relations in everyday life, grounded in the categories made relevant by participants themselves (Stokoe, 2012). According to Sacks (1992),

categories used in everyday talk are inference rich, containing a great deal of taken-for-granted information about society and its workings. As such, everyday categorisation practices in talk make available frames of reference with which to interpret the identities and activities of individuals (Stokoe, 2005). Assigning a person to a category, for example, highlights a range of expected behaviours, characteristics, and responsibilities against which people can be presented as normative or deviant (O'Neill & LeCouteur, 2014). As such, MCA is particularly useful for analysis of the interactional construction and negotiation of matters such as deviance, normality and morality (Eglin & Hester, 1999; Housley & Fitzgerald, 2007).

In order to provide a systematic framework for analysing categorisation practices in everyday talk, Stokoe (2012) proposed several guiding principles. The principle of 'category-tied predicates', for example, can be understood as the culturally-bound characteristics of a given category (Sacks, 1992). These predicates describe the characteristics of individual members of a given category (Stokoe, 2012). Category membership can also be understood in terms of 'category-bound activities', which provide inferences into the expected, or normative actions of members (Sacks, 1992). Additionally, pairs of categories such as parent-child and husband-wife can be viewed as having moral obligations to one another. Categories such as father and husband, for example, are hearable as having moral obligations to their standardised relational pairs (such as son and wife, respectively). These guiding principles are not to say however, that categories always index the same meaning; rather, their going-together occurs within interaction, according to rules of application (Stokoe, 2003). The inherent flexibility of categories means any person can be categorised in many ways. Further, all of these categorisations may be "correct," although potentially irrelevant at various times (Hester & Eglin, 1997; Sacks, 1972; Stokoe, 2003). The going-together of categories and

their associated devices, predicates, activities and obligations thus are accomplished within interaction (Hester & Eglin, 1997; Stokoe, 2012).

In this article, a discursive psychology methodology is drawn on to investigate male posters' discursive construction of their anxiety. Tenets of MCA are also applied in investigating how categorisation practices function within men's reasoning about the source of their anxiety. The purpose of the discursive analysis was both to describe patterns across the dataset, and to interpret the meanings and underlying significance of each pattern. Specifically of interest is how this anxiety is constructed as resulting from a contrast between how male posters *are*, and how they *should* be, particularly concerning age, family and occupation categorisations. Also of interest is how these categorisations are taken up in subsequent responses from other forum users.

This process of analysing data and the patterns within that data using discursive psychology was necessarily theoretical and interpretative. That is to say, analysis was inherently driven by the researchers' interpretations of the data. These interpretations were thus inherently influenced by the cultural, political, social, and ideological origins of the researchers' own perspectives on the issues addressed in this article. While analysis was initially undertaken by the first author, all authors subsequently reviewed the analysis collaboratively to refine the concepts within the analysis.

Data collection

Data were collected from a single Australian online mental health discussion forum. The chosen discussion forum contained a dedicated sub-forum titled 'Anxiety'. In the context of online discussion forums, the term "thread" refers to asynchronous message responses to an opening post (hereafter referred to OP(s)).

The current dataset consists of posts to the 'Anxiety' sub-forum made over two years (2017 and 2018). Data were collected by reading each post made to the 'Anxiety' sub-forum,

which was not gender specific. As such, threads were selected for inclusion in the analysis where information about opening posters' (male) gender could be determined through the direct self-identification as such by posters' use of gendered tags (e.g., explicit references to being male) and references to gendered roles (e.g., husband, father) in OPs. This data collection approach is consistent with the approaches of similar studies (i.e., Gough, 2016; Hanna & Gough, 2016; Seymour-Smith, 2013). Within this article, we draw on a sample of 130 threads, which were authored by 122 individual posters. The number of responses to each thread ranged significantly, from zero to 107, with an average of eight responses per thread. Posters also had varying levels of engagement with the forum. The number of times individual posters had posted (either in an original post or in response to another post) ranged from one to 7702 times. This is also consistent with the sample sizes of other similar studies, including Gough (2016), Horne and Wiggins (2009) and Stommel and Koole (2010).

The researchers made no assumptions about the personal characteristics of those writing the posts. By posting on this forum, posters present themselves as males who are experiencing anxiety. This view is consistent with the social constructionist paradigm within which discursive psychological approaches are situated, and where identities (including gender identities and illness identities) are seen as an interactional accomplishment. Thus, in this view, identities are brought into being through interaction. That is, to present oneself as male is to be male. Similarly, to present oneself as anxious is to be anxious. Therefore, in line with the theoretical underpinnings of this study, we have accepted the presentation of posters as male, and as anxious, as sufficient for inclusion in our dataset. As such, we argue that our data offers important insight into how online posters perform both anxiety and masculinity. Indeed, it is the interactional management of an anxious, male identity in the specific context of online discussion forums, that is of interest here.

Exemplar cases were chosen from the dataset to demonstrate how various categorisation practices were routinely mobilised in describing the source of posters' anxiety, and how those descriptions were responded to by other forum users. In line with the recommendations of Seymour-Smith (2015), we chose the exemplar cases that best permitted the reader to assess the analytic claims made in this study. This decision was made according to the following analytic criteria: succinct and clear expression; explicit references to age, family and occupation categorisations; and representative of the action-orientation of the categorisation practices observed across the dataset. For clarity, we have added line numbers to extracts. All extracts are reproduced verbatim, including all spelling and grammatical errors.

Ethics

All data utilised in this study are freely available in the public domain. According to the 'Ethics Guidelines for Internet-mediated Research' (British Psychological Society, 2017), consent is not required where there is no reasonable expectation of privacy. As such, data were collected from an open-access forum viewable without a password-protected account. Consistent with the recommendations of Gough (2016), the forum has remained unnamed, and all identifying information has been anonymised in the dataset to protect the privacy of posters. To further protect the privacy of posters, the exemplars included within the study are extracts from posts rather than entire posts themselves. Ethics approval was given by the School of Psychology Human Research Ethics Sub-Committee at [removed for blind review].

Analysis

This study examines how men describe the source of their anxiety within their online anxiety presentations. The following analysis of three threads will illustrate how age, family and occupation categorisation practices observed in OPs invoked culturally normative meanings associated with those categories. We will show how those meanings were routinely

contrasted with the posters' reported experiences or circumstances. In particular, we will show how these categories functioned to demonstrate a contrast between how male posters *are*, and how they *should* be, and how this contrast works to provide reasoning for men's experience of anxiety. We also demonstrate how those categories could be taken up by responding posters as an argumentative resource in providing support and suggesting solutions for the opening posters' anxiety.

Thread 1.

The following extract illustrates a recurrent pattern across our dataset, in which age and occupation categories are integrally built into reasoning within posters' accounts of their anxiety experiences. The focus of this extract from an OP is how the poster's workplace competence is constructed as contrasting to how his competence should be, relative to his age.

OP 1.

1. I was let go because of how incompetent I was at a job that a 15 year old could do.
2. Since that's some of the only experience I have I tried applying to other cafes, of the
3. trials I had my hands were constantly shaking I couldn't follow their simple
4. instructions and make coffee like they wanted and when I had a trial to be a kitchen
5. hand I couldn't even cut freaking banana bread properly, and time is ticking I'm 20
6. years old and have no transferable skills, nothing I can put on my resume and be
7. proud of. I just want to be normal.

From the outset of this anxiety description, this poster works to establish a contrast between normative expectations of someone his age (20 years old), and his actual circumstances. In doing so, this poster presents this contrast as being both the result of, and cause of, their anxiety. This orientation to the poster's chronological age and the associated expectations of that category is highlighted by the poster categorising his job as one that a

"15 year old could do". In doing so, the poster contrasts his abilities (or lack thereof) with his chronological age. As Stokoe (2012) argues, within interactions, individuals often orient to particular categories as occupying a hierarchical position. As such, the fact that some characteristics, such as work skills, are age category bound, provides an opportunity to rebuke category members for acting as, say, a 15-year-old at age 20. The categorial contrast introduced by this poster suggests his anxiety is a result of his limited employment skills. This account is normative by nature, as it assumes that, because of his age, his level of work competence *should* be more advanced than it is. In constructing this common-sense hierarchical relationship between age categories and associated skills, the poster effectively constructs his anxiety as shaped by a deviation from what one might reasonably expect from someone at his age.

The use of age categories can allow for the analysis of cultural norms, as well as the moral meanings of age-appropriateness as they are produced within interaction (Jolanki, 2004). This sort of moral reasoning is pervasive throughout this extract, where the poster works to construct himself as worse off, compared to how he *should* be. This sense of underperformance relative to his age is particularly evident in lines 5-7. The orientation to a sense of running out of time ("time is ticking", line 5) explicitly orients to the notion of a natural lifespan as having a trajectory with age-appropriate category-bound activities and milestones to be reached at various points. References to having no transferable skills and nothing on his resume can also be read as cultural norms for this poster's age. This account then is concerned with the poster's perceived deviance from what is normatively expected from a 20-year-old man. That the poster's presenting concern is his deviation from such cultural norms is further evidenced in his reference to his (lack of) normality on line 7. The result of this posters' account is that the factors shaping and moderating his anxiety are constructed as a failure to live up to expectations for occupational achievements at age 20.

The following extract is taken from a response to the OP presented in the previous extract. This extract illustrates how the activities and expectations associated with age and work categorisations can similarly be utilised in presenting possible solutions to the poster's problem.

Response 1.

1. Do you have an idea of what you might want to do for work long-term? Study is an
2. option too, and employers tend to be understanding if you have less workplace
3. experience if you can show you were studying during that time.

The extract above illustrates a pattern across our dataset in which responders take up the categorisations deployed in OPs in order to provide relevant support. Before exploring the use of these categories, it is worth examining, first, how support is offered. Specifically, the responder constructs, in the form of a question, a *possible scenario* for the opening poster to follow in order to remedy their presenting problem: "Do you have an idea of what you might want to do for work long-term?" (line 1). The question posed by this responder can be seen to take the form of an Advice Implicative Interrogative, as discussed by Butler et al. (2010). These formulations orient to the opening poster's epistemic authority (the ultimate authority and expertise over the self; Butler et al., 2010) in his own life. Advice implicative interrogatives offer advice in a manner that is contingent upon the opening poster's inherent right to take up or reject this advice based on this epistemic authority. The statement "study is an option too" similarly orients to the poster's expertise in terms of their experiences, capacities, and understandings (Butler et al., 2010). The suggestions in the current example, then, can be understood as designedly *not* framed in a way that demands the opening poster take a prescribed course of action.

This non-prescriptive way of 'doing support' is further worked up through the responder's deployment of categories first made relevant by the opening poster. This extract

illustrates how orientations to common-sense understandings of age and occupation categories, work to formulate possible solutions for the opening poster's presenting problem. References to the lifespan can be inferred in line 1, for example, where the responder asks the opening poster if they have considered their "long term" goals. In doing so, this responder orients to notions of a natural lifespan, and the category "work", wherein the consideration of the opening poster's occupation goals – ostensibly to be achieved at a different age – is suggested as potentially useful in solving the poster's presenting problem. Age is again subtly invoked in the proceeding suggestion that the opening poster consider studying: "Study is an option too" (lines 1-2). In declaring study as "an option" for this opening poster, the inferential upshot is that, for others, this is not an option. By making this suggestion in this way, the responder trades upon cultural understandings of what occurs at various ages; and specifically, that undertaking further study in one's 20s is acceptable behaviour for a member of that category. This positive reframing of the opening poster's circumstances functions to mitigate the poster's concerns – namely that "time is ticking". The responder achieves this by suggesting workplaces are forgiving of a gap in employment when due to study. In doing so, this response downgrades the nature of the presenting problem from being non-normative relative to the opening poster's age, to acceptable, under certain conditions.

Thread 2.

Another way of contrasting normative ideals with posters' actual circumstances is exemplified in the following thread. Here, the opening poster works up this contrast in terms of a failure in his obligation to provide for his family due to stalled career progression.

OP 2.

1. Been out of work for almost a year now. Just 'noped out' one day. I was an apprentice
2. electrician just about to finish, all I had to do was finish one more module at TAFE
3. and sit my final exams and I would become a licensed sparky. But this one particular

4. day I just rocked up to a job and couldnt handle it. I have applied for jobs and asked
5. to start multiple times, but I just don't go. I can't handle it. 34 years old with two kids
6. and a wife (all dependents). I know you shouldn't compare to other people, but I cant
7. do anything most people can. Take my kids on holidays, have my own furniture (not
8. just scavenged from hard rubbish), new cars. You know, stuff most people have when
9. they have worked this hard with these skills and qualifications. Realistically I should
10. have earning 80,000 pa 10 years ago. I have no one to blame but myself though. I feel
11. like I've failed, choosing the wrong career paths, never pursuing careers beyond
12. qualifications. My wife is really putting pressure on me to find work now, so anxiety
13. is increasing tenfold.

Like in OP 1, the opening poster in this thread works up a contrast between their level of success (or lack of), and where they feel they *should* be at their age. In this extract, this contrast is formulated as being both the result of, and cause of, their anxiety. A concern with age is first explicated on lines 5-6, where the poster self-categorises in various ways, including as a 34-year-old, a husband, a father of two, as well as an apprentice electrician (line 3). In doing so, this poster invokes the many inferences associated with those categorisations. Specifically, the poster explicitly refers to cultural expectations of a husband and father, in referring to his wife and children as "dependents" despite his lack of employment. The moral obligations of these standardised pairs are again referenced on lines 6-8. There, the poster employs normative reasoning in contrasting that which he is (un)able to provide, with things that are attainable for "most people", such as taking his children on holidays and buying new furniture and cars. In doing so, the poster orients to the category-bound activities associated with his age and builds up a contrast between how he should be, and his actual life circumstances.

The category occupation and its associated activities and predicates are further made relevant on lines 9-10, where the poster contrasts his earning potential with what he "should" have been earning 10 years ago. In doing so, the poster orients to an understanding of career progression as having a trajectory that *should* result in increased earning over time. This poster's anxiety then is presented as resulting from a contrast between where he *should* be, and where he is in his career, which in turn impacts his ability to provide for his family. The poster's anxiety is further accounted for in his description of experiencing increasing pressure from his wife (to which he, as a husband, has moral obligations) to gain employment (lines 12-13). In this way, the poster positions his anxiety as exacerbated by the recursive relationship between his category-bound family obligations and his reported employment circumstances (unemployed). That is, his anxiety renders him unable to "handle" work, while simultaneously leaving him vulnerable to familial pressure to which he also accredits the significant worsening of his anxiety.

Consider now how responses to OP 2 are constructed, as illustrated in the following extract. While the response below is consistent with the pattern observed across our dataset in terms of its orientation to category memberships, the construction of the response differs markedly to the response seen in Thread 1. Specifically, the responder takes up the age and family categorisations deployed in the OP, but rather than packaging his support in the form of an interrogative (as in Thread 1), he uses second stories and provides directive advice.

Response 2.

1. Hi, welcome After having 90 jobs and 15 careers due to things like anxiety, bipolar
2. etc I do understand. Moving from job to job, career path to career path is something
3. some people need to do to earn a living because- well, we aren't all stable. We aren't
4. all calm stay in one profession types. Get a job, any job so your wife can appreciate
5. you are willing to work. You might return to your sparky work later down the track.

6. As for your wife not understanding, many don't. The pressure she is putting on you is
7. fair and just, we cant rely totally on others, we should strive to pay for our own way
8. in life even when married.

Response 2 includes a second story formulation, as demonstrated in the empathic receipt seen on lines 1-2. Second stories can be understood as a device through which personal stories are shared in response to another's sharing of experiences, and which function to promote the understanding of having shared similar experiences (Sacks, 1992). This empathic receipt serves to display a shared understanding of the difficulties associated with maintaining consistent employment while living with a mental illness. While this second story normalises and displays an understanding of the poster's anxiety, it also serves a second, important purpose, in providing an entitlement for the responder to give specific advice. The advice, seen on lines 4-5 ("get a job"), can be categorised as directive; as an action wherein the advice-giver *tells* another to do something (Craven & Potter, 2010). Directives are recognisable as such through their lack of orientation to the troubles teller's desire or ability to follow the advice, as can be observed in the present example (Craven & Potter, 2010; Curl & Drew, 2008). According to Curl and Drew (2008; p. 148), directives are typically used in circumstances in which 'the requester has (and can show) good reason for thinking his or her request reasonable and easily granted'. In positioning himself as having suffered similar experiences and thus having reason to think their request reasonable, the responder claims entitlement to give directive advice.

Entitlement to provide directive advice is further justified by mobilising the category 'wife', and the implied standardised relational pair 'husband' on lines 4-5. References to such categories and their socially-bound roles and obligations have interactional significance in making certain actions accountable (Stokoe, 2012). By reintroducing the category wife, this

responder infers common-sense understandings of moral obligations between husband and wife – in this case, the obligation to share the responsibility of providing for one's family.

This response also appears designed to imply a moral failing on behalf of the opening poster, within an ostensibly supportive response. The responder's assessment of the opening poster's circumstances works to reframe the events detailed in the OP. In the OP, the pressure from his wife is positioned as partially responsible for his escalating anxiety. The responder's subsequent use of the modal 'should' ("we should strive to pay for our own way", line 7) infers moral implications of the opening poster's claims, and in turn, serves to problematise this attribution of responsibility for his escalating anxiety to his wife. In the subsequent assessment (line 7), the wife's position is reformulated and further characterised in moral terms as "fair and just". The inferential upshot of the categorisations deployed within this particular response is that the original poster's presenting problem is not just anxiety, but also that of a moral failing relative to his various category memberships (husband, father and worker). Furthermore, how this responder deploys the same categories as the opening poster, evidences the high saliency of such categorisations.

Thread 3.

Thread 3 illustrates another way in which categorisation practices function within normative reasoning. Here, the opening poster describes having failed in his normative obligations to his family. In this example, however, those normative expectations relate to emotional connection, rather than to finances (as in Thread 2).

OP 3.

1. Married an amazing women and now have 4 kids and a good job. Problem is
2. whenever I have holiday or down time this bloody fog envelopes me in self pity. I lay
3. around, watch my wife struggle, spend hours on Internet looking for answers. I just
4. have not meet anyone who has managed to fake it for so long (my faking is getting

5. much worse) but been so empty and lack connection with anyone (I love my family
6. but this condition puts me in a bubble and just flat all the time. Sorry but I think this is
7. also part of my condition expecting one of you to have an answer instead of getting on
8. with it. I have promised people I would be ok.

Consistent with other opening posts across our dataset, this poster describes his anxiety as characterised by a set of contradictory experiences. In describing himself as having a "good job" (line 3), and being married to an "amazing woman" (line 2), the poster works up an implicit contrast between his internal experiences of anxiety ("this bloody fog", line 2 and "empty", line 5) and his outwardly fortunate circumstances. By juxtaposing those internal experiences and his actual circumstances, the poster positions his anxious internal experience as problematic and deviant relative to what one might typically expect from someone who enjoys their job and has a happy marriage.

The problematic nature of this poster's contradictory experience becomes particularly evident in the descriptions of his familial relationships. From the outset, the original poster categorises himself as a husband and working father of four. In doing so, the poster introduces the category family (of which husband and father, wife and children are members) and invokes the moral obligations that these categorisations imply. The poster recounts, for example, that his anxiety (characterised as "this bloody fog") is impacting on his ability to meet his obligations as a husband, by rendering him passive while his wife struggles alone. Hence, deploying the categories of husband and father works to position the poster as struggling so severely with his anxiety that he is failing in the socially-bound expectations and moral obligations of these categories. Similarly, in describing himself as empty and lacking connection (line 5), the poster relies on the cultural understandings of a normative, emotionally-connected relationship between family members, to imply a breach of normative expectations. The final two lines of this extract also appear to implicitly reference his family

obligations ("I have promised people", line 8) as a reason for turning to the discussion forum for support.

As the above post unfolds, then, the poster can be seen to work up his anxiety in terms of a problematic contrast between how he *should* feel, and how he *actually* feels, relative to his various category memberships. Similarly, the poster's membership of various categories, and inability to meet the normative expectations of these categories, appears to provide an account for seeking help for his anxiety.

The following extract from a responding post illustrates how other forum users, in providing support and potential solutions to the opening poster, could orient their response both to the contrast structure and to the categorisations deployed in the OP.

Response 3.

1. I think many of us fake as a way of coping I know I do at times and have done in the
2. past. The trouble is that when I suppress my feelings when I am faking or pretending
3. I find that sometimes all these emotions break free in a huge outburst. When the
4. faking starts stopping you from getting better, it becomes a problem. I don't have any
5. answers only a few questions. I hope by writing this all out has helped things to be a
6. bit clearer. I think you can say to people you will get help as promising you will be ok
7. puts a lot of pressure on yourself.

Similar to the responses in Thread 2, this extract begins with a second story that functions as a validation of normality: "I think many of us fake as a way of coping I know I do at times". In doing so, this response acknowledges that the contrast between how he (the opening poster) is and how he should be, is the presenting concern of the post. In normalising the concern expressed by the opening poster, this response offers a less problematic account of the poster's contradictory experience of "faking" with his family. In this reformulation, "faking it" is constructed as normal and even as adaptive, in particular (difficult)

circumstances. This formulation is, however, presented as conditional. That is, to 'fake it' is an acceptable coping mechanism unless it prevents one's condition from improving. In that case, "faking it" becomes problematic. In reformulating the opening poster's description in such a way, this responder simultaneously normalises and empathises with the opening poster's circumstances, while also implying an obligation on behalf of the opening poster to seek formal help for their mental health. Like the response in Thread 1, the concluding advice on lines 6-7 can be understood as an implicative formulation. The tentative phrasing of this suggestion "I think you can say" is offered in such a way that the opening poster retains the right to take up, or reject, this formulation based on his epistemic knowledge about his anxiety and coping skills.

The responder's orientation to the family categorisations presented in this opening post is also subtly taken up on lines 6-7 through the provision of another potential solution for the opening poster's anxiety. Specifically, the responder suggests a reframing of the opening poster's commitment to his family. Rather than making a promise to "people" that he will "be ok", the responder suggests that a promise to get help will reduce the pressure felt by the opening poster.

Like in previous responses, the negotiation of potential solutions for the anxiety experienced by posters is constructed around the contrast structures, and family categorisations first made relevant by opening posters. The deployment of these discursive devices functions as a means of both providing support and recommending potential solutions. Further, the (in)direct nature of suggestions offered appears to be dependent on the culturally-bound expectations and obligations associated with various categories.

Discussion

Our demonstration of membership categories mobilised within the anxiety descriptions of male posters to online discussion forums gives insight into the significance of

age, family and occupation in men's reasoning about their anxiety. In particular, in men's talk about the source of their anxiety, we identified a recurrent concern regarding how one 'should be' relative to these categories, compared to how one actually 'is'. We have also examined how these categories are routinely taken up in the negotiation of support and advice as delivered through advice-giving sequences and second story formulations in responding posts. The analysis has illustrated how important contextual factors like age, family circumstances, and occupation, interact with powerful social structures like the life course and gendered categories such as husband and father to shape men's experiences of, and responses to, living with anxiety.

In tracing the cultural knowledge around men, masculinity and mental ill-health, we have developed some nuanced insights into the influence of masculinity on expressions of, and reasoning about, mental health. Indeed, across our dataset, opening posters and responders could be seen, simultaneously, to uphold and contradict masculine norms in the course of their moral and normative reasoning about the source of their anxiety. As has been identified elsewhere (e.g., Oliffe et al., 2013), a self-perceived failure to live up to masculine norms, such as being able to provide for loved ones, was a source of significant distress for men across our dataset. Indeed, to provide financially for one's family (wife and children) was positioned by opening posters and responders as a moral obligation (e.g., OP 2, and Response 2). In turn, the failure to do so left male posters open to being sanctioned. By contrast, to be emotionally disconnected from one's family (wife and children) was constructed by posters and responders as comparatively less problematic, and even reasonable under certain circumstances (e.g., Response 3). Evidently, men's descriptions of the source of their anxiety should be understood as culturally bound and related to expectations and obligations associated with their social context and various category memberships. It should be noted of course, that the constructions of anxiety analysed in the

present study might be achieving functions in addition to working up a contrast between how male posters are, and how they should be, and managing a concern with deviance and normality.

Traditionally, masculinity has been associated with attributes such as independence, self-reliance and emotional stoicism (Courtney, 2000). These norms have, in turn, been found to be associated with a reluctance to engage in emotional disclosure and mental health help-seeking behaviours (Seidler et al., 2016; Yousaf et al., 2015). The current study extends such findings, suggesting that men's help-seeking behaviours are more complex than discussions on traditional masculine norms might suggest. In our data, claiming membership of inherently gendered categories (e.g., husband, and father) appeared to make space for men to engage in behaviours that are not typically considered to be masculine behaviours, such as emotional disclosures (lines 10-11, OP 2) and support-seeking (lines 8-9 OP 3). As such, the findings of this study suggest that the expectations and obligations associated with various gendered social category memberships might, in some cases, provide incentives for help-seeking online.

Seemingly, in their support-seeking and offering practices, the users of this forum simultaneously upheld and contradicted masculine norms. Consequently, we argue that while stereotypical or masculine roles may exacerbate emotional distress and influence help-seeking behaviours in men, many complex social factors are involved in the development of anxious distress in men. Indeed, the men in this study routinely described their distress as something experienced in the context of social conditions, rather than in biomedical terms. This finding is significant as previous research has shown men to frame their mental health-related talk within a biomedical framework, through references to symptoms, diagnoses and medication (Gough, 2016; Scholz et al., 2017). In their analysis of interviews with men with depression, for example, Scholz et al. (2017) suggest that masculine social norms meant that

men were likely to describe their depression in terms of physical, and observable symptoms. By contrast, and in an online context, the men in our study did not necessarily frame their distress within biomedical terms. As such, we argue that masculinity and the relationship between masculinity and help-seeking is best understood as flexible and context-dependent rather than static and fixed.

We also argue that our findings are significant in highlighting the limitations of biomedical understanding of anxiety in men. In a biomedical view, also referred to as the "disease model" (Kiesler, 2000), psychosocial understandings of, and approaches, to mental health conditions such as anxiety disorders are disorder are eschewed in favour of biological theories and treatments. Throughout our study however, men repeatedly oriented to issues such as their age as well as family and occupational stressors when describing the source of their anxiety. In this way, our findings align with those of Scholz et al. (2017), who noted that men frequently described their depression in ways that emphasised the impacts of their social contexts. Like Scholz and colleagues, we argue that in order to improve the provision of more male-friendly psychological health care, clinicians are likely to benefit from a greater awareness of the dual discourses of mental health, in which mental health conditions can be understood as both a medical health concern as well as a condition experienced in social conditions. Our findings build on those of Scholz et al. and offer a unique contribution to the literature by highlighting how men perceive age, family and occupation category memberships as contributing to their anxiety, due to a sense of being one way when they should be another.

Our findings relating to the significance of masculinity and the social conditions in which men experience anxiety also offer important insight into how public health messaging might be improved. In particular, we argue that our results suggest that reframing help-seeking as one way of maintaining masculinity within public health messaging is a promising

concept for improving the effectiveness of such messaging. In particular, the discursive frames identified in this study, which we describe as a contrast between where one is, and where one should be, might have particular utility in terms of developing more effective public health messaging. The goal of such messaging would be not to medicalise men's experiences, but rather to encourage support-seeking in order to improve a sense of competency within their family, occupation and life. This type of messaging might be particularly effective in reaching men who, like the users of this forum, might be struggling, but do not necessarily describe or perceive their struggles as medical. Moreover, this type of messaging might be helpful in and of itself, through normalising these experiences, which some men perceive to be the crux of their anxiety.

The findings of the present study should be considered in light of its limitations. The present analysis is based on data collected from a singular Australian online discussion forum. Future research exploring men's anxiety accounts on a range of other online discussion forums focused on mental health is therefore recommended. Investigating mental health-related interactions on websites not explicitly developed for such discussions might also be a productive avenue for future research. Such research might investigate whether men's anxiety-related discussions within non-mental health related online discussion forums are similarly oriented to issues of age, family and occupational identity.

In the present analysis, we have provided evidence for a recurrent concern with deviance and normality, worked up through a contrast between how male posters are, and how they should be. It is possible, however, that such constructions could be interpreted as functioning to achieve numerous other purposes. These constructions might function also, for example, to communicate men's suffering. The recurrent orientation to age, work and family as well as the orientation towards deviance and normality might also be shaped by the community norms of the forum, rather than being representative of the performance of

masculinity and anxiety more generally. We argue however that even then men are, at least in part, articulating a concern with normality and deviance. Additional functions of opening posts within the current data set will be explored further in subsequent studies.

Further, despite the recurrent references to issues of employment, income and class within men's accounts of their anxiety, the methodology of this study did not allow for the collection of data around demographics, such as class positionings. As such, our insights are limited in the extent to which we can explore these issues in relation to men's experiences of anxiety. The inclusion of information around such demographics and their relationship with men's experiences of anxiety would be a valuable avenue of research for future studies.

We were also limited in our ability to determine certain aspects of how members utilised the forum. For example, it was not possible to see individuals' post histories, and thus it was difficult to ascertain how frequently they participated in the anxiety sub-forum, as opposed to the online forum as a whole. Additionally, there was no information on the website regarding how many members were involved in total, across each of the sub-forums. We believe however, that the number of individual participants that the present study utilised (122 individual authors) was sufficient to conduct the chosen analytic method of discursive psychology, due to the rich data that this sample enabled us to collect. Indeed, our sample is consistent with various other studies utilising a discursive psychological methodology, including Gough (2016), Horne and Wiggins (2009) and Stommel and Koole (2010).

Additionally, there are likely to be many men who do not seek support from online discussion forums. As such, this analysis does not necessarily provide insight into the experiences of those men, and thus we cannot claim that our findings are representative of all men's experiences with anxiety.

Despite these limitations, the present study offers an important contribution to the men's mental health literature. The significance of social context in men's talk about their

anxiety has important practical implications for those working with men in a clinical setting. More so than issues relating to a medical understanding of anxiety, men's accounts related to the social forces (such as age, family structures, roles and obligations, occupation and economic stressors) in their lives. Not only were the men in this study concerned with the social factors outlined above, but they also routinely orient to a concern with being deviant in some way, as a result of their inability to meet the normative obligations of their various category memberships. These findings are particularly significant given suggestions that dissonance between medical and social models of mental health might impede medical practitioners' ability to effectively diagnose and treat those conditions (Burroughs et al., 2006). Accordingly, in order to better identify and engage men struggling with their anxiety, we argue that clinicians might benefit from greater awareness of, and training in the broader social issues relevant to men's experiences with anxiety. In particular, we argue that such training should be oriented to dual discourses of anxiety as both a medical health concern, as well as a condition influenced by, and experienced within, social context. This perspective is particularly true in light of findings which suggest that, while men might not volunteer sensitive information, they will often discuss such issues if that communication is initiated appropriately (Lyons & Janca, 2003). Those working with men should, therefore, be aware of the significance of contextual factors around age, family and occupational circumstances, and how these factors might influence men's experiences and presentations of anxiety.

Chapter 5

Statement of Authorship

Title of Paper	"I feel abused by my own mind": Themes of Control in Men's Online Accounts of Living with Anxiety
Publication Status	✓ Accepted for Publication Submitted for Publication Unpublished and Unsubmitted work written in Manuscript style
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Principle Author

Name of Principal Author (Candidate)	Phoebe Drioli-Phillips
Contribution to the Paper	I am responsible for the conception and primary authorship of this paper. I conducted the literature review, developed the research aims, conducted analysis, and wrote the manuscript. I was identified as the first author when this article was submitted for publication, and I have been responsible for all communications with journal administration including responses to reviewer feedback.
Overall percentage (%)	85%
Certification:	This paper reports on original research I conducted during the period of my Higher Degree by Research candidature and is not subject to any obligations or contractual agreements with a third party that would constrain its inclusion in this thesis. I am the primary author of this paper.
Signature	Date July 12 2020

Co-Author Contributions

By signing the Statement of Authorship, each author certifies that:

i. the candidate's stated contribution to the publication is accurate (as detailed above);
ii. permission is granted for the candidate in include the publication in the thesis; and
iii. the sum of all co-author contributions is equal to 100% less the candidate's stated contribution.

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Name of Co-Author	Dr Rebecca Feo
Contribution to the Paper	My role was to comment on drafts, make suggestions on the presentation of material in the paper, and to provide editorial input. I also provided advice on responding to comments by the journal reviewers and editor.
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Contribution to the Paper	My role was to comment on drafts, make suggestions on the presentation of material in the paper, and to provide editorial input.
Signature	Date 29/07/2020

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Contribution to the Paper	My role was to comment on drafts, make suggestions on the presentation of material in the paper, and to provide editorial input. I also provided advice on responding to comments by the journal reviewers and editor.
Signature	Date 10/08/2020

Chapter 5: Paper 3

"I feel abused by my own mind": Themes of Control in Men's Online Accounts of Living with Anxiety

Men's experiences with anxiety are under-researched and poorly understood. Existing research gives little indication of how men talk about anxiety *in situ*, and little is known about how men describe their experiences of anxiety. Online discussion forums provide an opportunity to conduct naturalistic observations of how men describe their experiences with anxiety without the influence of a researcher. Thematic analysis, informed by principles of discursive psychology, was used to examine 130 opening posts to an online anxiety discussion forum. One superordinate theme, where anxiety is constructed as a loss of control, was identified. Analysis of this overarching theme generated three themes relating to how posters described a loss of control: (1) anxiety as an immobilizing force, (2) anxiety as an independent entity, and (3) anxiety as a dualist construction of the self. Our analysis has clear implications for developing and improving interventions for men experiencing anxiety.

Introduction

Anxiety disorders are the most common affective disorder in Australia, affecting approximately 11 per cent of the population (Australian Bureau of Statistics [ABS], 2015). In Australia, men are diagnosed with and treated for anxiety at a significantly lower rate than are women (ABS, 2015). Clinicians and researchers alike have suggested that this might be a result of extensive under-diagnosis of common mental illnesses among men, rather than actual differences in prevalence between men and women (Addis, 2008; Johnson et al., 2012; Scholz, Crabb, & Wittert, 2017). Social norms around masculinity, such as self-control and emotional stoicism, are argued to make it more difficult for men to recognize and discuss anxiety and distress with health care providers (Johnson et al., 2012; Scholz et al, 2017; Oliffe, Broom, Kelly, Bottorff, Creighton, & Ferlatte, 2018). Indeed, preliminary research into help-seeking for anxiety amongst Australian adolescent males emphasises stigma, and its relation to social norms of masculinity as a barrier to help-seeking (Clark, Hudson, Dunstan, & Clark, 2018). Still, the most recent Australian National Health Survey (ABS, 2017-2018) suggests that one in ten men report having at least one anxiety-related condition. This positions anxiety disorders as the most prevalent mental health disorder amongst Australian males.

At present, and likely due to the well-established association between depression and suicidality (McKenzie, Jenkin, & Collings, 2016; Seidler, Dawes, Rice, Oliffe, & Dhillon, 2016), research in the field of men's mental health has focused almost exclusively on male depression. As such, there is a lack of research concerned with men's experiences of anxiety. Yet research suggests that anxiety disorders are also linked to suicidal thoughts, ideations and attempts, even after adjusting for psychiatric comorbidity (Cougle, Keough, Riccardi, & Sachs-Ericsson, 2009; Nepon, Belik, Bolton, & Sareen, 2010). Analyses of longitudinal epidemiologic data collected in the US have shown that 70% of individuals with documented

suicidality meet the criteria for an anxiety disorder (Nepon et al., 2010). Further, Nock et al (2010) suggest that anxiety disorders confer a significant risk for suicide, as only disorders characterised by anxiety and associated poor impulse-control are predictive of which people with suicidal ideation are likely to act upon those thoughts. The relationship between anxiety disorders and suicidality is particularly concerning in light of evidence to suggest that men are 3-4 times more likely than women to die by suicide (ABS, 2015; Turecki & Brent, 2015). To better facilitate conversations around anxiety and mental health, researchers have advocated for a deeper understanding of men's experiences of emotional distress (Ridge, Emslie, & White, 2011). Understanding more about how men talk about their experiences with anxiety is central to identifying at-risk men, and for developing and making available a range of user-friendly services for men who are experiencing anxiety (Johnson et al., 2012; Ridge et al., 2011; Seidler et al., 2016).

Despite a sparsity of literature regarding men's experiences of living with anxiety, ponderings on the clinical features of anxiety disorders date back thousands of years. Indeed, as Crocq (2015) notes, the writings of Stoic philosophers such as Cicero and Seneca, foreshadow many modern perspectives of the clinical signs of anxiety. For the Stoics, clinical anxiety was described as a "constricting" disorder characterized by a permanent state of unmanageable ruminating worry over the future (Cattell & Scheier, 1960; Crocq, 2015). The Stoics' treatment for anxiety was based on the notion that we do not control that which happens to us; rather, we must control how we respond (Crocq, 2015). In more contemporary understandings of anxiety, control remains a common theme. One of the criteria for Generalized Anxiety Disorder in the Diagnostic and Statistical Manual of Mental Disorders 5th edition (American Psychiatric Association [APA], 2013) is the inability to control excessive worry. Similarly, in the context of Panic Disorder, one of the diagnostic criteria relates to the sense than an individual might lose control of themselves (APA, 2013). What

then, are the clinical implications, for men who feel that their choices are not their own? In addition to potentially meeting criteria for an anxiety disorder, what are the psychosocial consequences for men experiencing a sense of being unable to control their own choices, emotions and lives? Questions such as these remain central to better understandings of men's experiences of living with anxiety.

In addition to prefiguring the clinical features of anxiety, treatments suggested by ancient philosophers such as the Stoics also foretold today's cognitive approaches to the treatment of anxiety disorders. Cognitive Behavioral Therapy (CBT), the current gold standard for the treatment of anxiety, was initially inspired by the writings of Stoic philosophers (Beck, 1970, 1976; Beck, Rush, Shaw, & Emery, 1979; Cavanna, 2019; Ellis, 2007). In particular, the notion that it is not what happens to individuals, but rather how they *perceive* what happens, that regulates affect, was highlighted by Ellis as central to his early conceptualizations of cognitive therapy (Ellis, 1957, 1962, 2007). Contemporary CBT, then, can be understood as a psychotherapeutic approach wherein clinicians and clients work collaboratively to identify patterns of dysfunctional thinking characterized by automatic thoughts, and in turn seek to replace those patterns with more adaptive ones (Hofmann, Asnaani, Vonk, Sawyer, & Fang, 2012).

The Stoic philosopher Seneca's therapeutic recommendation to exist in the present moment (Crocq, 2015) is one of the key objectives in techniques such as mindfulness which is central to modern therapies, including Acceptance and Commitment Therapy (ACT; Crocq, 2015; Hayes, Strosahl, & Wilson, 1999; Marks, 2017). ACT, which is frequently hailed as the third wave of CBT (Hayes, 2004), is centered around the development of cognitive flexibility through the acceptance of uncomfortable thoughts and feelings that are unable to be controlled (Eifert et al., 2009). Some of the core concepts of ACT employed to achieve these goals include the concept of observing oneself, and one's anxiety, rather than

attempting to control that anxiety (Eifert et al., 2009).

Despite well-established treatments for anxiety, there remain significant gaps in the literature, particularly regarding men's experiences of anxiety. There is, for example, minimal evidence concerning experiential accounts of anxiety (Boyles, 2018). This paucity of information is particularly significant as the boundary between everyday adaptive anxiety, and pathological anxiety is not an objective one. Rather, it is a decision that is subject to clinical judgment (Crocq, 2015). This distinction is important in the context of men's health given findings which suggest that, when men present to health services, clinicians often report challenges in detecting and diagnosing mental health conditions (Lyons & Janca, 2009). Previous research has shown that identifying with a masculine gender-role might be associated with the under-reporting of anxiety symptoms (Bekker & van Mens-Verhurlst, 2007; Pierce & Kirkpatrick, 1992). It is therefore of great importance that the experiences of men who self-identify as experiencing anxiety, regardless of their diagnostic status, are explored and represented within the academic literature.

The analysis of naturalistic data in situations where people can communicate anonymously, such as through online forums, offers researchers the opportunity to investigate men's understandings of their experiences of conditions such as anxiety, regardless of diagnostic status (Gough, 2016). Further, this method of data collection allows the collection of accounts that exist independently of researcher involvement (Hanna & Gough, 2016; Potter, 1996; Seymour-Smith, 2013). The collection of naturalistic data is particularly valuable in the context of men's mental health, given the criticisms of traditional self-report research that problematise the assumption that people can reliably report on events, social practices and even their reasoning (Potter, 1996; Potter & Hepburn, 2005). The analysis of online discussion forums also offers the valuable opportunity to move from the investigation of retrospective accounts of crisis to the construction of specific experiences in times of

distress (Horne & Wiggins, 2009). A focus on men's constructions of their experiences with anxiety is also consistent with recent trends in health research, in which lay perspectives are valued (Gough, 2016; Ridge et al., 2011).

Previous research has examined men's talk in online discussion forums on several topics including, cancer (Gooden & Winefield, 2007; Seymour-Smith, 2013), infertility (Hanna & Gough, 2016; 2018), diet and weight (Bennet & Gough, 2013; Hall, Grogan, & Gough, 2015; 2016), depression (Gough, 2016), and fatherhood (Eriksson, Salzmann-Erikson, & Pringle, 2014; Fletcher & St George, 2011). To our knowledge, there exists only one study (Drioli-Phillips, Oxlad, LeCouteur, Feo, & Scholz, in press) investigating men's experiences of anxiety. In that study, Drioli-Phillips et al. (in press) described how men discursively managed issues of authenticity and legitimacy when seeking help for their anxiety online. Like Drioli-Phillips and colleagues (in press), this study utilises data collected from initial posts to an online discussion forum. Initial posts within online discussion forums are particularly relevant to our understanding of how men describe anxiety, as this is where users of forums first describe their problems to the online community. The current study will offer a valuable contribution to the men's health literature by providing insight into how men present their experiences of anxiety within an online discussion forum.

Method

Data collection

Data were collected from a single dedicated sub-forum titled 'Anxiety' within one Australian online discussion forum designed to offer a supportive platform for individuals suffering from common mental health conditions. The online discussion forum is part of a larger website maintained by a large Australian non-profit organisation working to address issues of mental health. Posters to this forum can select the sub-forum they believe is most relevant to their presenting concern. The 'Anxiety' sub-forum of this website was dedicated

for those experiencing anxiety disorders, or anxiety symptomology. The current dataset consists of posts to the 'Anxiety' sub-forum made over two years (2017 and 2018). Data were collected by reading each post made to the 'Anxiety' sub-forum and selected for inclusion if they were identified as being made by a male poster. Included posts were collated in a document maintained by the first author. Both male and female posters used the online discussion forum from which the data were collected. Consistent with the approaches of Gough (2016), Hanna and Gough (2016; 2018) and Seymour-Smith (2013), information about posters' gender was ascertained through the direct self-identification of posters' use of gendered tags (e.g., explicit references to being male) and references to gendered roles (e.g., husband, father) in opening posts.

The opening posts in online discussion forum threads (asynchronous message posts under a particular topic title), from which all other discussion in that thread follows, are referred to hereafter as opening posts (OPs). OPs are the chosen site of investigation for this study as this is where posters first describe their problems to the online community. In the current study, we drew on a sample of 130 OPs, which were authored by 122 individual posters. There was a wide variation in the number of responses to each thread, ranging from zero to 107. On average, there were eight responses to a thread. There was also large variation in how much posters engaged with the forum. The number of times individual posters had posted (either in an OP or in response to another post) ranged from one to 7702 times. This sample size is consistent with other qualitative analyses of online discussion forum data, where the priority is the depth and richness of data (see, for example, Giles & Newbold, 2011; Gough, 2016; Hanna & Gough, 2018; Horne & Wiggins, 2009; Seymour-Smith, 2013; Stommel & Koole, 2010; Varga & Paulus, 2014).

Data analysis

In this study, we take a thematic approach, informed by principles of discursive psychology (Potter, 1996; Potter, 2012). This discursively oriented approach is based in the view of mental illnesses, such as anxiety, being socially and discursively constructed (Edwards & Potter, 1992; Potter, 1996). Discursive psychology considers naturally occurring talk, such as the posts produced in online anxiety discussion forums, as action-oriented (Edwards & Potter, 1992; Potter & Wetherell, 1987). That is, discursive psychology is oriented to the examination of how issues of knowledge, beliefs, truths and explanations are constructed or worked up in everyday interactions between people (Edwards & Potter, 1992).

In the current study, principles of discursive psychology were utilised to shed light on how men produced explanations of their experiences of living with anxiety, and what these explanations functioned to achieve. This was achieved in the current study by using thematic analysis as specified in Braun and Clarke (2006; 2013), which involves six major steps: (1) becoming familiar with the data, (2) generating initial codes, (3) searching for themes, (4) reviewing themes, (5) defining themes and (6) writing up results. The first author immersed themselves in the data and engaged in familiarization through multiple readings of OPs to identify preliminary ideas. Following this, the first author applied preliminary codes to the data following repeated readings of the entire dataset, before generating themes, which were comprised of patterns of shared meaning. This process of generating themes was necessarily theoretical and interpretative. All authors then worked collaboratively via in-person meetings, and the revision of written drafts to refine the definitions and limits of the themes and to develop theme names. The purpose of this collaborative approach was both to describe themes and to interpret the meanings and underlying significance of each theme. This was an iterative process. At each point where there was a lack of agreement regarding theme definitions, limits or names, all authors engaged in further discussion to reach consensus.

Finally, compelling extracts illustrative of each theme were selected. Sample extracts from OPs are provided to illustrate themes. All extracts have been reproduced precisely, including all original spelling and grammatical errors. We were most interested in identifying underlying aspects of the data related to the research question; that is, *how* and *why* male posters constructed and made meaning of their anxiety experiences.

Ethics

All data gathered in this study are freely available in the public domain. Data were collected from an open-access online discussion forum viewable without the need for a password protected account. Therefore, in following the 'Ethics Guidelines for Internet-Mediated Research' (British Psychological Society, 2017), attempts to acquire informed consent from online posters was not necessary. To protect the privacy of online posters, all names and identifying information has been removed or anonymised in the dataset, and the website in question has also remained unnamed. The terms and conditions of the website that hosts the forum examined here also require posters to explicitly acknowledge that all information posted was publicly viewable, and that posters must remain anonymous by refraining from including any personally identifying information when posting. Further, in line with recommendations of Gough (2016), the privacy of posters was protected by not including entire OPs, but rather only extracts from those posts. As such, the posts included in this dataset are not traceable to any individual. Ethics approval for this study was given by the School of Psychology Human Research Ethics Sub-Committee at The University of Adelaide.

Analysis

Men across the dataset routinely constructed their anxiety as a series of out-of-control emotional and physical states, over which they hoped to regain control. One overarching theme and three main themes were identified. Within the overarching theme, men could be

seen to routinely orient to notions of a loss of control within their constructions of anxiety. This loss of control was observed to be constructed in three main ways across the dataset, each of which will be examined in three main themes: (1) anxiety as an immobilizing force, (2) anxiety as an independent entity, and (3) anxiety as a mind-self dichotomy.

Overarching theme: Anxiety as a loss of control

Men posting in this anxiety online discussion forum frequently expressed concern with a struggle to maintain control of their anxiety. The following extracts (1-2) illustrate how men explicitly constructed their anxiety in terms of a concern with losing control.

Extract 1.

> *I am having out of control episodes with my anxiety that I've never experienced before in my life. Even had to leave work the other day as I thought I was going to collapse and needed to take a few days off.*

Extract 2.

> *I'm starting to think that I will be like this the rest of my life and that I'm doomed, it's not easy to ignore this symptoms and I'm scared to lose control and become crazy one day.*

Posters across the dataset frequently described a sense of struggling to control or having lost control over their anxiety: "I am having out of control episodes" (Extract 1). For many, this loss of control entailed an inability to control unwelcome and intrusive thoughts such "I thought I was going to collapse" (Extract 1) and "I'm doomed" (Extract 2). These extracts provide a clear insight into these men's perceptions of the relationship between anxiety and control; that is, anxiety impedes one's ability to feel in control. This sense of lacking control was a concern for many men across the dataset. Having briefly examined the overarching theme of anxiety as a loss of control, the following sections will examine how a loss of control was constructed in various ways, across the three main themes.

Theme 1: Anxiety as an immobilising force

For the men across this dataset, the constructions of OPs suggest that part of how anxiety makes them feel out of control is by acting as an immobilizing force. Across the dataset, constructing anxiety as an immobilizing force was achieved by male posters in two main ways: (1) constructing themselves as trapped by their anxiety, and (2) constructing their anxiety as characterized by a loss of function. As can be seen below, within their accounts of anxious experiences, posters are constituted as powerless over the anxiety, and the anxiety is portrayed as having power over the poster. The following extracts illustrate how posters construct their anxiety as something by which they are trapped:

Extract 3.

> *I'm going through a bad phase, to the point where I feel trapped inside my own head. Like my mind and body were two separate things. Like I could actually feel the dimensions of my skull and was pushing to get out because I didn't want to spend the next 60 odd years stuck in there feeling this way.*

Extract 4.

> *I'm trapped in my head all day every day from the moment I wake up to the moment I go to sleep.*

For men, their anxiety caused a sense of being trapped, which in turn resulted in the extensive impact of anxiety on individual's lives that was apparent across the dataset. The use of the term 'trapped' is extreme, in that it invokes a sense of vanished personal freedoms, and in turn of total powerlessness. As such, the constructions are indicative of the severe nature of the experiences of men using this online discussion forum. Orientations to temporality were also common in such constructions. Not only do men feel trapped, but this sense of being trapped is constructed, through the use of Extreme Case Formulations (ECFs; Pomerantz, 1986), as being relentless ("all day every day", Extract 4). Others, like the poster in Extract 3,

expressed concerns about the potential longevity of this experience: "I didn't want to spend the next 60 odd years stuck in there".

For other men, an orientation to anxiety as an immobilising force was achieved through describing their anxiety as a loss of function. This loss of function was both frequently constructed as a global, generalized loss of function, as well as a loss of function occurring in specific circumstances, including in employment settings. Common to such talk was a sense of personal inadequacy associated with their perceived lack of function. The significant impact of anxiety on the men's view of themselves was evident.

Extract 5.

> *I am afraid of other people and get nervous but appear confident. I am getting help with medication and couciling. But i can't function properly anymore. I feel like i have done nothing with my life. I always struggle to do anything. I feel like the worlds biggest failure.*

Extract 6.

> *I can't sleep, don't want to eat, feel sick and have body tremours. I'm supposed to be going back to work tomorrow as I have to kick off a big project and I fear I'll be disfunctional. This is the worst feeling I have ever felt!!!!*

Both men here convey a sense of helplessness in their day-to-day life, in terms of having lost function as a result of their anxiety. In Extract 5, for example, the poster writes of a loss of function ("can't function properly anymore"), evoking the loss of control and sense of stasis (a standing still, or immobilization) that characterized many men's anxious experiences. Like in Extract 5, the use of ECFs (Pomerantz, 1986) serves to emphasize the longevity and severity of this experience. That is, not only does the poster struggle to do things, he *always* struggles to do things ("I always struggle to do anything"), such is the pervasive and debilitating nature of a loss of control resulting from his anxiety.

Consistent with posts across our dataset, the poster in Extract 6 also orients to the notion of severe anxiety-related distress, resulting from his sense of having lost function. Like the extract above, this poster can be seen to describe himself and his experiences in extreme terms: "worst feeling I have ever felt". The use of multiple exclamation points further emphasises the severity of this experience of having lost function: "This is the worst feeling I have ever felt!!!!" His account of a resulting inability to meet obligations (e.g. "a big project") also demonstrates how being rendered powerless and incapacitated by his anxiety significantly impacts on his life more broadly. This language served to convey the debilitating and immobilizing nature of their anxiety, and the powerlessness associated with this experience. Evidently, not only do men using this online discussion forum suffer from anxiety itself, but they also suffer from secondary emotional distress as a result of widespread impacts of this anxiety on their ability to function in their day-to-day life.

Theme 2: Anxiety as an independent entity

Men's anxiety-related out-of-control emotional states were often framed, in their OPs, as a result of the actions of an independent entity. That is, men routinely constructed their anxiety as an entity that survives, and can act, independent from them. Men primarily framed this construction by ascribing agency to their anxiety. For example, the following posters (Extracts 7-9) describe their on-going experience of living at the mercy of their animate anxiety.

Extract 7.

> *Since then I have had several instances where the panic attack has reared its ugly head again but the most concerning is controlling my thoughts which tend to race from time to time*

Extract 8.

my Anxiety has always been present in my life in one form or another i find myself going a while without any issues and then Anxiety peeps in head up from under the sand to try derail me.

Extract 9.

3 weeks ago I started to feel flat again but brushed it off by ignoring it. That didn't work and it looked like it suddenly had me by the throat again, damn.

The use of vivid imagery that evokes a sense of being rendered powerless by an evil, vindictive entity that lies in wait was pervasive across the dataset. In Extract 7, for example, a sense of vulnerability to the whims of a malevolent entity is invoked by the poster describing his panic attacks as raising its "ugly head". Similarly, in Extract 8, the poster's anxiety is described as an entity imbued with malevolent intent. While in this extract the poster claims some ownership of his anxiety ("my anxiety"), he equally distances himself from that anxiety by attributing it a sense of agency: "reared its ugly head". Also, in Extract 8, not only does "it" (his anxiety) arise recurrently, it does so with an ulterior motive of seeking to "derail" him. The use of 'intention-promoting' verbs ("try"; Potter, 1996), which imply intentional action, further position the poster as engaged in an on-going power struggle with the independent entity that is his anxiety. Indeed, the vivid imagery (e.g. "peeps in head up from under the sand", Extract 8) appeared to encapsulate the experience of living at the whim of something animate and malicious. Similarly, in Extract 9, the poster deploys vivid imagery to convey a sense of being so affected by the actions of this anxious entity, as to render it comparable to being subjected to physical violence: "had me by the throat". Further, these constructions work up that animate anxious entity as something that can strike "suddenly", and unexpectedly (Extract 9).

These uses of vivid imagery in Extracts 7-9 are consistent with posts across our dataset, in conjuring up the notion of anxiety as an ever-present malevolent force. The anxiety here, then, is positioned as an ever-present entity that lies in wait, lulling men into a false sense of security, before attempting to wreak havoc on men's lives. The result of these constructions was a sense powerlessness, and lack of control over their anxiety.

Theme 3: Anxiety as a dualist construction of the self

In this third major theme, men's descriptions of their anxiety involved a dualist construction of the self. That is, men oriented to a loss of control by constructing the self as having two parts; one acting and one acted upon. Across this dataset, this dualist construction was achieved in two main ways: (1) constructing a split between a conscious, observing self, and the mind/brain, and (2) by using reflexive verbs to construct an anxious self, acting upon a non-anxious self. In this theme, rather than constructing anxiety as a thing, or as a disembodied force, as could be observed in previous themes, men frequently constructed anxiety as a dichotomy, between an anxious mind or brain, and a conscious, observing self.

In many cases, men's experience of living with anxiety was described as a split between a conscious or observing self, and the mind or brain. These constructions are illustrated in the extracts below:

Extract 10.

> *I have a mind which pokes me unnecessarily with negative rubbish. I know a negative thought will come - and I say myself DON'T think about it - but, I give in and the thought pokes me and "pulls me down". And I feel abused by my own mind.*

Extract 11.

> *I have a positive mind of reality and a negative counterpart always picking on the positive mind and mocking it and making it fail and lose always.*

Extract 12.

> *My brain is doing exactly what it wants and I let it expecting the worst and it becoming true.*

In Extract 10, for example, the poster works up a dichotomy between their mind which "pokes" their conscious, observing self ("me") with "negative rubbish". By negatively characterizing the actions of their mind as unnecessary "negative rubbish", the poster can construct themselves as observing the actions of their mind. That is, this construction shifts the position of the poster from the 'experiencer', to the observer of the anxiety. This separation between the actions of the conscious self and the mind is so extreme that this poster feels "abused" by his own mind. Similarly, in Extract 11, the poster describes a contentious dichotomous relationship between his true self ("I have a positive mind of reality"), and its negative counterpart, which is described as "mocking" and "making it [the positive mind] fail". The poster in Extract 12 similarly describes a sense of their observing self being a victim to a "brain" that does exactly as it pleases. In describing their observing self as allowing it to do so ("I let it expecting the worst"), the poster works up a dichotomy between their mind/brain and observing self. By constructing such a dichotomy however, the poster does not absolve himself of all responsibility for his anxiety. Rather, by suggesting that he allows his brain to do "exactly what it wants", the poster positions himself as complicit in his anxiety experience.

In other posts, constructions of a mind/brain and observing self dichotomy did not explicitly mention the mind or brain. Instead, in Extracts 13 and 14, posters could be seen to use reflexive verbs to construct a dichotomy in which an anxious self acts upon a non-anxious self. In other words, men across the dataset could be seen to work up a sense of their 'doing' their anxiety to themselves.

Extract 13.

I'm at the end of my rope, im exhausted every day, im worried every day, im illogical with myself every day and I just can't seem to turn any of it around.

Extract 14.

I literally punished myself by creating or manifesting intrusive thoughts and being very harsh on myself.

In the constructions seen in Extracts 13 and 14, posters could be broadly interpreted as describing an (anxious) self, acting upon or punishing another (non-anxious) self. In these posts, the "I" is constructed as acting upon "myself". Reflexive verbs such as "I'm illogical with myself" (Extract 13) and "I literally punished myself" (Extract 14), position the men as both actor and acted upon. In doing so, posters constructed their anxiety as an action they perform, upon themselves. As such, a sense of self-blame becomes a central feature of their experience with anxiety. Similarly, these constructions invoke a sense of powerlessness. For instance, in describing themselves as unable to "turn any of it around", the poster in Extract 13 appears to lament their inability to control, or exert agency over, the actions of their mind. Not only do these men experience anxiety, their perceived role in perpetuating that anxiety appears to compound that anxiety. In turn, this appears to become a further source of emotional distress.

Discussion

Our findings offer an important contribution to the literature in the under-researched and poorly understood area of men's experiences with anxiety, by considering men's 'naturalistic' accounts of anxiety within an online discussion forum. Evidently, a sense of having lost control and agency is central to the experience of anxiety for men using this forum. Our analysis contributes anxiety-specific insights to broader understandings around men's experiences with mental health, and in particular to the significance of social norms of masculinity in shaping men's experiences and accounts of their anxiety. As such, we argue

that our findings have clear practical implications for practitioners working with men in clinical mental health settings.

Through analysing men's constructions of their experiences with anxiety in an online discussion forum, we have been able to gain important insights into how men experience and talk about their anxiety. Anxiety has been shown elsewhere to confer a significantly poorer quality-of-life among people with an anxiety disorder compared to those without an anxiety disorder (Olatunji, Cisler & Tolin, 2007). More specifically, studies have shown that factors of self-blame, personal inadequacy and powerlessness are particularly troubling for men experiencing psychological distress (Lomas et al., 2012; Yen & Siegler, 2003). This is particularly true for men living with depression (Heifner, 1997; Oliffe et al., 2010; Oliffe et al., 2013). Our findings build upon this existing research by providing a deeper understanding of the lived experience and meaning-making processes around quality of life, or lack thereof, for men living with anxiety.

The dualist constructions of the self evident in this study (see, for example, Extracts 10-12), are reminiscent of other studies which explore the dualisms of subjective and objective embodied 'wholeness' (See, for example, Crawford, 2012; Slatman & Widdershoven, 2010). For example, Slatman and Widdershoven (2010) argue that the experience of wholeness does not refer simply to either physical intactness or impairment but rather to how individuals succeed or fail in identifying with their body. We similarly argue that men's constructions of their anxiety as a dual self suggest that perhaps anxiety should be best understood as, at least in part, a struggle or failure to identify with one's own self. That is, men's experiences of anxiety might be best understood not just as an objectively measurable experience of ill-health (through, for example, diagnostic screenings), but also as a subjectively 'unwhole' or inconsistent sense of self. Indeed, it has been argued elsewhere that distressing experiences, including those of anxiety, might stem from a lack of

consistency among self-concepts, and that one's degree of identity consistency appears to be positively associated with levels of psychological adjustment (Suh, 2002). This finding is particularly relevant for those providing supportive services for men. It is important that men who identify as anxious, and who are struggling with an inconsistent sense of self or dualistic thinking, are able to seek support and treatment regardless of diagnostic status. We also argue, then, that these notions of an inconsistent identity have implications for how clinicians might best work with men presenting with anxiety disorders or anxiety symptomology. The dualist constructions of self seen in this study, for example, are reminiscent of central tenets of Acceptance Commitment Therapy (ACT) and Dialectical Behaviour Therapy (DBT). These ideas, and their links to our findings, are described in more detail below.

The discursive resources employed by men in the current study also build upon the findings of similar studies in emphasizing the significance of control in the lived experience of anxiety. Our findings suggest that men using the online discussion forum examined here deploy vivid imagery to describe a sense of struggling for control over their condition. Indeed, the anxiety related struggles frequently invoked by men in this study were routinely constructed as struggles against a monster or an external entity (Extracts 7-9). We also argue that when men experience their anxiety as an entity that they cannot overpower, these framings can lead to a sense of failure (see, for example, Extract 5 and 12). These findings then differ from other studies where metaphors of battle and struggle for control were also identified as common discursive frames used by men and where referring to oneself as 'fighting', 'battling' or struggling against one's anxiety have been argued to afford a particularly masculine sense of agency (Campbell & Longhurst, 2013; Reisfield & Wilson, 2004). In particular, the findings of both Campbell and Longhurst (2013) and Reisfield and Wilson (2004) present a stark contrast against the powerlessness and passivity that the men in the present study described as characterising their anxiety experience. Our findings are

unique then in emphasising the sense of failure and powerlessness men appear to associate with their anxiety experiences.

Distancing oneself from the condition has also been found elsewhere to be a common discursive resource used in online discussion forums. Lamerich and Te Molder's (2003) analysis of online depression talk, for example, found that found posters routinely distanced themselves from their depression in order to reduce their responsibility for their condition. Within our study, the orientations to a dual self (Extracts 7-9 and 10-12) might be understood as a means by which men are able to distance themselves from their anxiety, and are also interpretable through the lens of gendered social norms. That is, while the posters in this study narrated a struggle against their anxious self, for control over their anxiety, they were still able to use metacognition to observe it, and thus exercise some agency over the anxiety. It could be argued then that the men in this study worked to construct themselves as remaining at least somewhat emotionally detached and rational, strategies which in turn allow them to recover and preserve some of the masculinity threatened by both the experience of anxiety, and speaking vulnerably about that anxiety.

It was clear from the analysis however, that in distancing themselves from their anxiety, men did not solely work to reclaim a sense of control, and in turn their masculinity. In fact, the current analysis shows that these discursive resources are related; within constructions of a struggle for control over their anxiety and anxious mind, posters also oriented to self-blame, personal inadequacy and powerlessness. Specifically, men across this dataset constructed their anxiety as both something out of their control and as an independent entity, but also as something for which they are to be blamed (e.g., Extracts 5 and 9). In other words, there appear to be simultaneous and contradictory constructions of self-blame working alongside powerlessness. Unlike the findings of Lamerich and Te Molder (2003), in the current dataset, distancing discursive resources also served to position men as personally

inadequate, and as such, personally responsible for their condition. Similarly, a sense of self-blame or failure is implied in cases such as Extracts 13 and 14, where the poster describes a sense of "doing" anxiety to themselves. Our findings, therefore, suggest that not only is the anxiety itself emotionally distressing, but the sense of being somehow complicit in, or responsible for, that anxiety appears to cause further distress for men.

It is likely that these findings of notions of self-blame, personal inadequacy and powerlessness are related to the particular pressures that men face to adhere to gendered norms. Notions of emotional control, rationality, self-reliance and stoicism are each argued to be valued as a traditional marker of masculinity (Courtenay, 2000; Gough, 2018; McVittie & Willock, 2006; Oliffe et al, 2018). However, as both Galasiński (2008), and McVittie and Willock (2006) argue, the dominant model of masculinity in which men are required to be strong, emotionally stoic, and rational, is at inherent odds with the experience of ill health, and mental ill health in particular. Indeed, our findings are reminiscent of Galasiński's (2008) analysis of men's discourses of depression, wherein the author identifies similar discourses of self-blame and individuals having brought mental ill-health upon themselves. It is possible then that the inherent deviations from traditional masculine norms that anxiety represents might also explain the sense of self-blame, personal inadequacy and powerlessness to which the men in this study were seen to orient. Like Galasiński (2008) then, we argue that gendered norms are a double bind which appear to simultaneously underpin men's discourses of the self, and can also function as a source of suffering. This sense of having lost control, and in particular the struggle to control one's thoughts and emotions, and the distress that arises from this experience, is an important and unique insight arising from this study into how social norms of masculinity influence men's experiences with anxiety.

The current findings, which demonstrate the distress associated with a sense of having lost control, also offer some insight into why the experience of living with anxiety might

confer a higher risk, for men, of dying by suicide. Pavulans, Bolmsjö, Edberg and Öjehagen (2012) found, in their analysis of semi-structured interviews with individuals who had experienced suicidal ideation and/or suicide attempts, that there was an overall theme of wanting to regain control. That is, rather than endorsing a desire to die, participants routinely accounted for their suicidality in terms of a desire to seek solutions to circumstances outside of their control. These findings led the authors to argue that a desire to be in control might be a common, relevant feature of being suicidal (Pavulans et al., 2012). In the specific context of men's health, and given the centrality of masculine norms of control and self-reliance, several studies have suggested that, for some men, death by suicide offers a means of regaining control in the face of struggles that feel intractable (Cleary, 2012; Keohane & Richardson, 2018). That is, suicide might offer a means of reclaiming a masculinity that is threatened by the anxiety experience (Canetto & Lester, 1998). Our findings contribute to this emerging evidence base by offering tentative evidence towards understanding how the lived experience of anxiety, and the sense of losing control associated with that anxiety, combined with social norms of masculinity might be related to suicidal behaviors amongst men.

The findings of this study also highlight the value of online discussion forums in providing a platform for men with anxiety to talk about their experiences with that anxiety. Existing literature has shown that male users of online discussion forums value support received from other men who had been through similar experiences (Hanna & Gough, 2018). Further, as others have argued, online discussion forums afford a valuable sense of anonymity for men when seeking support and might thus be associated with lowered inhibition in regard to the discussion of sensitive issues (Collin, Metcalf, Stephens-Reicher, Blanchard, Herrman, Rahilly, & Burns, 2011; Hanna & Gough 2016; Tyler & Williams 2014). Our findings build upon this existing literature by highlighting the importance of providing supportive spaces for men with anxiety in particular. Our findings build in

particular on the findings of Tyler and Williams (2014), in providing evidence for how the provision of such platforms offers men the opportunity to express concerns about sensitive issues, including their own perceived personal inadequacy and powerlessness, within the constraints of hegemonic masculinity.

The findings of this study highlight that gender sensitive care in the context of men's anxiety must involve the consideration of the gendered ramifications of experiencing anxiety for men. Our findings offer support for previous results which have shown that therapeutic approaches are likely to be most effective when clinicians are able to facilitate a judgement free atmosphere in which men are able to receive support, and also to actively participate in treatment decisions, such that they are better able to enhance and maintain a sense of autonomy and self-control (Kivari, Oliffe, Borgen, & Westwood, 2018; Mahalik, Burns, & Syzdek, 2007). Our findings build on previous works by highlighting how clinicians might also need to support men in challenging notions that they are to blame for, and thus inadequate as a result of their anxiety. The following section details further recommendations for those working with men concerning how to incorporate the insights from this study into gender-sensitive clinical practice.

In addition to offering insight into how men experience anxiety, our findings concerning men feeling out of control, inadequate, or to blame for their distress as a result of "doing anxiety" to themselves, are relevant for clinical practice and of interest to those who research treatment efficacy. In particular, the constructions of control in this dataset invoke many of the central tenets of ACT. In ACT, clients are urged to consider that they are not their thoughts, feelings, images, or emotions. The idea of a dichotomy, or a split self, that emerged across the dataset then is similar to the ACT notion of the split self (i.e., the observing self and the thinking self; Hayes, 2007). In particular, the recurrent references to having an anxious mind, as well as a conscious self, bear strong similarities to these

principles. As such, ACT might resonate particularly strongly with men experiencing anxiety. As Eifert et al. (2009) argue, developing the ability to observe one's anxiety with acceptance, is likely to help individuals understand that their anxiety is part of them and that they are more than an anxiety-disordered individual. That is, rather than eliminating anxiety, which might not be possible, it is possible that ACT has value in reducing distress related to the experience of anxiety and associated feelings of self-blame and powerlessness resulting from a sense of having to control that anxiety. Given the apparent synergy between how men present their experiences with anxiety online and the tenets of ACT, it would be helpful to better understand how clinicians view the utility of ACT when working with men experiencing anxiety. Future research examining clinician perceptions and the efficacy of ACT in the clinical treatment of men with anxiety would be a useful contribution to the literature.

Another potential area for further research in the clinical treatment of men's anxiety is DBT (Linehan, 1993); a therapy similar to CBT and developed originally to treat Borderline Personality Disorder. It is possible that the central tenets of DBT, in which the focus is on developing practical skills in emotional regulation and acceptance, might be of particular value for men experiencing anxiety. Like ACT, DBT incorporates a focus on accepting and tolerating difficult emotions yet is not routinely utilised in the treatment of anxiety disorders specifically. In addition, there are also mounting calls to utilize DBT in psychotherapy with populations who are at risk of suicidal behavior (O'Connor & Nock, 2014), and studies are increasingly demonstrating DBT's efficacy in treating anxiety and depression (Lynch, Morse, Mendelson, & Robins, 2003; Neacsiu, 2012; Pistorello, Fruzzetti, MacLane, Gallop, & Iverson, 2012). Further, there is evidence to suggest that the use of emotional regulation, a central concept in DBT, might be an effective protective factor for reducing suicidal ideation in men (Khurana & Romer, 2012). Our findings offer support for this recommendation,

evident in the recurrent references to difficulties of controlling thoughts and accepting distress, as well as the negative self-talk that appears to be consistent throughout men's accounts of their anxiety experiences.

The findings of the current study should, however, be considered in the context of its limitations. The present analysis is based on data collected from a single Australian online discussion forum. It is unknowable whether this is the first or only online discussion forum that individual men have posted to, nor whether men construct their experiences differently on different forums, or when seeking support through other means, such as in face-to-face settings. As such, we argue it is important that future research employing similar methodologies to those used here, examines other forums in order to develop a deeper understanding of how men present their experiences with anxiety online. Additionally, there are likely to be many men who do not seek help and support from online discussion forums. As such, this analysis does not necessarily provide insight into the experiences of men who have not sought help for anxiety from online discussion forums. As a result, we cannot claim that our findings are representative of all men's experiences with anxiety. Rather, we believe that the present study offers a number of insights which provide a useful foundation for future research in this important area.

Despite these limitations, the current study offers a valuable contribution to the men's mental health literature in an area that has, to date, been poorly understood; men's experiences with anxiety. Findings of this study strengthen previous contributions around issues of control in the context of anxiety (Gagné & Radomsky, 2017), as well as related issues of powerlessness, self-blame and personal inadequacy noted across men's accounts of their psychological distress (Lomas et al., 2012; Oliffe et al., 2010; Oliffe et al., 2013; Yen & Siegler, 2003). More specifically, these findings provide insight into the discursive constructions of the anxiety experience, and the centrality of control, or a lack thereof, to this

experience. These findings also highlight how social norms of masculinity are central to how men experience and seek support for anxiety. The findings around powerless, self-blame and complicity in the experience of anxiety, in particular, demonstrate an area where clinicians might need to focus extra attention, to educate men that they are not to blame for their mental health issues.

In investigating issues of control in men's online anxiety talk, this study has also yielded important information regarding the potentially severe and debilitating nature of the anxiety with which many men live. Our analysis suggests, for example, that for some men, anxiety is so severe and debilitating, that it is experienced as a sense of having lost control, being immobilised, or having lost function. In turn, we have identified the self-punitive constructions that men use to describe the distress associated with these experiences. The findings of this study share many commonalities with themes identified within analyses of accounts of individuals with a history of suicidal behavior (Papuans et al., 2012). Similarly, the parallels between the accounts of men in our study and the central principles of ACT and DBT highlight the potential value of those therapies for men experiencing anxiety. Our study also offers insight into how those therapies might be enhanced through an awareness of gender sensitive approaches to working with anxious men.

Chapter 6

Statement of Authorship

Title of Paper	"My skill is putting on a mask and convincing people not to look closer": Silence, secrecy and self-reliance in men's accounts of seeking support online for anxiety
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Principle Author

Name of Principal Author (Candidate)	Phoebe Drioli-Phillips
Contribution to the Paper	I am responsible for the conception and primary authorship of this paper. I conducted the literature review, developed the research aims, conducted analysis, and wrote the manuscript. I was identified as the first author when this article was submitted for publication, and I have been responsible for all communications with journal administration including responses to reviewer feedback.
Overall percentage (%)	85%
Certification:	This paper reports on original research I conducted during the period of my Higher Degree by Research candidature and is not subject to any obligations or contractual agreements with a third party that would constrain its inclusion in this thesis. I am the primary author of this paper.
Signature	Date July 12 2020

Co-Author Contributions

By signing the Statement of Authorship, each author certifies that:

i. the candidate's stated contribution to the publication is accurate (as detailed above);
ii. permission is granted for the candidate in include the publication in the thesis; and
iii. the sum of all co-author contributions is equal to 100% less the candidate's stated contribution.

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Chapter 6: Paper 4

"My skill is putting on a mask and convincing people not to look closer": Silence, secrecy and self-reliance in men's accounts of seeking support online for anxiety

Although anxiety disorders are the most prevalent mental health disorder in Australia, little is known about men's anxiety help-seeking practices. This study investigates how male users of an online discussion forum accounted for seeking support from an online community. Posts on an online discussion forum written by men who identify as experiencing anxiety were analysed using discursive psychology, focusing specifically on the identification of interpretative repertoires. Analysis of three interpretative repertoires illustrates how men accounted for their decision to engage in troubles-telling, a stereotypically 'feminine' activity. Findings demonstrate how men reproduced hegemonic masculine ideals of strength, self-reliance and emotional stoicism in the face of their anxiety, while also seeking to make aspects of their internal lives heard by the online community. This research highlights the relevance of masculine social norms in understanding anxiety help-seeking practices, and also illustrates the value of online communities in offering support to men in need.

CHAPTER 6 - SILENCE, SECRECY AND SELF-RELIANCE IN MEN'S ONLINE SUPPORT SEEKING FOR ANXIETY

Introduction

Anxiety disorders are the most common affective disorder in Australia, affecting approximately 11 per cent of the population (Australian Bureau of Statistics [ABS], 2018). In Australia, men are diagnosed with and treated for anxiety at a significantly lower rate than women (ABS, 2018). Psychologists have suggested that this might reflect widespread under-diagnosis of common mental health conditions among men, rather than actual differences in prevalence between men and women (Addis 2008; Johnson et al., 2012). Still, the most recent Australian National Health Survey (ABS, 2018) suggests that one in ten men report having at least one anxiety-related condition, meaning that anxiety disorders are the most prevalent mental health disorder amongst Australian males.

The prevalence of anxiety disorders amongst Australian males is concerning in light of systematic reviews that suggest that men are reluctant users of traditional mental health services (Seidler et al., 2016; Yousaf et al., 2015). A frequent explanation offered for these findings is that social norms around masculinity, such as self-control and emotional stoicism, make it more difficult for men to recognise and discuss anxiety with health care providers (Johnson et al., 2012). Health professionals also can collude with traditional masculine norms in concealing male distress. A study of male GPs, for example, found that male doctors constructed males who self-referred for emotional issues as 'feminine' and thus ultimately deviant (Hale, Grogan, & Willott 2010). Those doctors own adherence to traditional norms of masculinity, then the authors argue, resulted in a lack of tolerance for male patients presenting with emotional problems, and to view these men as using their services inappropriately (Hale et al., 2010). Various other studies have also argued that stereotypical constructions of hegemonic masculinity could be drawn upon by health care providers in order to enforce and exacerbate discourses of stoic, self-reliant men who did not seek help for their mental health, or indeed health more generally (Gough, 2006; Hale et al., 2010; Johnson

et al., 2011; Seymour-Smith, Wetherell, & Phoenix, 2002). Evidently, health care providers too may play a role in perpetuating gendered stereotypes relating to men's distress, and in turn in minimising or concealing that distress.

It has also been argued that while men experience emotion, including distressing emotions such as anxiety, as often as women, they *express* that emotion less (Simon & Nath, 2004). This less frequent expression of emotion too can result in barriers to mental health help-seeking by men. In practice, evidence also suggests that men express emotional distress (such as anxiety, low mood and stress) in ways that differ from women, making it more challenging to identify men who are struggling with their mental health (Brownhill et al., 2005; Johnson et al., 2012; Seidler et al., 2016). For example, while women have been found to articulate emotional distress 30% more frequently than men, men are more likely to mask their distress with alcohol and substance use (Mirowsky & Ross, 1995). A study of Australian men with depression similarly suggested that men experience a trajectory of emotional distress described by the authors as "the big build", which is characterised by avoidant, numbing and escape behaviours (Brownhill et al., 2005).

Other findings, however, suggest that while men might not readily volunteer sensitive information, they might communicate their health concerns when health care providers appropriately facilitate discussions (Seidler et al., 2016; Zaman & Underwood, 2003). Studies have also found that men frequently identify lay networks (such as romantic partners, parents and friends) as their preferred source of support in times of emotional distress (Cleary, 2012; Hoy, 2012). As such, the significance of social support for men in times of distress is an area of increasing interest to researchers (Cleary, 2012; Gough, 2016).

Even in cases where men explicitly describe a desire to seek social support, many studies have shown that men frequently have difficulties in articulating distress. For example, Liang and George (2012) highlighted how some men with depression wanted to talk to

family or friends about their difficulties but had few or no people in their social networks whom they trusted to share their feelings. Men have also reported that in conversations with their intimate partners, they must carefully navigate the boundaries between traditional, hegemonic performances of masculinity and more emotionally expressive ways of being (McQueen, 2017). This balancing act has been described as the double-bind of masculinity (Norman, 2011). In this view, men must position themselves between competing, and somewhat contradictory, discourses of vulnerability and strength. Norman (2011) further argues that for some men, navigating this balance of vulnerability and strength can become a source of distress in its own right. Given the complexities of how gender and social norms impact upon support seeking for emotional distress, it is of great importance that we seek to better understand how men describe their experiences seeking help for anxiety, and their support needs. Enhancing understandings in this area will be central to making available a range of more user-friendly services for men who are experiencing anxiety (Ridge, Emslie, & White 2011; Seidler et al., 2016).

At present, the existing literature focuses almost exclusively on men's reticence to seek help and maladaptive coping behaviours (Fogarty et al., 2015). This body of literature frequently suggests that when men seek help, they prefer solution-focused support, rather than support concerned with emotional expressivity (Seidler et al., 2016). Conversely, several other studies have shown that men do report a willingness to explore their emotions and vulnerabilities when they perceive it is safe to do so (e.g., Charteris-Black & Seale, 2009; Emslie et al., 2006; Lomas et al., 2012; Schwaab et al., 2016). Evidently, men are diverse, and so are their help-seeking preferences.

The body of research in which men's help-seeking preferences are debated (some of which is included above) has typically been developed through traditional data collection methods, such as interviews and surveys (Seidler et al., 2016). The use of such self-report

measures in men's health research, (e.g., Brownhill et al., 2005; Cleary, 2012; Seidler et al., 2016; Yousaf et al., 2015) is however contentious. Several problems regarding the centrality of self-report measures to psychological knowledge construction have been identified (Potter & Hepburn, 2005; Potter & Wetherell, 1987). Notably, critics of self-report measures problematise the assumption that people can act as reliable reporters of events, social practices and even their own reasoning (Potter & Hepburn, 2005). These issues inherent to self-report data are likely to be particularly relevant to studies of men, who, as highlighted earlier, are already likely to underreport their distress, due to gendered expectations around emotional stoicism and self-restraint. Indeed, researchers have suggested that men's widely self-reported preferences for solution-based support are just as likely to be an artefact of social norms around gender and help-seeking, as they are reflective of actual help-seeking preferences (Feo & LeCoutuer, 2013; Seymour-Smith, 2008).

In line with these suggestions, research conducted using naturalistic data calls into question widely-held assumptions about men's disinclination towards emotional expressivity-focused support. In their thematic analysis of gender differences in communication styles within cancer support forums, Gooden and Winefield (2007) found that there was little difference between men and women's communicative patterns, including around emotional support seeking. Similarly, findings from a qualitative analysis of talk on a men's helpline, found that men calling the helpline routinely engaged in troubles-telling, instances of talk in which the focal point is the troubles-teller and their experiences (Jefferson & Lee, 1981), rather than information or advice-seeking (Feo & LeCouteur, 2013).

Still, it remains the case that very little is known about how men seek help and support for their emotional distress *in situ*. It is likely that, in everyday interactions, individual men might show significant variations in the way they conform to, reject, or redefine particular gender norms (Schwab et al., 2016). It is unclear, however, exactly how

men engage in this active navigation of masculine norms in their daily lives, and this is particularly true in the context of men living with anxiety. Given these limitations in our understandings of gendered expressions of distress, help-seeking, and how men navigate talking about their anxiety, it is essential to give voice to male perspectives and concerns. A discursive psychological approach to the analysis of online talk is supported by the lack of understanding about how men experience anxiety, and how they seek support for their anxiety *in situ*. A discursive psychological approach is also supported by the limitations associated with investigating accounts of anxiety help-seeking after they occur. As Horne and Wiggins (2009) argue, the analysis of online forums in particular offers a valuable opportunity to move from the investigation of retrospective accounts of crisis to the construction of specific identities in times of distress.

The present study aims to explore men's accounts of anxiety shared on an online mental health discussion forum through a discursive psychological analysis of actual help-seeking practices as they unfold. We were most interested in *how* and *why* male posters accounted for seeking support within their opening posts to the online discussion forum (asynchronous message posts under a particular topic title, from which all other discussion in that thread follows, and referred to hereafter as opening posts (OPs)). By improving our understanding of how men seek help through online discussion forums, we can gain further insight into how men engage in help-seeking *in situ*.

Method

Principles of discursive psychology were utilised to shed light on how men produced explanations of their experiences of living with anxiety. Particular analytic attention was paid to how men work to position their posts as occasions for troubles-telling, and how they accounted for this orientation to troubles-telling throughout their OPs.

Data collection

Data were collected from a dedicated sub-forum titled 'Anxiety' within a single Australian online discussion forum designed to offer a supportive platform for those suffering from common mental health conditions. The current dataset consists of posts to the 'Anxiety' sub-forum made over two years (2017-2019). Included posts were collated in a document maintained by the first author.

Both male and female posters used the online discussion forum from which the data were collected. Consistent with the approaches of similar studies (for example, Gough 2016; Hanna & Gough 2018; Seymour-Smith, 2013), information about posters' gender was established through posters' self-identification (e.g., explicit references to being male) as well as references to gendered roles (e.g., husband, father) in OPs.

OPs are the chosen site of investigation for this study as it is there that posters first describe their problems to the online community. In the current study, we drew on a sample of 130 OPs, which were authored by 122 individual posters. This sample size is consistent with other qualitative analyses of online discussion forum data, where the priority is the depth and richness of data (see, for example, (Gough, 2016; Hanna & Gough, 2018; Horne & Wiggins 2009; Seymour-Smith, 2013; Varga & Paulus, 2014).

Data analysis

In this study, we take a discursive psychological approach (Potter, 1996) informed by the principles of ideological dilemmas (Billig et al., 1988). The methodological approach is based on the view that mental health conditions, such as anxiety, are socially and discursively constructed. Broadly speaking, discursive psychology is a qualitative method used to examine talk and text within the social constructionist paradigm and considers naturally occurring talk, such as the posts produced within online anxiety discussion forums, as action-oriented (Edwards & Potter, 1992). That is, discursive psychology is concerned with what

talk is accomplishing (Edwards & Potter, 1992; Potter & Wetherell, 1987). Central to discursive psychology is the examination of how notions such as knowledge, beliefs, truths and explanations are constructed or worked up in everyday interactions between people (Edwards & Potter, 1992).

Discursive Psychology often focuses on the examination of how extended social interactions unfold, with particular attention paid to conversational rules (Potter, 2007). By focusing on the construction of OPs within the present study, we have not examined the unfolding sequences of interaction between posters within the online discussion forum. Regardless, the three central tenets of discursive psychology (function, variation and construction; Potter & Wetherell, 1987) mean that discursive psychology has much to offer to the analysis of the present dataset. The concept of function, for example, refers to the action orientation of talk, and the notion that discourse is functional; actions such as justifying, explaining, blaming and accusing are achieved through discourse (Potter & Wetherell, 1987). In this way, discursive psychology offers the ability to analyse the actions that men's anxiety-related constructions achieve, even in the absence of analysis of unfolding interactions. The principle of variation refers to the idea that discourse is highly variable, depending on its function (Potter & Wetherell, 1987; Wetherell & Potter, 1988). That is, speakers give inconsistent, changing and sometimes contradictory accounts of their social worlds, though the production of variable discourse that is not necessarily a deliberate or conscious process (Edwards & Potter, 1992). As with the first principle, the variation in men's accounts of anxiety even without the inclusion of unfolding interactions is usefully examined by discursive psychology. The third principle, construction, involves the idea that different versions of the world can be constructed, each worked up through the selection and inclusion of different resources within talk (Wetherell & Potter, 1988). The notion of construction suggests that discourse is organised to achieve particular purposes and consequences at any

given point in time (Edwards & Potter, 1992). Discursive psychology then is well placed to offer insight into how and why men account for their help-seeking practices within OPs to an online discussion forum.

By integrating principles of ideological dilemmas into a discursive psychological approach, this analysis can capture the complex, inconsistent, and contradictory accounts of help-seeking and troubles-telling in the context of living with anxiety. According to Billig et al. (1988), ideology can be understood as common sense thinking, which is frequently dilemmatic and contradictory. In this understanding then, ideology is not simply a set of attitudes, but rather a means of sense-making. From an analytic perspective, investigating ideological dilemmas within naturalistic interactions is useful as a means for exploring conflicting and complex accounts of sense-making. Of interest in the present study, is how men's posts are constructed in contradictory ways, and the various functions these contradictory accounts serve.

Analysis of data in the current study was undertaken using discursive psychology as specified by Edwards and Potter (1992) and Potter and Wetherell (1987). The analysis involved the following steps: the first author immersed themselves in the data and engaged in familiarisation through multiple readings of OPs to identify preliminary ideas. Following this, the first author applied preliminary codes to the data following repeated readings of the entire dataset, before identifying interpretative repertoires (Wetherell & Potter, 1988). Interpretative repertoires are a concept developed to facilitate the discursive psychological analysis of talk and text and can be understood as broadly identifiable patterns of descriptions, expressions and figures of speech (Wetherell & Potter, 1988). These patterns are often organised around metaphors or vivid imagery (Wetherell & Potter, 1988). This process of generating interpretative repertoires was necessarily theoretical and interpretative. All authors then subsequently reviewed the interpretative repertoires collaboratively to reach consensus on

those repertoires. At this step, the authors collaboratively engaged in describing the repertoires and interpreting the meanings and underlying significance of each repertoire. Finally, compelling extracts illustrative of each repertoire were selected. All extracts have been reproduced precisely, including all original spelling and grammatical errors.

Ethics

All data gathered in this study are freely available in the public domain. Data were collected from an open-access online discussion forum viewable without the need for a password-protected account. Therefore, in following the 'Ethics Guidelines for Internet-Mediated Research' (British Psychological Society, 2017), attempts to acquire informed consent from online posters was not necessary. All names and identifying information were removed or anonymised in the dataset, and the website in question remains unnamed to protect posters' privacy. The terms and conditions of the website that hosts the forum examined here also requires posters to explicitly acknowledge that all information posted is publicly viewable and that posters must remain anonymous by refraining from including any personally identifying information when posting. Further, in line with recommendations of Gough (2016), posters' privacy was protected by not including entire OPs, but rather only extracts from those posts. As such, the posts included in this dataset are not traceable to any individual. The School of Psychology Human Research Ethics Sub-Committee at [removed for blinded peer review] granted ethics approval for this study.

Analysis

Analysis of the dataset showed that most male posters in this online forum did not solely seek advice from their fellow posters. Across our data set, a significant number of posts (45%) were categorised as troubles-telling posts, classified as such where posters explicitly oriented to troubles-telling (e.g. references to "vents" and getting things "off their chest") as the purpose for posting. Posts were also classified as troubles-tellings in cases

where posters simply engaged in the sharing of their anxiety experience, without asking specific questions or advice from the online discussion forum.

Analysis of troubles-telling posts produced three interpretative repertoires which describe how men account for the decision to engage in troubles-telling online. These interpretative repertoires can be described as (1) troubles-talk as a necessary form of self-help, (2) the online community as a last resort, and (3) anxiety as a hidden, secret experience. Before examining in detail how men account for their decision to engage in troubles-telling online through interpretative repertoires 1-3, we first demonstrate how troubles-telling could be frequently identified within the present dataset.

Extract 1.

> *I don't know what to do anymore. theres no question in any of that, I'm not hoping for much to come of me writing it, I just had to get it off my chest.*

Extract 2.

> *I am new to the community here and would like to share my experience with anxiety and phobia.*

The extracts above illustrate how men orient to troubles-telling as their purpose for posting online, by positioning themselves as troubles-teller and other participants of the online forum as troubles-recipient. The role of troubles-recipient has as its central focus, the troubles-teller and the sharing of their experiences (Jefferson & Lee, 1981). Like many other posts across the dataset, the poster in Extract 1 explicitly orients to troubles-talk as his purpose for posting through the figure of speech: *"get it off my chest".* That the purpose of this post was troubles-telling is further emphasised by the poster's acknowledgement that they are not asking a specific question or seeking specific advice: *"theres no question in any of that".* In Extract 2, the poster's characterisation of his post as an opportunity to share their experiences of anxiety (*"would like to share my experience"*) similarly serves to position the

post as troubles-telling. Statements such as these were observed across the dataset and functioned to pre-emptively position co-interactants (i.e. potential respondents to the post) in the role of troubles-recipient, rather than as someone who must necessarily provide information or advice.

Interpretative Repertoire 1: Troubles-talk as a form of self-help

Posters across our data set often accounted for troubles-telling by constructing their troubles-talk as a form of self-help. This repertoire is illustrated by Extracts 3-6:

Extract 3.

> *Hi everyone I thought I would share my experience with you since I had a anxiety attack last week and again today……. Anyway I just wanted to share my experience with you all as I feel really good talking about it, hoping I can overcome this.*

Extract 4.

> *I don't know where to start. I am writing this in an attempt to get it out and clear some chatter in my head….*

Extract 5.

> *I just have to enter this in order to get these demons out of my head. Feeling bad for last 3 days. Crying on Monday. I did not sleep well Sun night, and comments from wife when I woke up did not help.*

Extract 6.

> *Thanks for the vent, I hope there's other people out there who can relate.*

Like in Extracts 1-2, the poster in Extract 3, orients to sharing his experiences with anxiety as his purpose for posting. In this example, troubles-telling is positioned as a necessity, and also as a positive: "*I feel really good talking about it"*. The sequential placement of this positive assessment of troubles-telling, followed immediately by the

poster's hopes for improving their condition (*"hoping I can overcome this"*), is also of note. The inferential upshot of this is that, not only will recovery follow from the poster's troubles-telling, recovery will also follow from the poster's decision to post online, thus positioning the troubles-telling itself as a useful and even necessary part of their hopes to *"overcome this".* The very act of writing about their experience of anxiety within posts then is constructed by this poster as therapeutic in and of itself.

The poster in Extract 4 similarly accounts for his troubles-talk as a reason for posting, by describing his online troubles-talk as a way of clearing the "chatter" in his head, while the poster in Extract 5 claims their purpose for posting is to *"get the demons out my head".* Both of these posts are representative of a broader pattern across the data set where men account for their troubles-talk as a way of gaining clarity over their experiences with anxiety. In both extracts, the men distance themselves from their inner turmoil by ascribing agency to their anxiety; *"these demons",* and *"this chatter".* Both accounts also involve a bodily dimension, i.e., 'chatter in my head', and 'demons in my head'. In constructing their anxiety in such a way, these posters position the anxious parts of themselves as something over which they hope to gain control through engaging in troubles-talk. In turn, the men can be seen to orient to traditional masculine norms in which rationality and emotional control are central.

In Extract 6, the poster orients to troubles-telling as his purpose for posting by expressing gratitude for the online community, in providing a platform through which he can share his experiences: *"Thanks for the vent".* Here, the characterisation of his post as a "vent" serves to position the post as troubles-telling, through invoking a sense of the release of strong emotion. By both thanking the online community for offering this opportunity for release, and not asking any questions of the community, the poster implies that some comfort was found through that release of emotion. Like Extracts 3-5 then, this poster appears to suggest that the act of posting itself functioned as therapeutic, and as a form of self-help. The

subsequent expression of the hope that others "can relate" suggests an additional function of this post. Specifically, it appears that this poster is achieving not only self-help but offering support to others who are also experiencing anxiety.

Interestingly, in the examples above, the posters do not position their troubles-talk as functioning to seek emotional reciprocity from the online community. Rather, their troubles-talk is constructed as a method by which they can gain clarity and even assert some control over the parts of themselves experiencing anxiety. It is also possible that asking questions or advice requires men to concede a need for help from others. By positioning the online community as troubles-recipients rather than advice-givers then, male posters might be understood as avoiding placing themselves in the arguably subordinate position of requiring advice from others. Thus, by presenting their troubles talk as a means of self-help, and avoiding asking questions of the online community, these posters manage the delicate dilemma of remaining self-reliant, while also making space to engage in troubles-talk online. That is, by positioning their posts as a form of self-help, men constructed a paradoxical scenario wherein they could engage in the stereotypically feminine (and thus inherently non-masculine) act of sharing their emotional experiences with the online community, while also presenting themselves as aligned with masculine social norms of independence, self-reliance and emotional stoicism.

Interpretative Repertoire 2: The online community as a last resort

Posters across the data set often accounted for troubles-telling by working up the online community as a last resort troubles-talk recipient. Male posters in this dataset frequently achieved this by identifying and subsequently rejecting various categories of people whom they might otherwise turn to for help with their anxiety, as illustrated in Extracts 7 and 8 below.

Extract 7.

> *Breathing exercises and all that stuff doesn't help because I don't hyperventilate, I just find it more and more difficult to function. I feel like I can't talk to anyone. I can't talk to my parents, because they are already really stressed. I can't talk to my friends, because they're already really stressed.*

Extract 8.

> *I just need to get this off my chest….Now I silently live in pain every waking minute with this inner turmoil. My wife coupes very different to me with stress and anxiety so I find it very difficult to talk to her about it. She is the only light in my life at the moment and I do''t want to be a failure to her.*

Consistent with posts across the dataset, these posters account for their rejection of family and friends as suitable support and troubles-telling recipients by claiming various types of inability or difficulty in talking to those individuals. In Extract 7, for example, the poster deploys a three-part list construction (Jefferson, 1990) *"I ca''t talk to anyone… I ca''t talk to my parents…I ca''t talk to my friends"* to describe his reluctance to share his troubles with friends and family due to their stressors. Three-part lists function to stand as sufficient evidence to indicate that the examples listed are representative of something more general. In this case, this poster uses listing as a resource for making a general statement about the limited availability of appropriate sources of support. The factuality of this statement is bolstered by the deployment of the Extreme Case Formulations "anyone", and "really stressed" (ECFs; Pomerantz, 1986). The deployment of three-part lists and ECFs manages the factuality of this poster's inability to turn to loved ones for support, in such a way that simultaneously orients to a concern with placing a further burden on his loved ones. The decision, then, to not seek out family and friends as troubles-recipients is legitimised as a

reasonable and thoughtful course of action. In turn, this positioning provides an account for troubles-telling online.

Similarly, in Extract 8, the poster expresses an inability to talk about his anxiety with his wife. Here, the poster explicitly orients to troubles-talk as his purpose for posting "*I just need to get this off my chest".* Following this explicit orientation, the poster accounts for posting online; not only is this poster concerned with the difficulty of sharing his anxiety-related distress with his wife, but he also describes a concern with being "a failure to her". The linguistic choice of the term failure is significant as it invokes a sense of neglect or omission of anticipated or requisite action, or a failed/poorly executed attempt at something. In this case, the required action appears to be adhering to social norms in which men are obliged to remain silent and stoic in the face of hardship by avoiding any evidence of vulnerability or weakness. To talk openly about his anxiety with his wife then is to risk failing in those socially-bound obligations. This poster's account additionally makes a case for the pointlessness of sharing his anxiety with his wife; his wife is not a suitable troubles-recipient because she copes differently with stress and anxiety. Not only then would speaking to his wife risk this poster being a failure in terms of his socially bound obligations around silence and stoicism, it is also likely to be futile due to their different ways of coping with distress.

By introducing categories of potential troubles-recipients, and subsequently accounting for the rejection of these as suitable candidates, male posters can position the community as a last resort troubles-recipient and also justify their presence on the forum. The men in this dataset could be seen to emphasise that the barrier to troubles-telling in their personal lives is not their lack of desire or inability to talk about their problems in general; instead, it is their inability to talk about it with *specific people*. It is also interesting that the inability to talk about their problems with people in their personal lives is positioned as an

issue with those people. Rather than blaming those people however, this construction appears oriented towards showing that the problem does not rest with the poster (i.e., emphasising that they are not, generally speaking, reluctant to engage in troubles-telling). The men on this forum can thus be seen to resist masculine social norms by describing a desire to engage in the stereotypically feminine behaviour of sharing their emotional experiences, albeit via an anonymous online forum.

Interpretative Repertoire 3: Anxiety as a secret/hidden experience

In this repertoire, men accounted for their decision to engage in troubles-talk online by positioning this decision as a deviation from their typical behaviour. For many, their typical behaviour was characterised by the stereotypically masculine concealment of their struggle with anxiety. Indeed, for men on the forum, there was a strong sense of their anxiety being a hidden, or secretive experience in their day-to-day life. The following extracts illustrate this interpretative repertoire:

Extract 9.

> *''m aware i have near no personal life skills, my skill is putting on a mask and convincing people not to look closer. But if you push past it, yo''ll find someon''s mental health in tatters, at a loss, lack of care, motivation or anything.*

Extract 10.

> *Howdy team, sharing my experience with living with mental health issues.*
> *Living with Anxiety and associated depression for some 40 years now.*
> *Been very, very good at hiding my illness to my own detriment, putting on a brave face and""copin"" through various life challenges along the way.*

Consistent with posts across the dataset, the extracts above illustrate how men routinely describe their anxiety as a hidden, or secret experience, while simultaneously

engaging in the conceptually contradictory practice of troubles-telling. While the intent of these posts appears to be aimed at describing the challenges of hiding their anxiety, the men simultaneously oriented to the ability to hide as positive. In both Extracts 9 and 10 for example, the men describe themselves in positive evaluative terms as being *"very, very good at hiding my illness",* and their ability to hide or mask their anxiety as *"my skill".* These evaluations are consistent with hegemonic masculine norms in which emotional restraint and concealment are valued. In offering these ostensibly positive evaluations of their lack of emotional disclosure in their offline life, these men construct themselves as maintaining control and emotional stoicism through their silence.

Interestingly, however, these constructions of silence in their offline lives read as somewhat contradictory, given their subsequent acknowledgement of the negative consequences of that outward emotional stoicism: *"if you push past it, yo"ll find someon"s mental health in tatters"* (Extract 9) and *"to my own detriment"* (Extract 10). By setting up this paradox however, these men can be seen to carefully manage the dilemma of balancing both their stereotypically non-masculine expressions of vulnerability on the online forum with more masculine practices of emotional stoicism and control in their offline lives. That is, in describing both the ability to hide their anxiety and the consequences of doing so, male posters can speak in a vulnerable way about their experiences with anxiety, while still attending to constructing themselves as outwardly masculine and stoic. That is, these accounts suggest a public/private divide; in public, these posters are traditionally masculine, while in private they are not. Similarly, in describing their hiding of anxiety as something requiring skill, but also as something that has negative consequences, men can present themselves as simultaneously competent in their day-to-day life "*"coping" through various life challenges*" (Extract 10), but not so competent that they do not need support from the online community. Thus, the men in the present study can be understood as presenting

themselves as simultaneously hegemonic and non-hegemonic, as well as complicit with, and resistant towards masculine norms.

Discussion

By investigating men's *in situ* accounts of anxiety within an online discussion forum, the findings of this study offer an important contribution to the poorly understood area of men's experiences with anxiety, and more specifically their experiences of seeking help for that anxiety. Evidently, seeking support through troubles-telling is of great importance for many male users of this forum. Although this is an online discussion forum for those experiencing anxiety, male forum users appeared to carefully manage the accountability of engaging in troubles-telling online. Our analysis contributes anxiety-specific insights to broader understandings of men's experiences with mental health support seeking. In particular, the analysis has illustrated how gendered social norms appear to shape the way that the men on this forum account for their online troubles-telling.

Many of the men represented in this dataset were motivated to engage in troubles-telling. These findings suggest that these men would *not* necessarily prefer exclusively solution-oriented support. Consistent with the findings of other studies that similarly utilised naturalistic data (Feo & LeCouteur, 2013; Seymour-Smith, 2013), our findings contradict widely held assumptions regarding men's help-seeking preferences, and in particular men's widely reported preferences for solution-oriented support. In our study, men repeatedly accounted for their choice to engage in troubles-telling (Extracts 1, 2 and 3). Additionally, the articulation of barriers to sharing emotions and experiences with friends and family indicate men might want to engage more frequently in troubles-talk, but for various reasons, find this difficult. These findings are particularly significant as current treatment guidelines for men with mental health conditions suggest that men prefer solution-oriented advice from health professionals over support oriented towards emotional expressivity (Seidler et al. 2016;

Yousaf et al., 2015). The repeated orientation to troubles-telling within men's OPs on this online discussion forum raises some questions about the suitability of such recommendations.

In addition to showing that men frequently want to talk about, and share their experiences with, anxiety, the findings of this study highlight the value of platforms such as online discussion forums for offering support to men struggling with anxiety. Existing literature has shown that male users of online discussion forums place a high value on receiving support from other men who had been through similar experiences (Hanna & Gough, 2018). Our findings extend upon this existing literature by highlighting the importance of providing supportive spaces where men feel able to express their emotions and vulnerability and share their experiences of anxiety. Our findings also offer a unique contribution to this literature, by illustrating that men frequently describe the online forum not only as helpful but as a perceived last resort option for their support needs. Online discussion forums are thus likely to be especially valuable for those men who feel isolated from loved ones as a result of their anxiety experiences.

These findings also demonstrate the value of providing platforms such as this online discussion forum, through which men can share their experiences of anxiety. Some posters constructed the act of sharing their experiences with the online forum as therapeutic in itself (Extracts 3-6). This finding is consistent with previous research which suggests that the very act of expressing one's emotions through written language has can have benefits in improving mental wellbeing, and reducing emotional ailments (Lieberman et al., 2007; Pennebaker, 1997; Pennebaker & Graybeal, 2001). In the context of online discussion forums, Barak, Boniel-Nissim and Suler (2008) similarly argue that the act of writing out and expressing one's emotions may have positive benefits in terms of empowering individuals to cope with psychological distress. The findings of Barak et al. (2008), in particular, are aligned with those of the present study, in suggesting that the use of online forums can be

useful in fostering an enhanced sense of control, self-confidence and independence in relation to coping with psychological distress. findings build on these previous studies by offering qualitative insights into how men themselves endorse the act of openly sharing their emotions online as having therapeutic benefits. Our findings also offer valuable insight into the benefits of online discussion forums by demonstrating how openly sharing anxious distress within such forums might be beneficial, even in the absence of supportive interactions with other forum users.

Despite the likely value of online discussion forums, our findings also offer insight into the constant negotiation that men undertake in justifying their support needs. One might reasonably expect that sharing one's experiences with anxiety would be acceptable and even expected (and thus not-accountable) in the context of such a discussion forum (Lamerichs & Te Molder, 2003). The findings of the present analysis, however, suggest that troubles-telling is an accountable matter, which men accounted for in various ways including by positioning it as a form of self-help, or as a deviation from normal, offline behaviours. Gender norms appear to shape these accounts of troubles-telling in various ways. Certainly, the concealment of emotions and vulnerability (Interpretative Repertoire 3) as a means of presenting oneself as masculine is widely argued to be the most prevailing and constraining element of hegemonic masculinity (Charteris-Black & Seale, 2009; Coates 2003). That is, in describing their anxiety as silent, or hidden, men can engage in troubles-telling and emotional disclosures about their anxiety. In turn, this allows them to uphold stereotypically gendered norms by simultaneously describing themselves as outwardly stoic, competent and independent in their offline lives. These findings are important to consider in light of the argument that masculinity is a precarious status that requires continuous management (Vandello & Bosson, 2013). By carefully managing the dilemmas of competence versus incompetence, and stoicism versus vulnerability in their self-disclosures, the constructions

produced by the men in this study are likely to serve a self-protective function. That is, posters can present themselves to their troubles-recipients as appropriately competent, stoic and thus masculine, while also allowing posters to engage with their anxiety-related vulnerabilities in a nuanced and contradictory manner.

It is also noteworthy how the posters carefully manage the positioning of the online community as more appropriate troubles-recipients than their offline support systems. Men frequently, in rejecting potential offline troubles-recipients, oriented to a concern for loved ones in accounting for their choice not to seek support offline. As has been identified elsewhere (e.g., Oliffe et al. 2013), a self-perceived failure to live up to masculine norms, such as being able to remain emotionally strong for loved ones, was a source of significant distress for men across our dataset. Our findings offer a unique and valuable contribution to the men's mental health literature, in demonstrating the challenges perceived by men, regarding sharing their experiences of anxiety with friends and family. This finding is important as it sheds light on why men might not disclose personal struggles to those close to them. In particular, the present analysis also demonstrates the contradictory and dilemmatic nature of men's accounts, wherein men endorse the act of troubles-telling in practice (within the online forum), but also simultaneously undermine this by describing troubles-telling as normally constrained, or even impossible offline.

Our findings also offer important insight into how social norms around masculinity are relevant to understanding how men perceive their options for support when experiencing anxiety. Indeed, the accounting that appears to be necessary when deciding to engage in troubles-telling might be best understood through consideration of gender norms around masculinity, and emotional expression and disclosure. While men in this dataset were clearly motivated to engage in troubles-telling, such talk was invariably carefully constructed and constrained by hegemonic masculinities founded on control, pragmatism, stoicism and self-

reliance (Connell 1995; Connell 2002; Courtenay 2000). This was illustrated in the third interpretative repertoire, for example (Extracts 9-10) wherein men described their anxiety as a hidden experience. In doing so, men could be seen to carefully manage their perceived stoicism and vulnerability. That is, while they described themselves as outwardly stoic offline, they simultaneously engaged with their vulnerabilities online. This has been described elsewhere as the double-bind of masculinity (Norman 2011). In this double-bind, men must carefully balance their emotional expressivity between contradictory discourses of vulnerability and strength.

The issues of carefully navigated vulnerability that arise in this study are also relevant in offering insight into how masculine social norms, and particularly those of self-reliance and independence, are related to men's perceived options in seeking support. As can be seen in Extract 1, for example, posters frequently explicitly avoided asking questions of the online community, contradicting assertions that men exclusively prefer solution-focused support. Similarly, in Extracts 3-6, posters orient to notions of self-reliance and independence through constructing their posts as an act self-help, and offering support to others. Evidently, to claim that the men in this study are simply reproducing hegemonic ideals would be too simplistic. Rather, the men in this dataset are both reproducing hegemonic ideals and engaging in practices that are distinctively 'non-masculine'. As such, the present findings demonstrate how masculinised and feminised behaviours help-seeking practices can, and do, co-exist.

References to ''traditional'', ''stereotypical'' or "hegemonic" masculinity throughout this study should not be interpreted as an attempt to oversimplify masculinity. Nor should it be taken as a suggestion that there is little diversity regarding what constitutes masculinity, and how this varies across historical and cultural contexts (Inckle, 2014). We argue then it is helpful to view masculinity as a range of flexible, locally produced and context-dependent masculinities rather than as a singular, static 'hegemonic' masculine identity. Indeed,

"hegemonic" masculinity is an ideal that shifts constantly, and thus to conceptualise the "hegemonic" masculine identity as something static represents a fundamental misunderstanding of hegemony (Connell & Messerschmidt, 2005). As Galasiński (2008) and Charteris-Black and Seale (2009) note, men should be understood as having agency in producing their own gendered identities, through the deployment of a range of culturally available discursive repertoires which vary according to their communicative purposes within specific contexts of interaction. Indeed, like in Seale and Charteris-Black (2008), our findings have emphasised the significance of social relations, individual agency and the variability of discourse and its relation to performances of masculinity in the way that men produce gender. The results of this study emphasise that while ideals of traditional/stereotypical/hegemonic masculinity remain pervasive, there exist significant variations both between as well as within men.

These findings, which relate to variations within men, are consistent with findings from other studies of men's online mental health-related communications. Gough (2016) for example, argued that men posting online must tread a fine line between appearing depressed and appearing self-reliant and proactive about their health – or as Gough (2016; p. 161) puts it, between "'defective' and being 'effective.'" Our findings offer a unique contribution to this existing literature on masculinity and emotional expressivity, by illustrating how men can simultaneously engage in emotional disclosures around their anxiety, while also maintaining a sense of independence, self-reliance and emotional stoicism. As such, we argue that our findings highlight the importance of actively counteracting unhelpful stereotypes about men and their health practices. As such, to better understand the relationship between gender and help-seeking practices, researchers and clinicians should not rely on preconceived notions around masculinity constructs to inform their understandings of men's anxiety and help-seeking for that anxiety.

In line with such reasoning, we suggest that it is possible that public health messaging and campaigns aimed at engaging men in talk therapy (to which troubles-telling is central) or encouraging men to reach out to their support networks, might utilise the findings of the current study. Our findings suggest that reframing troubles-telling as a way of maintaining masculinity within public health messaging might be a useful concept for improving the effectiveness of such messaging. We also argue, however, that our findings highlight the possible help-seeking ramifications resulting from perpetuating the idea that help-seeking is inevitably gendered. Future public health campaigns might also work to move away from gendered messages, towards messaging that describes troubles-telling as a valuable way to sort through one's issues, and as helpful in maintaining one's independence and self-reliance regardless of gender.

These findings should, of course, be considered in light of their limitations. The present analysis was conducted using data collected from one Australian online discussion forum. Exploring men's anxiety accounts on a range of other online discussion forums focused on mental health would be a productive avenue for future research. Such research might investigate whether men in other forums also routinely engage in troubles-telling online and if such troubles-telling is similarly accounted for. It is also quite likely that many men do not seek support from online discussion forums. As such, the findings of the present analysis do not provide insight into the experiences of all men, and we cannot make claims about the representativeness of our findings. Instead, we argue that the findings of this study offer a useful foundation for future research in the context of men's experience with anxiety. Finally, our focus on OPs has, in this study, been to the exclusion of any analysis of the sequential unfolding of interactions between forum users. Future studies could usefully deploy discursive psychology to investigate how supportive interactions unfold, to offer greater insight into how anxiety, and particularly anxiety as it relates to masculinity, is

negotiated within interaction.

Despite these limitations, the present study offers a valuable contribution to the men's mental health literature. The findings of this study support and build on the findings of existing literature developed through naturalistic data (Feo & LeCouteur, 2013; Hanna & Gough, 2018; Seymour-Smith, 2013). In particular, the findings demonstrate that the notion that men hold a widespread preference for solution-focused support is a fallacy. These findings also illustrate the complexities of masculine social norms, in the context of troubles-telling about men's experiences with anxiety. This was particularly true regarding managing the contradictory dilemma of remaining stoic, independent, and self-reliant while also simultaneously engaging in vulnerable disclosures about their anxiety experience. This study has also yielded important information regarding the challenge's men face in seeking support for their anxiety from friends and family. While previous findings suggest that men report a preference for lay support, the present study suggests that there are significant limitations to relying on family/friends. Therefore, it is important that men are able to access supportive platforms through which they can discuss their anxiety. As such, these findings offer support for the recommendation that online forums be considered by those seeking to develop male-friendly support options, as a valuable platform for men to seek support for their anxiety.

Chapter 7

Discussion

7.1 Overview

Throughout this dissertation, constructions of men's experiences of living with anxiety, and seeking help and support for that anxiety, have been examined. Specifically, analyses of empirical data (posts to an online anxiety discussion forum) were presented and analysed, in order to investigate the ways in which discourse is used to construct anxiety experiences, including the source, and lived experience of that anxiety. Analysis of this data additionally offered insight into how men seek help, as well as how they account for the choice to seek that help.

Chapter 1 outlined the relevant background that has informed this dissertation. First, Chapter 1 detailed how anxiety was defined for this dissertation. Subsequently, this chapter examined the existing literature as it related to anxiety disorder symptomatology and the treatment of anxiety. This chapter additionally detailed the academic literature concerned with men's mental health, with a focus on both existing knowledge and gaps in the literature. This examination of existing literature was complemented by an examination of critical perspectives of gender, and how these perspectives offer insight into better understanding men's mental health help-seeking practices, in the specific context of anxiety.

Chapter 2 provided an overview of the theoretical basis of this dissertation; specifically, social constructionism, and particularly as it relates to anxiety, and gender. Following this, I described the data collection process of this dissertation and addressed relevant ethical concerns. The final focus of Chapter 2 was on detailing the analytic approach adopted in this dissertation. This section involved an in-depth discussion of discursive psychology (Edwards & Potter 1992; Potter, 1996; Potter, 2012; Potter & Wetherell, 1987),

which was the primary overarching methodology or analytic approach in each chapter. Discursive psychology was then (in various chapters) informed by thematic analysis (Braun & Clark, 2006; Clark & Braun, 2013), membership categorisation analysis (Sacks, 1972a; 1972b; 1992) and ideological dilemmas (Billig et al., 1988). An overview of each of those analytic methods was also provided within Chapter 2.

Chapter 3 (Paper 1) employed thematic analysis, informed by principles of discursive psychology, to examine how men's accounts of their anxiety attend to issues of authenticity, and the types of support that men appear to be seeking online. In particular, men could be seen to orient to a diagnosis, to detail the severity of their anxiety, to emphasise the longevity of their anxiety, and to construct themselves as troubles resistant. The findings illustrate that the matter of authenticity is of great importance in relation to how men claim entitlement to seek support online. Posters undertook significant work to construct themselves as authentically anxious. In doing so, those posters claimed some entitlement to request urgent, immediate support from a community of individuals who share the experience of living with anxiety.

Chapter 4 (Paper 2) utilised a discursive psychological approach, informed by principles of membership categorisation analysis, to examine how men describe the factors moderating their anxiety. The analysis described how men's descriptions of the issues from which their anxiety arise, should be understood as culturally bound and related to expectations and obligations associated with their social context and category memberships.

Chapter 5 (Paper 3) took a thematic analysis approach, informed by principles of discursive psychology, to examine how men describe the lived experience of anxiety. The analysis demonstrated how anxiety was constructed as a series of out-of-control emotional states, over which the men hoped to regain control. Findings additionally showed how the self-punitive constructions that men use to describe their distress are associated with these

experiences of a loss of control. The findings of this study have implications for understanding suicide in the context of anxiety, as well as the potential value of various interventions for treating anxiety in men.

Chapter 6 (Paper 4) used discursive psychology, informed by principles of ideological dilemmas, to examine how men accounted for engaging in troubles-telling about their anxiety, a stereotypically 'feminine' activity. Findings demonstrated how men reproduced hegemonic masculine ideals of strength, self-reliance and emotional stoicism in the face of adversity, while simultaneously making aspects of their emotional lives visible to the online community. Implications of these findings were explored in detail. In particular, this research demonstrates the relevance of masculine social norms in understanding men's anxiety help-seeking practices and additionally illustrates the value of online communities in offering support to men in need.

7.2 Contributions and implications of research

In this section, the implications of the analyses presented in this dissertation are considered. Implications for understandings of men's lived experience of anxiety are discussed first, before exploring what is at stake for men in constructing their support seeking formulations. I will then consider the complexities of men's discourses of anxiety. Following this, I will consider how the findings of this dissertation are relevant to informing understandings of men's help-seeking practices.

The analyses presented in each paper and outlined again above, while separate and distinctive, also each contribute to a series of overall arguments that thread through each of the papers. As such, rather than discussing the findings and implications of each chapter, in turn, the following section will instead describe the findings and implications of these papers taken together.

The findings of this dissertation offer valuable insight into men's lived experience of anxiety. The following sub-sections will examine these findings in relation to recurrent topics across the four analytic chapters. These topics are anxiety burden; the complexities of men's discourses of anxiety; and what is at stake for men seeking help and support for their anxiety. These issues, and their respective implications, will each be examined within the context of existing literature. While my focus here will be on understanding men's experiences of anxiety and particularly the complexities of that experience as well as issues around what is at stake for men seeking help for anxiety, I will also talk about the implications for clinical practice and future research where relevant.

7.2.1 Anxiety burden.

The analyses presented in each analytic paper (Chapters 3-6) highlight the significant burden of anxiety for men. The following sections will discuss key findings from each of the studies presented in Chapters 3-6, in relation to the existing literature, in order to highlight the most important implications of the findings of this dissertation as they relate to the burden of anxiety.

7.2.1.1 The emotional burden of anxiety.

For the men represented in this dataset, the emotional burden of anxiety was routinely constructed as severe, ongoing, and as impacting on all areas of their lives. The burden of anxiety is evidenced particularly clearly in men's descriptions of the severity, and lengthiness of their struggles. The men in Chapter 3, for example, described their anxiety as so severe, that it compromises their ability to picture a future for themselves. That is, their anxiety is not just a burden in the moment of their posting online, it is also a burden to be carried in their future. The frequency with which men referred to the long-term nature of their experience with anxiety in Chapter 3 was also noteworthy. Not only then, were these men experiencing, by their accounts, serious and severe anxiety, but this anxiety had been a burden they had

carried for extended periods (years and decades; e.g., Extracts 9, 10, 11 and 12 on pages 100, 101 and 102). The emotional burden of anxiety is further evident in Chapter 4, which highlights how anxiety impacts on, and disrupts men's identities as fathers, workers, partners and providers (e.g., Threads 1, 2 and 3, on pages 125, 128 and 132 respectively). In that chapter, men could be seen to routinely orient to their familial relationships, and the associated expectations and obligations they experienced in those relationships as a factor which exacerbates their anxiety. In doing so, their anxiety could be seen to act as the cause of disruption to their identities, while their struggle with these identities also further contributed to their anxiety. Further, not only were the men in Chapter 4 struggling with the impact of anxiety on their various identities and category memberships, their anxiety could also be seen to impact significantly on their social relationships. Strained relationships with wives and children as a result of the men's anxiety were noted across the dataset. The emotional burden of anxiety as it relates to men's social relationships is also evident in Chapter 6, in men's accounts of feeling compelled to avoid discussing their anxiety with family and friends, for fear of being a burden to those individuals. Issues of identity disruption (Charteris-Back & Seale, 2013; Galasiński, 2008), and perceived burdensomeness (Oliffe et al., 2010) have been identified elsewhere as a common thread in men's accounts of ill-health, and depression in particular. The current research is, however, to the best of my knowledge, the first time that similar constructions have been identified within men's accounts of their anxiety experiences. Clinicians working with men should thus be aware of issues of disrupted identity, and burdensomeness when working with men. Indeed the findings of each of the four studies included in this dissertation suggest that supporting men through these particular struggles is likely to be of value for men presenting with anxiety, or anxiety symptomatology.

The analysis in Chapter 5 also strongly emphasises the significant burden of anxiety. Chapter 5 suggests, that for some men, the psychological and emotional burden of anxiety is

so debilitating, that it is experienced as a sense of having lost control, being immobilised, or having lost function. A sense of having lost control and how this might be associated with the previously identified link between suicidality and anxiety (Nepon et al., 2010; Nock et al., 2010) highlight the significant burden of anxiety in men. These findings which relate to the emotional burden of anxiety also offer a possible explanation for the relationship between suicide and anxiety. As Oliffe et al.'s (2010) semi-structured interview findings suggest, men with depression often refer to suicide as a brave and masculine way to regain self-control, particularly in the face of struggles that appear insurmountable. Those findings might be interpreted then in terms of burden. For some men faced with overwhelming suffering, and for whom the burden of mental illness is significant, suicide might present a means by which they can both regain their masculinity through reclaiming control and also free themselves from that burden. While I have most clearly drawn a theoretical link between men's anxiety accounts and risk of suicide in Chapter 5, when examining men's accounts of losing control, references to loss, or inaccessible futures could also be seen in Chapter 3. Not only then is the emotional burden of anxiety significant for men in the moment that they experience it, but it also has the potential to adversely affect their future emotional and physical wellbeing through placing them at risk of suicide. This finding from the dissertation has important implications. Anxiety is the most common mental health disorder amongst Australian males (ABS, 2018), and men are particularly at risk of dying by suicide when compared to Australian women (ABS, 2015; Turecki & Brent, 2015). Thus, it is of great importance that clinicians and researchers alike should remain aware of the relationship between anxiety and suicide risk, which has been identified elsewhere and was supported by the findings of this research. This need to be mindful is particularly true of those working in the field of men's suicide prevention.

The implications of these findings are also particularly important given much of the mental health research focuses on men and depression, to the exclusion of other common mental health conditions such as anxiety. The current focus on depression is undoubtedly important and justified. However, it is necessary also not to lose sight of how other mental health conditions, such as anxiety, impact men's lives. These findings should act as a reminder for clinicians and researchers alike to avoid minimising men's anxiety as somehow less severe, or less at risk of poor outcomes, including suicide, than depression. The findings of my studies emphasise that men with anxiety also require support, and particularly from those with an understanding of their lived experience. This need for support is particularly true in light of studies which suggest that there is a link between anxiety and suicidality (Cougle et al., 2009; Nepon et al., 2010; Nock et al., 2010) and the findings of this dissertation, which offer some insight into why this might be the case for men in particular. That is, as Chapters 3 and 5, in particular, demonstrate, men's experiences of anxiety led the men included in this dataset to describe a sense of having lost control and even lost their futures as a result of their anxiety.

It should be noted however that I do not mean to suggest here, in emphasising the importance of ensuring that men with anxiety receive equal support as men with depression, that the two experiences are without overlap. Indeed, it is well established that there is considerable overlap between the diagnostic features of depressive disorders (Eysenck & Fajkowska, 2018; Zbozine et al., 2012) and anxiety disorders and thus it is perhaps unsurprising that there is also significant co-morbidity between these disorders (Alonso & Lépine, 2007; Kessler et al., 2005; Kessler et al., 2010). A detailed comparative analysis of anxiety and depression accounts within this online forum was, however, outside the scope of this thesis. Rather the objective of this dissertation is to develop qualitative insights into the experiences of men who identify as experiencing anxiety, regardless of whether they also

identify as experiencing depression, or indeed if their reported symptomatology might also be interpreted as meeting diagnostic criteria for depression. In turn, I have deployed the findings of the analysis contained within this dissertation in order to reflect on some important implications for better understanding the experiences of men who identify as experiencing anxiety.

Given the significant burden suffered by men experiencing anxiety identified in each of the four studies in this dissertation, clinicians and researchers alike should be aware of this burden and seek to identify and support men experiencing anxiety. Future research must continue to investigate men's anxiety experiences in order to facilitate improved identification of men who are struggling. Future research in this area is particularly important given the overall consensus throughout previous studies, which emphasise the long-term burden of anxiety, and the widespread impacts on men's social and emotional functioning. Further, clinicians and researchers should be aware of the value of providing supportive services for men, in which they can connect with other men experiencing similar challenges. Facilitating peer support is particularly significant given the challenges the men in this research describe, in relation to seeking support from their close social circles, despite experiencing an immediate and urgent need for support.

*7.2.1.2 **The dual burden of anxiety.***

In addition to references to the overall emotional burden of anxiety, a recurrent finding of this dissertation was a sense of the experience of anxiety compounding anxiety, which created additional burden. That is to say, the men in this study appeared to be caught in a vicious cycle wherein not only were they experiencing anxiety (which is distressing in itself), but their experience of it and how they perceive this anxiety (such as through self-blame, and low self-worth), could then compound their distress. How anxiety can compound

anxiety is hereafter referred to as the dual burden of anxiety and will be examined in this sub-section.

My findings concerning men feeling out of control, inadequate, or to blame for their distress as a result of "doing anxiety" to themselves, as can be observed in Chapter 5 (e.g., Extracts 13 and 14, on page 160), provide evidence of the dual burden of anxiety. The implications of these findings, in terms of better understanding the burden of anxiety for men, are significant. Not only do these men experience anxiety, their perceived role in perpetuating that anxiety appears to compound their anxiety. In turn, this appears to become a further source of emotional distress. Indeed, a sense of self-blame, personal inadequacy and powerlessness are particularly troubling for men experiencing psychological distress (Lomas et al., 2012; Yen & Siegler, 2003). These issues of self-blame, personal inadequacy and psychological distress, which frequently arose throughout the four analytic chapters, are significant in contributing to the burden of anxiety for men. These findings are valuable in demonstrating how the experience of anxiety in itself can lead to further distress and feelings of low self-worth and powerlessness. My findings additionally highlight how clinicians might also need to support men in challenging notions that they are to blame for, and thus inadequate or less worthy as a result of their anxiety.

The recurrent constructions of men's anxiety as a matter of a dual self (e.g., Theme 3, Extracts 10-14) are also significant in relation to understanding the dual burden of anxiety. The findings of Chapter 5, for example, suggest that perhaps anxiety should be best understood as, at least in part, a struggle or failure to identify with one's self. In this way, the findings of Chapter 5 echo those of Chapter 4, wherein men experience great distress as a result of their various category memberships and identities being disrupted by their anxiety. In Chapter 5, however, this struggle with identity is related to an inability to recognise or align with aspects of one's self. Consistent with other findings across the dataset set then, the

lived experience of anxiety should be understood as a burden in its own right, but also distressing in how it impacts on men's ability to identify with their self.

The findings of Chapter 6 provide further evidence for the dual burden of anxiety experienced by men in the dataset. The analysis presented within that chapter demonstrates how, for some men, their anxiety leads them to feel that they are a burden to their support systems. This view is evident in men's accounts of the challenges they face in accessing supports from friends and family in their everyday life. Indeed, those barriers to support, and a concern with burdensomeness, is how men frequently accounted for their decision to turn to the online community for support. These findings can also be understood in terms of anxiety compounding anxiety. That is, for the men in this research, their lived experience of anxiety is that they are failing their loved ones, which leads to further distress and feelings of anxiety. Similarly, the act of concealing their anxiety, when they are in fact in need of support, as evidenced in the analysis in Chapter 6, is also as a source of distress. For some men then, the need to seek support for their anxiety appears to be a burdensome source of distress in its own right. It is clear from the findings of this research that while many male users of the forum do indeed want to seek support, this is not always something that is possible or feels possible. As such, anxiety can be seen to have a dual burden here again; the anxiety is distressing, and the way in which this anxiety impacts on how men relate to and seek support from their friends and family is also distressing.

It is likely that this dual anxiety burden observed throughout the dataset is at least partially related to notions of emotional control, rationality, self-reliance and stoicism, which are each argued to be valued as a traditional marker of masculinity (Courtenay, 2000; Gough, 2018; McVittie & Willock, 2006; Oliffe et al., 2018). Some have argued that the dominant model of masculinity in which men are required to be strong, emotionally stoic, and rational, is at inherent odds with the experience of ill health, and mental ill-health in particular

(Galasiński, 2008; McVittie & Willock, 2006). Like Galasiński (2008) and others then, my findings suggest that gendered norms are a double-bind which appear to simultaneously underpin men's discourses of the self and can also function as a source of suffering. That is, men routinely orient to stereotypically masculine discourses of control (Chapter 5), accomplishment and the ability to provide financially (Chapter 4) as well as emotional stoicism (Chapters 5 and 6) and silence and self-reliance (Chapter 6). In this way, masculine norms can be seen to underscore men's discourses of the self. Those same discourses also, however, appear central to men's accounts of their anxiety-related distress. The inability to maintain or regain control, pressure to adhere to expectations of various gendered membership categories such as father and husband, as well as the perceived need to remain silent, stoic and self-reliant are each, within Chapters 4, 5 and 6, constructed as sources of suffering in their own right.

The complex and nuanced ways in which men construct their anxiety throughout the four studies emphasises that the emotional burden of anxiety is not, in itself, representative of the extent of the burden. Rather, the findings of Chapters 3-6 show how living with anxiety can contribute to additional distress in the broader context of men's lives. My findings additionally show that the burden of anxiety appears to be strongly related to sociocultural perspectives on what it is to be a man. Thus, my findings highlight not just the immediate and emotional challenges of anxiety, but the additional challenges that arise due to being a man with anxiety, and the broader effects that anxiety has on men's lives.

7.2.2 Medical or social or something else altogether? The complexities of men's discourses of anxiety.

The analyses presented in each analytic paper (Chapters 3-6) highlight the significant complexities present within men's account of living with anxiety. For instance, men's experiences of anxiety are medical, but they are not solely medical. Similarly, these

experiences are psychological and emotional but not just psychological or emotional; they are also social and structural. The following section will discuss both the key findings relating to men's varying deployments of medical, social and structural discourses of distress and anxiety and the implications of these discourses in relation to the existing literature.

From each study within this dissertation, it can be seen that men's experiences with anxiety may be understood in many ways, some of which may appear contradictory. I have identified in Chapter 4, for example, the tensions that exist between the men's accounts of anxiety, and medical understandings of anxiety disorders. It was interesting to note, for example, that very few of the men in this research described experiences of pain, fatigue, or other physical symptoms of anxiety. Rather, throughout the four analytic chapters, men could be seen to focus on the emotional and social burden of anxiety. Chapters 3 and 5, in particular, describe in detail the emotional experience of living with anxiety, through references to an urgent need for support, an imminent crisis and a loss of control. Interestingly, little work is done by men (in these data) to compare their anxiety to physical health conditions. The absence of such talk is noteworthy; the tendency to frame psychological symptoms as physical illness is a feature of several other studies on men's health (e.g., Bendelow, 1993; Cleary, 2012). The suggestion that masculine social norms mean that men are likely to describe their depression terms of physical, and observable symptoms has been made elsewhere (e.g., Scholz et al., 2017). Scholz et al. (2017) noted that men who had experienced an episode of depression within the last five years were seen to legitimise their emotional distress by describing that distress as being related to physical ailments.

The findings of the studies that form this dissertation extend on this literature by demonstrating that men do not uniformly construct their anxiety experiences in terms of physical ill-health. Rather, within the context of this online discussion forum, men frequently

relied upon constructions which emphasised the emotional and social struggles of their anxiety. As such, these findings offer a unique contribution to the literature by offering new insight into the complexities and variability in men's accounts of anxiety experiences as they are relayed within an online discussion forum. In particular, I have demonstrated that it would not be accurate to assume that men exclusively describe their anxiety experiences in physical terms, and in contrast, frequently describe their anxiety in emotional terms.

This is not to say that the anxiety that men experience is not embodied. As has been argued elsewhere, male bodies are material, and thus subjectivity – including affect – emerges from those bodies (Ridge et al, 2011; Robertson, Sheikh, & Moore, 2010). I simply aim to point out that men's constructions of their anxiety, in this dataset at least, did not frequently use embodied, body-focused constructions to describe the lived experience of their anxiety. The exception to this can be seen in Chapter 5, wherein men could be seen to describe a series of out-of-control physical states (e.g., lack of appetite, body tremors) in conveying the debilitating and immobilizing nature of their anxiety. Like in other chapters, however, these experiences could be seen to contribute to an overall sense of their anxiety causing secondary distress as a result of how it impacted on their day to day life. These orientations to the bodily sensations of anxiety, however, did not appear, as it has in other works (e.g., Bendelow, 1993; Cleary, 2012; Scholz et al., 2017) to function as a means of legitimising and accounting for their anxiety.

While men did not frequently orient to body-focused constructions, they could be seen, routinely, to invoke medicalised accounts of their anxiety. Men across this dataset invoked medical accounts through describing contact with health professionals, receiving diagnoses and taking medication. Medicalised accounts, in turn, functioned to establish the authenticity and legitimacy of their anxiety. It is interesting, then, to note how varied accounts of anxiety co-exist across the dataset. Chapter 3, for example, illustrated how men

managed the authenticity of their anxiety through orienting to medical constructions. In this study, medical diagnoses and contact with mental health professionals were used to legitimise anxiety. In Chapter 5, while men occasionally referenced bodily states and symptoms of anxiety, this primarily functioned to explain the widespread impacts of anxiety in their lives, rather than to manage issues of, for example, authenticity. Conversely, Chapter 4 demonstrated how men's anxiety was routinely presented as arising from issues described in life world terms, in their references to work-related distress, pressures to meet certain expectations by specific ages, and the distress associated with family responsibilities. Chapters 3 and 4 then suggest that, while men used medicalised accounts to justify their anxiety experience as medically valid and legitimate, life world explanations were more frequently deployed in descriptions of *why* anxiety was experienced, as well as in detailing *how* that anxiety impacted on their life more broadly. These accounts can be understood then as contrasting yet co-existing. These findings could be taken as evidence of the contradictory nature of men's accounts of anxiety; even though men relied on lifework explanations of why they experience anxiety, these discourses did not appear to be utilised in legitimising their anxiety. Alternatively, such constructions could be viewed as evidence of how language functions to achieve different ends. Evidently, medical, social and psychological explanations and experiences of anxiety can co-exist both within, and between, individuals.

The contrasting accounts identified in this dissertation offer some indication of how different models of anxiety (i.e. biomedical and biopsychosocial) and different discourses are likely to have utility for men in different contexts. Orienting to medicalised understandings of anxiety in order to make space for seeking support, for example, is likely to be related to broader issues of stigma. In particular, those medicalised constructions attend to possible, less than empathetic responses to men's accounts of anxiety, including the notion that overcoming anxiety is a matter of strength or willpower. As Dowgbiggen (2009) notes of anxiety

disorders, in particular, there is a widespread cultural ethos that if biology underlies one's condition, then individuals can be entitled to the exemptions of the sick role, which include freedom from judgementalism. That is, by providing a medical account of anxiety, the personal responsibility for that anxiety is reduced. In turn, this might explain the frequency with which men deployed medical constructions of anxiety in order to legitimise their experiences and justify seeking help online.

It also appears that medical understandings are not necessarily how men view the source of their anxiety. Indeed, the complex accounts which men provided for the source of their anxiety highlight several discrepancies and relationships yet to be accounted for by biomedical theories of anxiety. These findings also demonstrate how context-specific stressors such as employment and occupational successes or failures, as well as intimate partner, fathering and provider roles, play a significant role in men's perceptions of the sources of their anxiety. I argue that this highlights a significant point of tension in the primacy of the biomedical model. As such, my findings concur with arguments that the biopsychosocial model is more effective in capturing the complexities of anxiety (Deacon, 2013) and particularly men's experiences with anxiety. In that model, a search for simple explanations for complex phenomena such as anxiety is eschewed in favour of incorporating multi-disciplinary contributions towards understanding mental health conditions (Deacon, 2013; Kendler, 2012). The biopsychosocial approach is particularly useful in that it promotes collaborations and discourse across and between diverse areas of scholarship, ranging from psychology and psychiatry to sociology (Deacon, 2013; Pilgrim, 2002).

The discourses identified across the four analytic chapters could also be argued to extend beyond the biomedical, psychological, emotional, and social, to the societal or structural. Indeed, the discourses identified across the dataset frequently invoke connotations to neoliberal rationalities. I define neoliberalism here as a mode of ideology in which

individuals are positioned as economic or entrepreneurial agents, who are individually and solely responsible for their own life, health, and happiness (Brown, 2005; LaMarre, Smoliak, Cool, Kinavey, & Hardt, 2019). As Sugarman (2015) argues, the reach of neoliberalism in contemporary Western society is so significant, as to reformulate the very meanings of psychological life, moral and ethical responsibility, as well as selfhood and identity.

This conceptualisation of neoliberalism is relevant to several findings in this dissertation, including how men authenticate their anxiety through reference to interactions with institutions, such as mental health services. As Sugarman (2009) notes, within the enterprise culture perpetuated by neoliberalism, any form of suffering, psychological or otherwise, is viewed as a personal problem to be examined, managed and avoided. Suffering, and the avoidance of that suffering, is also, within enterprise culture, viewed as the personal responsibility of individuals (Sugarman, 2015). Placing this responsibility on individuals is problematic for some who have argued that the neoliberal emphasis on individual choice might obfuscate the issues of institutionalised inequities, and reinforce notions that the problem lies within individuals, rather than within the socio-economic-political system itself (LaMarre et al., 2019). The assertion that there exists an inherent relationship between neoliberalism and understandings of mental health is reflected in therapy's propensity towards individualisation and pathologisation of presenting mental health concerns (Hickinbottom-Brawn, 2013; Sugarman, 2015). Disciplines such as psychology, psychiatry and psychotherapy then arguably play a role in perpetuating the notion that the issue resides within the individual and not within broader societal structures (Carr & Batlle, 2015; LaMarre et al., 2019; Sugarman, 2015). This is not to say that health care providers uniformly are complicit in perpetuating the neoliberal agenda. Many mental health professionals consider mental health disorders such as anxiety and depression to be largely social in origin (Hale et al., 2010; Deacon, 2013; Maj, 2012). Indeed, some health care providers report a

reluctance to pathologise, even in the context of providing therapy (Mitchell, 2009; Silvers, 2017). Still, to attend to the legitimacy of one's anxiety through reference to contact with mental health services, and through engaging in diagnosis talk as a means of validating that anxiety, men in the current data set are arguably adhering to, or relying on neoliberal notions of individualism, and endorsing the pathologising of suffering. As Carr and Batlle (2015) argue, this is important to understand, as, in order to explore the widespread consequences of neoliberalism, including those which relate to men's help-seeking behaviours and practices. That is to say, we must examine how we are governed in ways that are not always conceptualised as governing, including through applications of medicine and psychotherapy.

My goal here is not to engage in debate about whether anxiety is 'real' or legitimate. Nor do I wish to suggest that high rates of anxiety are a result of individuals' inabilities to cope with modern life or are simply a construct of a capitalist pharmaceutical enterprise, and, in turn, to dismiss the suffering of men with anxiety. Rather I mean to demonstrate the intersection between neoliberal ideologies of individualism, self-reliance and productivity and men's experiences of living with and seeking help for anxiety.

Neoliberal ideologies are also arguably relevant to several of the findings in this dissertation relating to the source of men's anxiety. In line with the argument outlined in Hickinbottom-Brawn (2013), I also argue that neoliberal ideologies, with their inherent conceptualisation of individual selves as commodities, both problematises and produces anxiety. As Rose (1996; p. 3) argues, enterprise culture "divides, imposes burdens, and thrives upon the anxieties and disappointments generated by its own promises". A similar argument is posed in Dowbiggin's (2009) discussion of the social construction of anxiety, in which the author describes high rates of anxiety as a response to an inability to cope in the modern age. Arguably, similar discourses can be seen to be reflected within men's accounts of self-blame and worthlessness throughout this dissertation. This is particularly evident in

Chapter 4, where men are frequently seen to describe the source of their anxiety as related to their concerns about their productivity, and value in terms of their ability to provide for their families, and to achieve occupational success. As the findings of Chapter 4 show, the ability to achieve occupational success and to earn a living is intimately connected both to men's feelings of anxiety, but also to how this anxiety is responded to by others. Responses to opening posts offered notably less sympathetic responses when the original poster's accounts described them as living in ways that did not align with ideals of productivity. In offering such responses, these responding posters appear to orient to neoliberal ideologies, in which the capacity for human wellbeing is seen as being enhanced when individuals are free to direct their lives as entrepreneurs. To not take up this entrepreneurial freedom by engaging in productive work, which offers financial compensation, men leave themselves open to sanction, and even attributions of responsibility for their anxiety.

The implications of these findings, as they relate to the complexities of men's experiences of anxiety and the various discourses upon which men rely to describe their anxiety, are significant. So too are the references to the broader social structures that men invoke in accounting for their experiences of anxiety. In particular, it is important as clinicians and researchers, to consider how we frame the causes and subjective experience of anxiety. Clinicians must be aware that men may present with reports of non-medicalised accounts of work-related stress, which should prompt further questions regarding possible anxious distress, and also enable access to appropriate mental health supports. Similarly, in clinical settings, men's accounts of distress that do not emphasise somatic symptoms of anxiety should not be overlooked for the possible challenges and struggles that these men are facing in terms of their wellbeing. Researchers must also be mindful of the contextual and conceptual complexities underlying any understanding of anxiety in men, in order to better understand how to conduct research this area sensitively. Perhaps more than anything else,

these findings show why it is critically important to consider and value lay voices, in order to guide how we talk about difficult and sensitive issues such as anxiety in a way that does not perpetuate issues around (in)authenticity, self-blame, powerlessness and low self-worth.

In short, my findings emphasise that what might appear to be a set of contradictory accounts, is, in fact, a representation of the complexities of being a man with anxiety. In turn, the complexities of the accounts of anxiety offered by the men in this study illustrate how biomedical, psychological and emotional, as well as social, structural and even ideological understandings of anxiety, can each be relevant and useful in understanding men's experiences of anxiety. As such, clinicians and researchers must be cognisant of the various contributions of each of these factors to men' experiences of living with, and seeking help for, their anxiety.

7.2.3 Seeking help and support for anxiety – a high stakes game.

The analyses presented in each analytic paper (Chapters 3-6) emphasise that much is at stake for men seeking help and support for their anxiety. Indeed, men with anxiety must manage both the emotional burden of living with anxiety, while also navigating a range of complex discourses in describing that anxiety. Further, when seeking support, men must also carefully navigate additional matters such as morality, accountability and masculinity, in order to be able to access the type of supports they are seeking. In this section, the focus will be on detailing findings of this dissertation as they relate to what is at stake for men seeking help for their anxiety.

I argue that my findings make it clear that much is at stake for men seeking support for their anxiety, even when that support is sought through an anonymous online discussion forum. The risk of receiving support that is not aligned with their support preferences also appears to be something which men must carefully manage. The careful management of requests for support seen across the analytic chapters highlight that the men posting within

this forum risk not receiving the urgent support they describe themselves as needing. For example, in Chapter 3, the men can be seen to carefully manage the authenticity of their anxiety in order to claim entitlement to seek the urgent support they report needing. As such, the possibility of not receiving that urgently needed support is at stake, should men not produce a convincing account of their anxiety. The issue of specific support arises again in Chapter 6, where men describe a preference for support oriented towards troubles-telling, as opposed to solution-focused support centred around advice-giving.

Of particular note in this dissertation is how the practice of accounting for support appears to be tied up with notions of masculinity. As the findings of Chapter 3 suggest, even on a platform established to provide support for those with anxiety, men must work to convince others that they are legitimately anxious in order to seek support. These findings illustrate that the support that men appear to be seeking is not something that can be taken for granted. Rather, men were seen to work hard to present themselves as authentically and legitimately anxious and to protect themselves against alternative explanations, such as that of stress or weakness. This finding is perhaps unsurprising, given research which shows that anxiety is associated with higher levels of "weak not sick" stigma than other mental health conditions (Yap et al., 2011; Clark et al., 2018). The need to protect against interpretations of being weak, rather than ill, is perhaps heightened for men. Indeed as I have noted earlier in this chapter, it has been argued that any experience of illness is challenging to men's sense of masculinity (Charteris-Black & Seale, 2009) and that mental ill-health, in particular, is inherently at odds with dominant models of masculinity (Galasiński, 2008; McVittie & Willock, 2006). The notion of masculinity being at stake was one which was pervasive across this dataset.

Evidence of this notion of masculinity at stake could be seen in Chapter 4, within the analysis of unfolding supportive interactions. Gendered expectations were invoked, for

example, in posters negotiation of their struggles to emotionally engage with their families (e.g., Thread 3, page 132), as well as their struggles to provide financially for their families (e.g., Thread 2, page 128). There it becomes evident how attending to issues of morality, as they relate to notions of masculinity, are related to how support is sought and offered. Indeed, there appeared to be a need for men to attend to certain moral obligations, lest those men are left vulnerable to being sanctioned by responding posters. It is noteworthy, then, how the practices of "doing" help-seeking, "doing" being anxious and "doing" being masculine become so intertwined. A failure to meet socially-prescribed moral obligations, including those related to masculine notions of obligations to provide financially, could be seen to lead, even within ostensibly supportive responses, to implications of moral failings on behalf of the opening posters. Carefully managing issues of masculinity in "doing" help-seeking was also evident in Chapter 6. There, men could be seen to delicately navigate issues of masculinity in seeking support for their anxiety, in accounting for their decision to engage in troubles-telling, a stereotypically 'feminine' activity. In particular, men were seen to reproduce hegemonic masculine ideals of strength, self-reliance and emotional stoicism in the face of their anxiety, while simultaneously sharing their inner lives with the online community. As such, men could be understood as presenting themselves as simultaneously hegemonic and non-hegemonic, as well as complicit with, and resistant towards masculine norms. As in other chapters then, the findings of Chapter 6 illustrate that not only is the receipt of support at stake for men, so too is their masculinity. Indeed, the seeking and receiving of support and the delicate management of masculine social norms appear inherently intertwined for men posting to this online discussion forum.

While notions of masculinity were pervasive across the current dataset, it is likely that all people, not just men, would feel the need to account for asking for help on an online discussion forum. In their analysis of online depression talk, for example, Lamerichs and Te

Molder (2003) demonstrated the accountable nature of seeking support online. There, the authors argued that contrary to previous studies which suggested that online communities were relatively easy to join and moderately free of obligations, seeking support online required careful management of the appropriateness of requests for support. Like Lamerichs and Te Molder (2003), I have similarly demonstrated that men frequently are seen to carefully manage their entitlement to seek support, as well as to account for the specific forms of support that they were seeking. Interestingly, even though the accountability of seeking help online is likely to be an issue for all genders, *how* the men in this study managed the accountability of seeking support appeared to be gendered. References to seeking urgent help at crisis points (Chapter 3), orientations to gendered social category memberships and the distress associated with the expectations of those memberships (Chapter 4), as well as descriptions of having lost control (Chapter 5) and concealing one's distress (Chapter 6) are all related to social norms of masculinity. Thus, even within an anonymous online discussion forum, dedicated to the seeking and offering of support for those with anxiety, issues of morality and accountability are closely intertwined with notions of masculinity. In turn, the careful management of those issues appears central to claiming entitlement to receiving support in the context of an online discussion forum. It is important to note that these findings, as they relate to what is at stake for those seeking support online, have not previously been investigated in the specific contexts of men's experiences of anxiety. The significance of masculine social norms, as they relate to broader issues of appropriateness, morality and accountability is then an important contribution of this dissertation.

7.3 Understanding men's mental health help-seeking preferences.

The analyses presented in each analytic paper (Chapters 3-6) highlight several important implications regarding men's help-seeking preferences and practices, in the specific context of online help-seeking for anxiety. The following sections will discuss key

findings from each of the studies presented in Chapters 3-6, in relation to the existing literature, in order to highlight the most important implications of the findings of this dissertation as they relate to help-seeking.

The online discussion forum used by men in this study did not exclusively function as a replacement for traditional face-to-face support, as the findings in Chapter 3 illustrate. Rather, online discussion forums seem to largely operate as services which complement traditional, face-to-face mental health support. These forums additionally offer the opportunity for men to seek immediate and urgent support, centred around emotional expressivity. Previous research has shown that support from online discussion forums is frequently sought in times where traditional means of support, such as formal face-to-face support, fall short (Gough, 2016; Tucker & Goodings, 2018). These findings are noteworthy as previous studies have shown that men frequently delay seeking help for mental health conditions until they reach crisis points (Scholz et al., 2017; Seidler et al., 2016; Seidler et al., 2017). As such, my research demonstrates an important point of difference from previous research. Specifically, in highlighting how men turn to forums in times of urgent need, I have raised some questions around long-held assumptions about men's use of mental health services. Specifically, my findings contradict notions that men only seek help when it is urgent. The men in my studies seemed to seek help in times of crisis; however, those men were frequently already engaged with mental health services. For the men in this research (see, findings of Chapter 3) at least, the urgent support that they were seeking online appeared to address an urgent support need that formal supports were not meeting.

The results of this dissertation also suggest that not all men endorse a widespread preference for support from offline lay networks, such as family and friends. This finding is noteworthy given that across the empirical literature, men have frequently been seen to identify lay networks (such as romantic partners, mothers and friends) as their preferred

sources of help and support in times of emotional distress (Fogarty et al., 2015; Schwab et al., 2016; Sweeney et al., 2015). Rather, the findings of Chapter 4 suggest that relationships with family and friends do not always offer a means of alleviating distress. In fact, men's expectations about their obligations to family members such as wives, partners and children frequently presented a source of distress for the men posting to the forum. The limitations of lay networks for supporting men with anxiety was particularly evident in the findings of Chapter 6, where men were seen to seek support online to address a need not being met by offline lay networks. There, men went to great lengths to account for why their offline supports, to which they might otherwise be expected to turn, were insufficient. For example, a concern with burdening loved ones, or even failing those loved ones, was a common justification for categorising lay networks as unsuitable sources of support.

These findings relating to the value of urgent, and anonymous lay support (Chapters 3 and 6) are significant in terms of implications for providing effective mental health supports for men with anxiety. As many men in this dissertation highlighted, the opportunity to simply share their experiences with anxiety was important and necessary. Indeed, the need for support was constructed by men in Chapter 3 as urgent, in order to prevent an imminent crisis. For many men, however, they noted the significant barriers to sharing their experiences in their everyday life. As Chapter 6 illustrates, the sharing of experiences through engaging in troubles-telling is frequently the goal of men's support seeking on this forum. Further, the choice to engage in troubles talk online was a result of a lack of suitable recipients offline. Similar findings have been produced elsewhere. Existing literature has shown that male users of online discussion forums value the support received from other men who have been through similar experiences (Hanna & Gough, 2018). Troubles talk was also found to be a common activity engaged in by men in online discussion forums for men experiencing infertility (Hanna & Gough, 2016) and navigating new fatherhood (Fletcher &

St George, 2011). The opportunity to engage in such talk was enhanced by the anonymity of the online forum (Hanna & Gough, 2016).

While similar findings have been produced elsewhere, to the best of my knowledge, there has been no research examining men's help-seeking practices in the context of anxiety. This has, until now, represented a significant gap in the literature. The overarching findings of this dissertation around urgent support, and the value of informal support from anonymous online lay networks, should emphasise the value of supportive platforms such as online discussion forums for men with anxiety. These findings are important as they are likely to contribute to facilitating more effective and male-friendly support initiatives for men with anxiety (Gough, 2016; Hanna & Gough, 2016; Sweeney et al., 2015). In particular, these findings demonstrate the value of providing supportive services which offer men the opportunity to share their experiences with others, outside of their day-to-day social networks, who are similarly experiencing anxiety. Such services, would, the results of this dissertation suggest, be usefully centred around offering men the opportunity to engage in troubles telling. It is also likely that such services would be of particular value when they can be used anonymously and accessed by men in times of great distress. The ability to access online discussion forums around the clock, and when other mental health support services are unavailable is of particular benefit. Given the frequency with which men who used the forum were already engaged with traditional mental health services, services such as online discussion forums, as well as other peer supports, might also be usefully recommended by clinicians working with men experiencing anxiety as an additional, complementary source of support in times of need.

The results of this dissertation also suggest then that in order to better support men who are struggling with anxiety that intervention needs to be planned on a case by case and tailored to each man. As our results show, men are not a homogenous group and the

experience of anxiety is a complex one. Thus any intervention aiming to provide support to men should take into account this heterogeneity and complexity of the male anxiety experience. Men are a diverse group and should thus be offered a range of solution-focused support, support concerned with emotional expressivity, as well as support which combines both of these approaches.

By enhancing our understandings of how men describe their experiences of living with, and seeking help for anxiety, this research also offers valuable insight into improving the identification of men experiencing anxiety. It is important to note, as I have outlined earlier in this chapter for example, that men do not solely report somatic/body symptoms when describing their anxiety. In fact, the men in this study did so very infrequently. Rather, they relied heavily on accounts of social and emotional distress to describe their anxiety experiences. As such, and in order to better identify men struggling with their anxiety, clinicians should be attuned to mentions of social or financial stressors. Clinicians should also be aware of the significant challenges that men face in speaking openly about their anxiety, and as such be careful in assuming that men will readily bring up those issues unprompted. Talks of financial and social stressors should be viewed by clinicians as an opportunity to broach conversations about mental health, and anxiety in particular.

While the results of this dissertation suggest that online discussion forums are a valuable resource for men struggling with anxiety, it is worth noting that the use of such platforms remains an accountable matter. As such, the current findings, and particularly those which relate to how men orient to a need for support centred around emotional expressivity, also raise some issues around accepted notions of masculinity and help-seeking. In particular, my findings contradict those of studies (e.g., Seidler et al., 2016; Yousaf et al., 2015) which emphasise that many men report a preference for solution-based, action-oriented support. Instead of supporting generalisations about help-seeking preferences, the findings of my

dissertation suggest that support needs and preferences are complex and sometimes contradictory. The men on this online discussion forum can thus be seen to resist masculine social norms by describing a desire to engage in the stereotypically feminine behaviour of sharing their emotional experiences online. In order to achieve this desire however, the men frequently present accounts of why they are choosing to do so. These accounts were frequently bound up in reasoning, which bears a striking similarity to stereotypically masculine accounts of help-seeking at crisis points (Chapter 3). These accounts were also seen to orient to gendered obligations to loved ones (Chapter 4) as well as masculine notions of silence, independence and self-reliance (Chapter 6). Thus, the men in the present study can be understood as presenting themselves as simultaneously hegemonic and non-hegemonic, as well as complicit with, and resistant towards masculine norms within their observed help-seeking preferences.

In turn, the findings of this dissertation offer support for models of masculinity that make space for multiple, flexible, and context-dependent conceptualisations of masculinity. Indeed, the present findings demonstrate how stereotypically masculinised and feminised help-seeking practices frequently co-exist. Still, I argue that it is important to recognise that stereotypical/hegemonic forms of masculinity, which are defined as strong, rational, dominant, invulnerable, independent, and so forth, remain dominant (Charteris-Black and Seale 2009; Inckle 2014; Seale & Charteris-Black, 2008; Williams 2009). Indeed, dominant notions of masculinity (control, invulnerability, stoicism, independence and self-reliance) arose frequently across each of the four analytic chapters. Still, my findings demonstrate that there exists significant diversity regarding what constitutes masculinity. Further, my findings show the importance of society in shaping how masculinity is constructed. The results of this dissertation thus highlight that while ideals of stereotypical, hegemonic masculinity remain pervasive, there also exists significant variations between and within men. Masculinity then

is perhaps more helpfully defined as a range of flexible, locally produced and context-dependent masculinities rather than as a singular, static 'hegemonic' masculine identity.

7.4 Implications for qualitative research.

The findings of this dissertation offer a unique contribution to the literature via the analytic emphasis on the discursive resources deployed within men's anxiety talk. This approach is, I argue, particularly useful in gleaning insights into complex ideas such as emotional expressivity that are likely to be lost in other qualitative methods for analysis such as content analysis. As Gooden and Winefield (2007), Seymour-Smith (2013; 2015) and others have noted, the emotional content of men's online talk might be missed without attending to a fine grain, discursively focused approach for analysis. That is, emotional talk is not always recognisable as such.

The findings of the present dissertation support findings of, for example, Seymour-Smith (2013), who demonstrated that a common conversational approach of men online involved the sanctioning of emotional talk. As Gooden and Winefield (2007) suggested, such sanctioning often did not utilise emotion words, and thus required researchers to pay careful attention to the construction of talk. Accordingly, Seymour-Smith (2013) argued that existing studies that take a content analysis approach are more proficient at illuminating differences than at identifying similarities. This assertion is consistent with the findings of this dissertation. Specifically, the men in this study did not always use explicit emotion words to convey their emotional experiences. A closer analysis of talk across all four studies showed, however, that emotional content is identifiable by examining the construction of men's accounts. References to lost futures (Chapter 3), constructions of contrasts between how one is, and how one should be (Chapter 4), and orientations to a loss of control (Chapter 5), are all examples of emotive talk that do not explicitly utilise emotion words. As such, this dissertation offers a valuable contribution to the literature, not just in offering insight into

men's experiences with anxiety but also in highlighting the value of discursively informed qualitative analysis of naturalistic data in providing rich, nuanced insights into under-researched topics.

The analysis of naturalistic data within the present research additionally was useful in identifying how men talk about their anxiety and how they presented their help-seeking preferences. This is particularly important given the argument that interview-based and other forms of self-report research can provide an opportunity for men to "do" gender or "perform" masculine identities, rather than relay their experiences or a real preference for action (Seymour-Smith, 2013). Analyses of naturalistic data collected from contexts in which men can communicate anonymously, such as in online discussion forums, might have utility in improving understandings of the influence of the performance of gender on experiences with distress, and health care preferences (Charteris-Black & Searle, 2009; Feo & LeCouteur, 2013; Gough, 2016; Hanna & Gough, 2016; Seymour-Smith, 2013). That is not to say, however, that by analysing naturalistic data, I can access men's accounts of anxiety that are free of gender performance. Rather, I believe that this dissertation offers important insight into the interactional performance (or 'doing') of issues such as masculinity and anxiety as it occurs in situ.

As I have noted in Chapter 4, the posters included in this research were included due to having presented themselves as males who are experiencing anxiety. This approach is consistent with the social constructionist paradigm within which I situate the present dissertation, and wherein identities are viewed as an interactional accomplishment. As such, I argue that these data and my analysis of it offer important insight into the interactional management of an anxious, male identity within an online discussion forum. This is particularly evident in Chapter 6, wherein men carefully navigate the delicate balance of appearing both appropriately masculine, while also making themselves vulnerable by sharing

their experiences with anxiety. The data analysed in Chapter 4 also demonstrates both the centrality of masculine norms in men's accounts of the source of their anxiety, as well as how masculine norms appear to shape how other forum users respond to those descriptions.

My findings also contribute to the knowledge base by demonstrating how the use of naturalistic data can be useful in providing alternative perspectives on men's help-seeking preferences. The men across the four analytic chapters did not appear to be seeking advice or information seeking, which are themselves stereotypically masculine forms of support. Even in Chapter 3, where the support being requested was constructed as urgently needed, it appeared still to be oriented towards emotional expressivity, rather than solution-focused advice. As such, despite widely reported preferences for solution-oriented support then (e.g., Seidler et al., 2016; Yousaf et al., 2015), the use of naturalistic data within this dissertation has demonstrated the nuances of how men both endorse, and resist masculine norms related to help-seeking. Previous findings which suggest widespread male preferences for solution-oriented support have been predominantly found in interview-based research studies, where it might be argued that there is potentially more at stake for men in terms of preserving a masculine identity. Those findings may be an artefact of gender performance wherein men are not actually reporting their preferences, but rather "doing" being a man (Seymour-Smith, 2013). It is interesting then that my findings suggest that in practice and within the context of this dissertation, men appear to be seeking a very different form of support for their anxiety than the academic literature might lead one to expect of them. I do not mean to suggest however that my findings are not also an artefact of gender performance, and thus a greater approximation to truth or reality of what men actually want. Rather, my findings demonstrate another (very important) version of what it means to be a man with anxiety and to seek help for that anxiety, which helps to make way for more flexible, nuanced ways of understanding masculinity and men's help-seeking.

The findings of this research have additionally demonstrated the value of observing interactions within naturalistic settings, in terms of elucidating how men routinely position themselves, and how they justify and construct social meanings and identities through discussion of their experiences of anxiety. Given the growing literature base investigating men's mental health, and the clear challenges faced by men with anxiety, it is essential that men with anxiety are adequately represented within this literature. The collection of naturalistic data, as shown in this research, has many important and nuanced insights to offer on this front. This is particularly true given the complex interaction of emotional, social and societal factors which I have shown influence men's experiences of anxiety. In particular, how men negotiate and navigate issues of gendered social norms in relation to their mental health is an area in which naturalistic data collection and analysis has much to offer. Collecting naturalistic data from other settings and contexts, including face-to-face settings, in future would aid in improving our understandings of these issues. In particular, it would be helpful to investigate further how men interact with other men when seeking and offering lay support for anxiety, in order to facilitate the provision of effective support services to men struggling with anxiety.

7.5 Limitations and recommendations.

This dissertation has some limitations which will be discussed here. The specific limitations of each study have been discussed in each respective chapter. This section explores and discusses some of the broader limitations that are most likely to impact on how effectively conclusions can be drawn from the research conducted and included within this dissertation.

It should be stressed that this research was primarily concerned with men's anonymous online accounts of living with anxiety. Whilst this decision was intentional and in line with the research aims, it does mean that there are inherent limitations associated with

the ability to identify the characteristics of those posting to the online discussion forum in question. The data was, as is outlined in Chapter 2, collected according to the determination of posters' gender, which, in turn, was ascertained by observing how posters presented themselves online. It is possible, therefore, that posters might not be men according to more positivist frameworks for understanding gender. The theoretical framework of this research however supports my approach to data collection. Consistent with the social constructionist paradigm within which discursive psychological approaches are situated, identities (including gender identities) are viewed as an interactional accomplishment and are thus brought into being through interaction. Hence, to present oneself as male is to be male. As such, in line with the theoretical underpinnings of this research, I have accepted posters' presentation as male as sufficient for inclusion in my dataset. This approach is, of course, not without limitations. I have, for example, made assumptions about gender based on categories. For instance, I have assumed that someone who identifies as being a father then also identifies as male and have therefore included them in the research. It is also possible that there existed posts that were made by men but were not included in the dataset due to a lack of gender identifying information. Overall, however, I argue that this approach to data collection offers valuable information about the performance of being a man and masculinity. Indeed, this approach has afforded significant insight around cultural knowledge relating to masculinity and mental health.

Another limitation of this research is that the analysis used only one dataset, which was collected from one online discussion forum. This choice about the source of data was an intentional one made in line with my goals of developing a dataset of detailed, rich understandings of men's experiences with anxiety. It was not my goal to produce findings that I could claim are representative of all men with anxiety. I argue that the present method of data collection still allowed for a detailed, and in-depth inquiry into the issues that the men

included made relevant. I am not claiming that these findings are representative of all men. Indeed, my discussion of the complexities of men's experiences of anxiety above should highlight that, even without these data collection limitations, it would be an impossible task to adequately represent all men's experience of anxiety within the one dissertation. As such, I have aimed to develop a preliminary set of qualitative insights that will be of use to researchers seeking to develop a deeper understanding of the complexities of men's experiences with anxiety. Clinicians will also find some use in these findings, and particularly as they relate to understanding the challenges that men face when seeking help, and the widespread impacts that anxiety has on men's lives. These findings, though not representative, should however also highlight for clinicians the value of encouraging and foster peer supports for men with anxiety.

One might similarly argue that since not all men turn to online discussion forums for support, the findings do not apply to those men. Again, it was not my aim in this research to produce a set of findings which I could claim are representative of all men's experiences. Rather, I have sought to produce a set of insights that offer a foundation from which subsequent research investigating men's experiences of anxiety might draw on. This is, I believe, particularly important given the sparsity of literature concerned with men and anxiety. Community-based initiatives, and particularly those which include online peer support such as the use of forums are also becoming increasingly common (Gough, 2016; Robertson et al., 2015; Tyler & Williams, 2014). In turn, these findings which examine in detail how and why men seek help from online platforms, and their lay/peer networks more generally are also increasingly important.

A further limitation of this dissertation is that I have not investigated anxiety across different cultures. Rather, I have only examined online anxiety talk within a singular cultural context; an Australian online discussion forum. I recognise that men might experience

anxiety differently in different cultures. Similarly, how men "do" anxiety in the context of this specific discussion forum might differ from how the same men "do" anxiety in other discussion forums. Community norms might play a significant role in how men construct their anxiety experiences. Subsequent studies thus would usefully examine how culture, including the cultural norms of different discussion forums, impact on how men construct their experiences of anxiety.

A final limitation of this research is that I have only minimally investigated unfolding interactions in Chapter 4. Subsequent studies could investigate in more detail how supportive interactions unfold, in order to offer greater insight into how anxiety is negotiated within interactions. This research would offer deeper insight into that which is at stake both for those seeking support, and those offering support. It would also provide insight into culturally bound understandings of what it is to be a man, and in particular a man with anxiety.

7.6 Concluding thoughts.

In this chapter, I aimed to reflect on the range of findings, complexities and implications of the overall program of research. Evidently, men with anxiety are likely to experience significant burden as a result of that anxiety. The findings of this research offer an in-depth examination of how exactly that burden is experienced. In turn, these findings demonstrate the importance of offering adequate supports for men with anxiety.

This dissertation has also demonstrated the complexities of many men's anxiety experience. The category of 'anxiety' is commonly understood within social contexts, and social interactions (as captured through the studies in Chapters 4 and 6). Equally, biomedical, psychological and emotional understandings of anxiety also inform men's constructions of the condition (as in Chapters 3 and 5, respectively). I argue then that the complexities, and contradictions present across these constructions, should be taken into account in better understanding and shaping scientific knowledge and constructions of anxiety.

CHAPTER 7 - DISCUSSION

The findings of this research offer a foundation for much needed ongoing research into men and their experiences with anxiety. These findings will have value in informing health promotion campaigns about mental health and wellbeing, mental health service provision, clinicians and further research. Such work might improve outcomes for men experiencing anxiety disorders, and anxiety symptomatology, through better understandings of men's complex and subjective experiences of their anxiety.

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