

DIE LIKE A MAN! THE ROLE OF MASCULINITY IN MIDDLE AGED  
MALE SUICIDE

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by

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## ABSTRACT

### Die Like a Man! The Role of Masculinity in Middle Aged Male Suicide - Steven J. Holmes

In 2015, male suicide was reported at its highest rate for the previous 14 years, with more men in the 45-59 age range killing themselves since 1981. Of all suicides in 2013, 78% of them were men. Nearly four times as many men as women were killing themselves and this report further indicated that most, for the first time, were now doing it in middle age.

In speaking to those men within the specified age group who have seriously considered suicide or survived a suicide attempt, this study examines the extent to which conceptions of masculinity influence suicidal behaviour in middle aged men. It looks at how personal notions of what it is to be a man affect one's capacity for emotional expression and whether this conception influences a decision to seriously consider ending their own lives.

Data was collected through ethnographic fieldwork and unstructured interviews. The fieldwork sought to contextualise ideas of masculinity and masculine behaviour within an interactive setting, this being a local men's Shed Group. From here I examined how emotional expression was made manifest between these men. The interviews were designed to allow for the men to speak in their own voice, recounting their thoughts and feelings surrounding their considerations of suicide.

This study aims to add to a currently limited body of research that qualitatively addresses the relationship between men's emotional lives and suicidal behaviour. This approach responds, I feel, to a number of requests in recent years to a better understanding of how the role of masculinity, as understood both individually and by society, impacts upon men's emotional experiences and the means by which they seek, or fail, to express them.

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I wish to extend my deepest gratitude to those who's participation in this study made it all possible. Both to the Men's Shed Association UK for helping to establish such incredible spaces and for the members and co-ordinators of the group in Loughborough where my fieldwork took place. I hope that these groups can be quickly re-established once these difficult time pass. And, of course, I want to acknowledge the two amazing men who had the courage to step up and offer me their stories, as well as the capacity to relate them with such moving detail and emotional scope. Thank you, for these contributions I am truly indebted.

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# TABLE OF CONTENTS

## Chapter One 1

Die Like a Man! The Role of Masculinity in Middle Aged Male Suicide: An Introduction.	1
Identifying the Problem and Outlining the Focus.....	1
Introducing the Author .....	3
A Phenomenology of Pain.....	6
Private Troubles and Public Issues.....	9
Objects of Research .....	13
Introducing the Chapters .....	15
My Contribution.....	26

## Chapter Two 29

Middle Aged Male Suicide: A review of the problem and a critical look at our current understanding.....	29
Introduction .....	29
Middle Aged Male Suicide – A significant problem.....	32
Let’s Talk About Suicide .....	41
Resisting the Narrative .....	53
Conclusion: Death, Data, and Discourse.....	65

## Chapter Three 72

Death, Suicide and Social Order .....	72
Duty, Deviance and Danger: Social Responsibility and Moral Obligation .....	74
The Desire to Keep Death at a Distance .....	77

The ‘Social Fact’ of Suicide .....	79
A Death Most Inconvenient .....	87
Suicide and Stigma .....	91
Conclusion: Suicide, Social Order & Stigma .....	93
 <b>Chapter Four</b>	 <b>97</b>
Men and their Relationship with Masculinity. ....	97
In the Shadow of Hegemonic Masculinity .....	97
How Helpful is Hegemonic Masculinity? .....	108
Toxic Masculinity: The ‘Good’, The ‘Bad’, and the ‘Real’ .....	115
Failing Bodies .....	121
Conclusions .....	127
Wrapping Up this Section: Masculinity, Suicide & Social Order .....	131
 <b>Chapter Five</b>	 <b>136</b>
Down to Business: Methods .....	136
The Sample.....	136
Data Collection 1: The Principles .....	139
Qualitatively Researching Virtual Spaces .....	141
Recruitment .....	147
Data Collection 2: The Process .....	157
Analysis .....	161
Ethics.....	166
 <b>Chapter Six</b>	 <b>175</b>
Methodological Reflections, Expectations and Limitations .....	175
Breaking the Silence.....	175

My Role .....	179
Internet Ethnography: Why? And why I chose not to. ....	186
Concluding Remarks .....	192
<b>Chapter Seven</b>	<b>194</b>
Findings & Discussion: Part One .....	194
A Tale Told Through Two Methods.....	194
Repeating the Questions, Relating the Methods .....	196
Right, I'm Off Down the Shed .....	199
Conclusions .....	215
<b>Chapter Eight</b>	<b>225</b>
Findings & Discussion Part Two: .....	225
The Interviews.....	225
Conclusions .....	260
<b>Chapter Nine</b>	<b>279</b>
Wrapping Up: Conclusions and Reflections.....	279
Collecting My Thoughts .....	279
A Long and Winding Road: My Own Journey .....	285
"And now the end is here..." .....	288
<b>Appendices</b>	
<b>Appendix i</b>	<b>290</b>
Participant Information and Informed Consent Form.....	290

PhD Research Project: The role of masculinity within suicidal ideation in middle aged men: Project Information and Informed Consent Form (Interview Participation) .....	290
<b>Appendix ii</b>	<b>296</b>
Ethics Review Report .....	296
Applicant Details .....	296
Research.....	297
Project.....	297
Permissions .....	299
Informed Consent / Data Protection .....	300
Procedures .....	302
Declaration.....	303
<b>Appendix iii</b>	<b>305</b>
Recruitment Materials .....	305
Recruitment Poster (Online and Print) .....	305
<b>Appendix iv</b>	<b>306</b>
Interview Guide .....	306
PhD Research Project: The role of masculinity within suicidal ideation in middle aged men. ....	306
<b>Appendix v</b>	<b>308</b>
Interview Transcripts .....	308
Transcript 1 - Steve .....	308
Transcript 2 - Justin.....	324

## Bibliography 341

References .....	341
Website Resources .....	384

## CHAPTER ONE

### Die Like a Man! The Role of Masculinity in Middle Aged Male Suicide: An Introduction.

*"There is but one truly serious philosophical problem and that is suicide"*

*(CAMUS, 1999: 5)*

#### Identifying the Problem and Outlining the Focus.

When this project began, male suicide was at its highest rate in the previous 14 years. In the 2015 ONS Statistical Bulletin on Suicide, the number of men who had taken their own lives was recorded at 17.4 per 100,000. Whilst this figure was significantly lower than that recorded in 1988, where 21.4 men per 100,000 had resorted to suicide, it demonstrated the highest rate for men in the 45-59 age range since age standardised rates were first recorded back in 1981 (ONS, 2015). Of all suicides in 2013, 78% of them were men (ONS, 2015). Nearly four times as many men as women were killing themselves and, most significantly, the majority were doing it during middle age. Suicide had become the biggest killer of men under 50 in the UK.

My focus within this study is to examine the extent to which conceptions of masculinity influence suicidal behaviour in men between the ages of 45 and 59. Specifically, I want to look at how personal notions of what it is to be a man affect one's capacity for emotional expression and whether this conception presents a specific barrier to men's ability to seek support in relation to suicide and suicidal ideation. My reference to suicidal ideation here includes non-fatal suicidal behaviour. The purpose of this study is to speak to those men within the specified age group who have seriously considered suicide or survived a suicide attempt and ask about what led them to this decision.

Until recently, the focus had been upon younger men who had, until this time, presented as a greater risk. Between 1950 and 1998 the number of men under 45 that were killing themselves had doubled, whilst older men and all female age groups showed a decline (Gunnell *et al*, 2003; Scourfield, 2005). By 2002 the significance of suicide in younger men led the Department of Health to declare it the leading cause of death of men under 35, a message that they emphasised in their suicide prevention strategy (Scourfield, 2005). However, the number of suicides for men under 45 has since steadily declined, particularly so for the 15-29 age group, whilst the number for men 45 and over has, since 2007, steadily increased (ONS, Feb 2015). In 2012 the figure for men 45 and over surpassed the 30-44 age group and suicide became the leading cause of death for all men under 50. This figure has continued to rise, becoming the highest recorded in this age range for the last 35 years (ONS, Feb 2015).

Canetto (1995) writes that, whilst men have long held the highest proportion of completed suicides, more women than men actually consider the act. This is an interesting observation that I shall be returning to later. I mention it here, from the outset, by way of addressing the central focus of this project being upon men. This is not a justification, for I do not believe such is necessary, rather it is just an explanation of my reasoning. I do not find it surprising that a great many women consider suicide, as I endeavour to explain here. I'll say from the outset that I don't think the causes for the issue are specifically weighted in terms of gender. Men and women both have reason for contemplating this act. Only the fact remains that more men follow through. Hawton (2000) speaks of method choice as a potential reason for this or, at least, a contributing factor. Yet the significantly higher number of male suicides suggest that method alone cannot be held responsible (Möller-Leimkühler, 2003; Freeman *et al*, 2017). However, it remains a factor and, given that most men choose more violent, and uninterrupted, methods of suicide, we could have our initial evidence for the role of masculinity within the suicide process. Though this is not the sole basis for my choice. I decided to restrict the study to men, and middle-aged men in particular, because that was the anomaly. As stated in my opening, this was the group which the 2013 statistical data had highlighted as being of highest risk for the first time since the records began. It was also an area quite familiar to me.

## Introducing the Author

It was back in 2015; late March, I think, or early April. A week or so after my 45<sup>th</sup> birthday. I was between jobs, having left a temporary position at a national migraine charity just over a month before. I was comfortable, having experienced job loss, for reasons ranging from resignation to redundancy, on more than one occasion in the past. I had never felt anxiety at the loss of a job, a sense of purposelessness often described by those out of employment (see Jahoda, 1984). Rather, I found the hiatus between positions as somewhat calming; a chance to relax and reflect. I often found these periods productive, and this time was no exception.

Such periods, however, are not so relaxing for some.

Anxiety from job loss, or potential job loss, has been identified as one of a number of risk factors for suicidal ideation and even action (Coope *et al*, 2015). The loss of familiar structural elements in a life often based upon them can be detrimental to one's mental health (Jahoda, 1982). This has often been ascribed as leading to depression, particularly in men, due to the roles they seek to assume and the centrality of employment within them (Emslie *et al*, 2006). The masculine archetypes of the father as a competent provider, with dependents relying upon such provision. Or those of self-reliant actors in control of their destinies. Such conceptions of mastery and expertise are heavily challenged by the loss of a framework within which they might be exercised. Such as the loss of gainful employment. I shall examine this at some length in due course. For now, a reflection on this in relation to my own experiences serves to provide an interesting vantage from which to start examining exactly how an idea of masculinity factors into the increased rate of suicide completion amongst men and the dramatic increase in incidences of suicide for men in middle age. This idea of middle age, and a rough definition, will also be forthcoming in this regard. For now, however, we return to me.

## Early Work

I had made a previous PhD proposal whilst completing my Masters at Goldsmith College back in 2001, this being concerned with deliberate self-harm (DSH) in young males. This

interest had grown, rather than being specifically developed, somewhat organically throughout my undergraduate studies. I had written my undergraduate dissertation on contemporary practices of body modification. This ranged from impermanent body markings, through tattooing, piercing and scarification all the way to extreme mutilations such as tongue bifurcation, self-castration and elective amputation. Central to this had been questions of ownership and expression. Both expressions of ownership as well as a somaticising of otherwise invisible emotional states (McLane, 1996).

My initial interest in self-harm had been upon younger men. Self-harm in women, such as female cutting, had long been a topic of interest within sociological, socio-medical and medical literature (see Chandler, 2016). However, little had been done at this time to examine the phenomenon from a male perspective. Issues tended to arise around the visibility of the practice in men, due to the socially acceptable level of harm men were traditionally able to engage in through general lifestyle choices, and thus experience without raising suspicions. Also, those men who did present with evidence of DSH tended to be quickly categorised and, where they were not specifically pathologised as ‘parasuicides’, the potential link with suicide is nonetheless emphasised (Hawton & Fagg, 1988; Hawton *et al*, 1997; Hargus *et al*, 2009). The level of damage men inflicted upon themselves does tend to be extreme in comparison to that presented by women. This is possibly due to a desire to differentiate from the general ‘wear and tear’ experienced by men; a way of registering their distress, perhaps, to a more significant, unavoidable, degree. This more extreme behaviour tends to be cited as a more ‘serious’ attempt, thus prioritising it above the less violent attempts by women (Freeman *et al*, 2017). In this gendered comparison, the severity of the act has a much higher probability of causing death, thus leading to the observation that more men successfully complete a suicide attempt than women (Hawton, 2000). However, there remains a distinction between a deliberate attempt, such as hanging, and an act of self-harm gone too far. Either way, the notion of this being an expression of inner turmoil is retained.

My focus, then as it is now, was on the practice as a sign of emotional distress and the dynamic through which this distress is generated. What, in other words, is the basis for this groundswell of emotional unease? An unease which cannot be communicated

through safer means. Moreover, why is any potential for safe communication killed at the source in these people and is the violent expression of DSH the inevitable result? (McLane, 1996).

*“When hidden pain starts to speak, it will speak silently. Its voice may appear as a cut on the leg, a burn on the arm, skin ripped and scratched repeatedly. There will be no sound, not any, only unfelt and silent pain which makes its appearance in another pain, self inflicted, and when that second collateral pain emerges, it will articulate in blood or blisters the open definition you require, although it may not be in a language you care to see. This, it says, is pain, and this is real in any language you care to speak.”*

*(MCLANE, 1996; 109)*

McLane’s words have stayed with me since I first encountered them over two decades ago. She uses Merleau-Ponty’s (1962) phenomenological approach to language in order to try and articulate this death of the voice and what happens in its stead. “But, if this gathered gesture, the body become air, is killed in its cradle? What then?” (McLane 1996; 107). What then, indeed?

Back in 2001, circumstances determined that I put any attempts to address that question on hold. And so, we now return to 2015, where we find ourselves facing another ‘crisis’ in public health with the unprecedented rise in middle aged male suicide. Interestingly enough, that generation of young men with which I had thought to engage now comprise one of the generations who now appear to be facing a similar crisis in middle age. In this way my early work links up with my current undertaking, not only in terms of subject matter but also in this generational aspect of my potential cohort. This question, however, is not one I am adequately able to investigate here. The theoretical (and methodological) position, though, is something that persists.

## A Phenomenology of Pain

Pain, and its bedfellow, suffering, have long occupied the thoughts of philosophical minds. From Bentham (1907) and his utilitarian views, through the baroque erotica of Sade (Airaksinen, 1995), to Nietzsche's stark brand of "moral psychology" (O'Sullivan, 1996) and beyond, both the quality and purpose of pain has been argued and debated from varying perspectives. Whether we should build our moral philosophy around its avoidance (Bentham, 1907), or seek to embrace it (Nietzsche, 2017), it is the experience of pain that remains the central axis around which all other considerations revolve.

This brief discussion of Merleau-Ponty (1964), through the work of McLane (1996), in relation to the experiences of self-harm provides, I think, an apt opportunity to begin to talk about how we approach this issue theoretically. Hidden pain might be externally invisible in the ways in which we are generally accustomed to viewing injury, but this does not mean it remains unfelt. One's pain can never be experienced directly by another. It might be understood, in medical terms, and related to by those whose experiences bear similarities to another's. But one's pain is one's own (Nay & Fetherstonhaugh, 2012; Geniusas, 2020).

*"When one hears about another person's physical pain, the events happening within the interior of that person's body may seem to have the remote character of some deep subterranean fact, belonging to an invisible geography that, however portentous, has no reality because it has not yet manifested itself on the visible surface of the earth."*

(SCARRY, 1985: 3)

Elaine Scarry (1985) talks of pain as 'the making and unmaking of the world'. Her meditations on this span both the destructive qualities of pain that are made manifest in war and acts of torture, as well as those experiences of creation, such as childbirth. In particular, she notes that the presence of pain, in all cases, is without object.

*"Hearing and touch are of objects outside the boundaries of the body, as desire is desire of x, fear is fear of y, hunger is hunger for z; but pain is not "of" or "for" anything – it is itself alone."*

I think that one might find points in this expression for disagreement, as causes for pain can be considered down to a cellular level and a physical origin can be traced. But it might also be argued that the causes of injury and the actual presence of pain are separate, though related, things. In any case, where the pain is emotional, things begin to differ. Here, though internal distress might somatise into injury (Lipowski, 1988), it originally lacks an object 'in the world'. This is not to say it doesn't have an origin, but such is difficult to directly attribute to the discomfort, in the same way as we might a protruding nail, wood splinter, or any other 'thing in the world'.

So, lacking an object, we are left only with the experience of pain as a sensation. Physical pain might provide us with signs of its presence, a wound or site of inflammation, something that we might deduce or assume to be causing pain, but none of these things will ever accurately express to us how that pain feels. And where pain lacks any such determinable cause? Here we are truly and completely within the 'inner world' of our perception alone.

To investigate experiences of pain, then, we must attempt to penetrate this inner world. But doing so, in a manner where we might directly touch the inner world of another, is quite impossible. As illustrated, we cannot experience another's pain, but we can try and observe the structures within which it is made manifest through an understanding of how they are shared. Our physicality, our consciousness, and our imaginations are unique to us, but all exist in relation to others. Since these relationships are shared, it is through these that we might develop a common understanding. For Merleau-Ponty (1962), the principal avenue of exploration is through perception. This is a bodily process through which our consciousness engages with the lived world. Where aspects of this lived world encounter our physical bodies we perceive it. In such a way we are able to both perceive ourselves in relation to the lived world and the others with whom we occupy such shared spaces.

This phenomenological approach provides us with basis for situating both the experience of pain as well as a means for examining these experiences. Expression is key to Merleau-Ponty's conception, with language being his principal focus as a direct

means of bodily expression. But the act of 'speaking' might include more expressive instruments than just the regular voice. McLane (1996) acknowledges this with her illustration of pain's 'voice'. "Its voice may appear as a cut on the leg, a burn on the arm, skin ripped and scratched repeatedly." (109). The act of self-injury essentially vocalises a hidden pain. One which would not intrinsically carry the common signs of injury, so these signs are provided by the suffering so that the connection might be made, both internally and externally. I am viewing the suicidal act, and all precursive and associated practices, as a further extension of this premise. These too are expressive, bodily acts. As with any form of communication, they are relating something felt within that 'inner world' to a shared space in the 'lived world'. By concentrating upon these acts as communicative and expressive we might begin to recognise the pain behind them. This is not to say that we would 'feel' it, of course, only that we would be able to acknowledge its existence and therefore locate it within a relational framework.

The verbalised experiences of the men I speak to thus become apertures through which their inner worlds can be described. Through the interviews, their thoughts in relation to what they have 'lived' is expressed through speech. This "speakability" of the experience (Ricoeur, 1977: 147) might be considered a foundational principal of phenomenological investigation. As stated, the experiences themselves, the memories and sensations associated with an event, cannot be reached; however, through the bodily expression of language, can be expressed. Through an analysis of this expression, we might begin to form a coherent picture of how these experiences are informed and generated within certain frameworks. Central to my thesis is the positioning of these frameworks as discursive. In this manner, we see the experience as being a composite phenomenon, comprising not simply of the perception of an event and the reaction to it, but also the wider ideological environment in which thoughts and practices are shaped. This notion of discourse, and the effects of such upon our perceptions, becomes a central tenet within phenomenological method on a semiotic level (Lanigan, 1988, 1994), but also provides a useful sociological bridge between the external public and the inner personal worlds.

## Private Troubles and Public Issues

The topic of suicide seems to be centrally prevalent to a number of key sociological ideas. It formed the basis for the maiden voyage of Durkheim's (1982) newly developed sociological method, and thus became the topic of the discipline's first formal study, cementing its position foremost as a sociological, rather than a medical, issue (Durkheim, 1952). Such a positioning of suicide further presents to us a highly pertinent realisation of Mills' (1959) key conception for sociological engagement. Not a strictly defined method in the Durkheimian sense, but certainly an important toolset for engaging with the social world. Arguably, the development of Mills' *sociological imagination* comes out of a desire to improve upon, if not outright replace, the structural functionalist model that was being heavily championed by Talcott Parsons (1968a, 1968b) during that period in the United States. Whilst the origins of such are commonly attributed to Durkheim's positivist tradition, it is important to note that Mills (1959) was actually appreciative of Durkheim's methods since it offered a similar range to his own. This being the "ability to grasp history and biography and the relations between the two within society." (Mills, 1959: 6). I shall discuss Durkheim's premise and his contribution to this project in more detail in Chapter 2. Suffice it to say, at this point, both of these positions strongly inform my own. I take to heart Durkheim's proposition that suicide is a social matter and seek to demonstrate this through both discursive and the phenomenological approaches. Each of these being directly, and respectively, representative of Mills (1959) 'public' issues and 'private' troubles. My illustration of the relationships between these spheres in this context, I hope, reflects Durkheim's challenge to the biomedical understanding of suicide, consequently providing a less proscriptive way of acknowledging and addressing suicide.

Campaigns over the last 2 years, such as those spearheaded by CALM (CALMzone.org) and the Huffington Post (huffpost.com), have served to raise the profile of male suicide and depression and, most significantly, sought to address the underlying issue of men's reticence to seek help; to talk about their emotional troubles. The notion of a reticent, taciturn man is a familiar one, and one that I will examine at some length during a later discussion on masculinity, though it should be interesting to note that, in McLane's (1995) quote above, she was talking about self-mutilation by women. I don't wish to

engage in a comparative analysis of these murdered voices amongst both men and women. In fact, I rather do wish to, but it is quite beyond the scope of this particular study. Nonetheless, I am struck by the discursive position within which it is generally accepted that women have no problem in communicating their emotional states (to other women) and are thus immunised to or exempted from these crippling conditions of 'emotional detachment' or 'emotional muteness'. Really? Have the last couple of decades since McLane wrote that powerful paragraph, and the subsequent waves of feminism, truly washed women clean of the stigma of emotional failure, and flushed them free of any obstacles to healthy emotional expression? The question is somewhat rhetorical and deliberately polemic. However, it serves, I hope, to demonstrate a critical flaw in this conceptualisation of men and women's mental health that I can only, briefly, allude to at this point.

As much of the work I have just mentioned on female DSH demonstrates, the reasons understood for the practice of DSH across both men and women, is due to various forms of invalidation experienced by these people. Ultimately, this serves to prevent them finding legitimacy as expressive subjects. Their feelings were denied existence through expression in the conventional sense to a lack of acceptance or emotional reciprocity from those closest to them. The abused, disabused and lonely were typically those thought to engage in self-harming behaviour (Haw and Hawton, 2008). But the prevalence of eating disorders and social anxiety amongst those considered otherwise healthy, attractive and popular tells a story of a much more widespread area of effect and depth of penetration. Much of the discourse surrounding this issue of emotional expression is framed in terms of mental health. Actually, it would be more accurate to rephrase that into, the discourse of mental health tends to predominate within discussions of emotional expression. I find this to be problematic, but I shall refrain from fully entering into that discussion until chapter two, where I shall examine it in considerable detail. In the meantime, though, I think it is important to briefly outline a couple of principle themes by way of this introduction to the project.

My intention, then, within this study was to add to the minority of voices who were trying to enrich our understanding of what such deaths mean in relation to our lived experience. This largely meant that I needed an approach which challenged the

biomedical model. I remain particularly critical of the pathologising approach which serves not only to focus the 'reasoning' for suicide as being personal, but also frames such 'reason' as inherently 'unreasonable'. I'm problematising these terms in order to emphasise their precarious nature. What constitutes rational and reasonable behaviour is entirely a matter of context. The issue here then is which context becomes the most relevant. At the risk of sounding facetious, the answer itself becomes a question of who's position one is examining this picture from. Whose reason is it anyway?

Of course, with suicide, facetious or not, only one side is any position to answer. But, as outlined, it was important to recognise the personal voice in the accounts that I sought to provide. Thus, the focus could not be on the act of suicide *per se*. As Bayatrizi (2008) illuminates, death, in whatever form it takes, cannot be interrogated directly. Only through our interpretative accounts, whether these are qualitatively or quantitatively generated, can we examine this phenomenon. However, if we approach it from the postulate that we are not looking at *death* but at what it tells us about the experiences of the *living*, then we can refocus our attentions upon the living to generate the required insight. This, however, necessitates a difficult undertaking. Whilst now possible to obtain, the necessary information remains somewhat elusive. The topic of suicide is subject to a great deal of discursive regulation, not dissimilar to that demonstrated through Foucault's (1978) notion of the *repressive hypothesis*. Death, like sex, is seen as a precarious and dangerous subject. On the one hand there is the general societal aversions to discussing one's own mortality - for the most part we avoid doing so in direct terms where we do it at all - and yet the possibilities, and thus the eventuality, of death are at the heart of any and all considerations around health and well-being.

And then there are the practicalities in terms of the financial implications. Funerary provision, life insurance (no health check required, and cover guaranteed for over 50's, as the adverts are fond of saying) and the legalities of inheritance fill a considerable proportion of daytime television advertisement slots. There is also the media attention on suicides, itself heavily regulated in terms of appropriate content, an example of which is the guidance document produced by *The Samaritans* – the UK's longest running suicide prevention charity. This document is referenced in the ONS statistical briefings dealing with suicide and recommended to journalists seeing to report on the figures.

The discussion then is prolific, but only in respect to discursive tropes. Suicide, however, does not feature strongly in any of these. It has, however, within the last 8 years, become a dominant feature within another discursive framework, that of mental, rather than physical, health. As the ONS Statistical Bulletins on Suicide outline:

*“Suicide statistics provide an indicator of mental health and are important for monitoring trends in deaths resulting from intentional (and probable) self-harm. The statistics are widely used to inform policy, planning and research in both the public and private sectors and they enable policy makers and support services to target their resources most effectively.”*

*(ONS, 2019)*

The discussion of physical ailments may commonly involve a degree of embarrassment, depending upon the ailment in question, and most often its location on the body. However, the discussion of mental health issues has long had a greater element of stigma attached to it. Notions of ‘madness’ have long induced fear, provoking numerous methods of address ranging from exile to incarceration to ‘correction’ (Foucault, 1967). The very acknowledgement of such an issue often remains fraught with negative perceptions and connotations. This remains so even now, when we are experiencing what is arguably a watershed moment with respect to the increasing awareness of mental health issues. As a society, we may be gradually coming to terms with the idea that our state of mental health is the result of an ongoing negotiation with the pressures and demands that contemporary society places upon us, rather than a contractable, and often intractable, sickness that must be isolated, at the very least, and then treated, if possible (Seidler *et al*, 2017).

A full discussion on the history of mental illness is beyond the scope of this thesis, let alone this chapter, but the stigma that has long been attached to states of mental distress remains pertinent to this discussion. I posit that such stigma is particularly emphasised with respect to male mental health. I view this as an extension of the hegemonic male provision to remain strong in the face of adversity. To endure and to prevail. Suffering from ‘emotional stress’ as a result of such travails can be seen as a

failure to uphold the hegemonic code. Such a perception may not be a fully conscious realisation but may nonetheless serve to erode one's image of oneself over time.

## Objects of Research

So now I feel that we have the general introductions covered, it's time to take a look at how this all coalesces into an object of research. Firstly, I want to illustrate the two main points of investigation, as expressed in the form of my research questions. The first is aimed at unpacking this idea of men being emotionally restrained.

***1. Does the dominant notion of what it is to be a man prevent the establishment of an emotional dialogue and lead men to seek alternative means of bodily expression?***

As briefly established, most contemporary approaches to suicide acknowledge the preponderance of males over females who complete the act. The reasoning for this remains open to question and is the object of much emergent research, mine included (River & Flood, 2021). Often central to this research is the idea that emotional reticence might be a cause for suicidal behaviour. The precise correlation being that talking about one's feelings prevents isolation, and the risk of further action is lessened if not avoided.

The degree to which this approach might be deemed appropriate forms an important discussion later on, where I advance an idea that has received traction since this project began. An idea where this notion of it being 'good to talk' is necessarily 'unsettled' (Chandler, 2021). But prior to any critical engagement, there are a few things here to unpack. These have mostly been introduced already, but they bear repeating in this context. Firstly, this 'dominant notion' of masculinity. What is it? How is it formed? And crucially, how is it perceived in personal terms?

Secondly, the issue of 'emotional dialogue'. Why is this considered important? What does it consist of? And how does this relate to one's individual circumstance? The question deliberately places the issue of masculinity against the development of an emotional dialogue. But it leaves the answer open. This is to accommodate a position that sits outside of the developing convention on 'emotional dialogue', allowing it to

actually extend into the third constituent element of this question: 'bodily expression'.

This last part forms the basis of this enquiry. Suicide is a bodily act, a form of physical expression. I state that this research is not really about suicide, and I give my reasons; however, suicide remains a context within which this research takes place. But it is suicide as a form of expression that interests me here; how someone comes to such a choice and how that choice is actualised. Emotions and bodily expressions are intrinsically linked, one often informing the other. For men, this recourse to non-verbal bodily expression is regularly considered a primary fallback over verbal communication, particularly where intense emotional distress is present. Indeed, one might go as far as to say that it becomes a primary means of communication in certain environments and contexts. More on this in my discussion on the Men's Shed group.

In all, this question outlines the trajectory of my project as well as providing the key points of interest along the way. The presence of suicide is not explicit here in my primary question, emphasising my choice of focus, but it does give us a great deal of what we need, I feel, to address the second.

## ***2. Is suicide viewed by men as a means of taking control or addressing failure?***

Here both the praxis and the practice of suicide are given centre stage. The question of freedom inherent in the notion of praxis is implicitly examined as part of the first question and forms a significant part of my literature review. Ideas of personal freedom are central to any conception of suicide, alongside notions of social order and social responsibility. It is in relation to the latter that questions of control and failure become paramount. In what way might these be conceived? In one way might they contribute to a decision to end one's existence? How might suicide be viewed as the only option for affirming control or atoning for a perceived failure? And is this a failure in personal fulfilment, or a failure in the adherence to a dominant expectation? All of these questions are framed within a conception of social order, a discursive construct delimiting thoughts and behaviours. Ideas of control and failure are fuelled by our perceived degree of complicity when gauged against our desires

or expectations of such. To what extent might we view the capacity for absolution as residing in an act that demonstrates any such attempt to promote and conserve order as absurd.

A third question was initially proposed, but this focused largely upon the use of social media or, perhaps more accurately, the role of social media in the experiences of men and their perception of relative status through engaging in these platforms. This relied heavily upon the original expectation of acquiring multiple respondents using such media, over which we might communicate and through which I might gain an insight into practices and behaviours as thus iterated. There were numerous failures in concept here, that are fully documented elsewhere, along with a discussion on the associated implications. Suffice it to say, there was no option available at the time to revise this question and so I instead chose to abandon it.

## Introducing the Chapters

So, with my premise sketched out and the questions examined, we turn to a brief breakdown and overview of the content. The following three chapters comprise the literature review. I have split this into three so I might better explore the three principal aspects of this study. I have said that this not a study of suicide *per se*, and I maintain that this is the case. Nonetheless, suicide forms a major element of the project, providing both the background and the context. But suicide is not just an act. There is a significant historical and sociological dimension to this act which must be addressed in order to effectively employ it as both a background and a context.

### *Chapter Two: Identifying the Problem/Looking at Suicide.*

The first of these chapters seeks to do this through a brief account of suicide as represented through the statistics. This is not a statistical analysis by any means but uses the statistical data of recorded suicides to present a picture of the phenomenon in terms of scale and movement. As mentioned, it was these statistics that first drew my attention to the rise in male suicide and it is the same that serves to drive much of the

attention and activity with respect to awareness raising and preventative strategies. These figures have also premised the claim that another ‘crisis in masculinity’ is upon us. I shall be applying a very critical perspective to this announcement in Chapter 4. Here, suffice it to say, I simply acknowledge that such cries are frequently heard whenever assumed aspects of masculine identity are thought to come under threat.

This section also discusses the formation of suicide within a legal context. This is important since it clearly reflects how suicide has been, and continues to be, viewed as a problematic behaviour. Here I detail the legal changes, both in the classification under law of the act of suicide, as well as the more recent findings with respect to the practices of coroners when making conclusions about suicidal deaths and their reasons for doing so. This sets up some major points for consideration in Chapter 3, where the social implications of self-destructive acts and the potential and reasoning for ensuing stigma are examined.

The second half of this chapter focuses upon the idea of suicide when presented as a certain ‘truth’. Here we explore the narrative of suicide and suicidal behaviour as a discourse. Or, rather, we look at some opposing narratives of the phenomena within a discursive framework. Taking a decisively Foucauldian standpoint, I want to demonstrate how the ‘danger’ of death and of suicide in particular, as mentioned above, is expressed through the ways acts of suicide and suicidal behaviour are effectively controlled. I document such control through an examination of some of the literature which supports the biomedical paradigm and its emphasis upon pathology in conceiving of and treating those who ‘suffer’ suicidal thoughts and impulses. In this regard I also draw upon Durkheim’s (1952) accounting of suicide and how he sought to determine it not as the ‘tragic product of a deranged mind’ (Marsh, 2010), but as the individual expression of a strong societal influence. This, of course, poses something of a dichotomy which reifies the society vs individual contestations. Something that I will keep returning to, and seek to address, through Mills’ (1959) conception of the *sociological imagination*. Interestingly, however, each approach seems to essentialise suicidal behaviour as being almost pre-ordained. Either due to an individual’s unwell brain, or maladjustment due to poor social cohesion resulting in a given number of

suicides per organising ideology (theology) being taken as a ‘fact’, which is a point I take up again in Chapter 3.

Either way, the communication of suicide has become tightly controlled. I assess this in relation to the development of several sets of guidelines, proposed by researchers into the alleged proliferation of suicides in the wake of publicity around such deaths. Known as the Werther effect (Phillips, 1974, 1985), the idea of copycat suicide forms the basis of restrictions around the way suicidal deaths are reported by media outlets (Pirkis & Blood, 2001; Pirkis *et al*, 2002). This entertains notions of suicide being ‘contagious’ and effectively spreading as news of these events reaches ‘vulnerable’ people. Despite numerous studies, the evidence to support this remains largely speculative and inconclusive. But, arguably, no more so than the pathological model upon which they are essentially based. Moreover, its focus upon the ‘vulnerable’ places it alongside any other potentially triggering factor in relation to risk, whether morphological or social. Nonetheless, the adoption of these guidelines has become widespread, the ideas presented within aligning with the common conception of suicide as dangerous, and thus a reduction in exposure to it in any form deemed necessary. This forms a “system of truth” (Foucault, 1977: 23), also commonly translated as a ‘regime’, which I exemplify with a critical look at one set of such guidelines as delivered by The Samaritans.

### *Chapter Three: Death, Suicide and the ‘Social Order’.*

This next chapter takes these ideas and expands into a discussion of the role of self-imposed, premature death and its antithetical relationship with the social order. Drawing heavily on Bayatrizi’s (2008) ideas of a ‘duty to live’, I look at why suicide is seen as so destabilising in this regard. Again, this involves something of a look back into the historical context of how this ‘duty’ was engineered, touching on the social contract but concentrating my attention on the ‘dispositif’ (Foucault, 1980; Deleuze, 1992), this being the ‘apparatus of subjugation’, which determine the limits of acceptability in thought, practice and behaviour within any given social system. It draws on some of the points introduced in Chapter 2, only situating these now within this overall examination of ideas of social order and the imperatives that drive it. Death takes a central role here as

the phenomenon around which many of these principles emerge. From the understanding and early acceptance of it within a developing social context, to the attempts to control it and ultimately distance it from our day-to-day activities in our contemporary practices, both symbolically and physically (Baudrillard, 1993).

So, for one to voluntarily and wilfully seek death, this order of things is challenged. The underlying fragility of such a system, with the accompanying need for total complicity, is thus revealed and measures must be taken to address the disruption. Prohibitions against such actions are the first line of defence, but recrimination is impossible against the successful perpetrator. Such measures are only of consequence to the living in any case. The predominant consequence here being a staining of identity (Goffman, 1963), the experience of which carries varying degrees of stigma. The spoiled memory of an individual and the impact upon reputation by association has long marred those who, by no fault of their own, have found themselves subject to such judgement. With the actual criminality of a suicide attempt, successful or otherwise, now abjured, there remains a prevalent attitude of aversion which continues to influence opinion, both public and professional. The impact of the wilful death of someone close is also directly traumatic, with increased risk of suicide having long been recognised in the bereaved (Cain & Fast, 1966; Sudak *et al*, 2008). This is reflected in much of the suicide prevention work which seeks to address such concerns whilst continuing to insulate the wider social body from the potential influences of such deaths (see Pirkis & Blood, 2001; Pirkis *et al*, 2002). In so doing, however, it seeks to re-establish the distance from death that we have come to enjoy in our late modern existences (Baudrillard, 1994).

It must also be acknowledged that this relationship between death, particularly suicide, and the social order is by no means universal (Ingram & Ellis, 1992). The 'irrationality' of a suicidal act has, of late, come under increasing scrutiny. Whilst it is a paradigm formerly supported by, and in turn supporting, the biomedical and psy disciplines, it is receiving a great deal of critical attention (see White *et al*, 2016; Button & Marsh, 2020). It is in light, and ostensibly in support, of these more recent approaches that I align myself throughout. The content of these two chapters, I hope, serves to illustrate such positionality in this regard.

## *Chapter Four: Looking at Masculinity*

Here I turn my attention to masculinity. Having addressed both the phenomenon of suicide and its impact upon our social consciousness and perceptions of social order, I now draw upon the dominant literature discussing masculinity and examine how common conceptions of masculine behaviour and its enforcement through perceived hegemonic standards and internalised ideals. Drawing on Connell's and Messerschmidt's (1985) original hegemonic framework, later reconstructed and expanded upon by Connell alone (1995, 2005), I take a look at how notions of masculinity are theoretically constructed and positioned. This involves a critical examination of such constructions and a wider look at the epistemological basis for such a structural account. In so doing I take another excursion back in time, only this time to the fabled age of gods and heroes, where I deconstruct the mythological basis for things such as the mythopoetic men's movement (Bly, 1990; Bliss, 1995b) as well as drawing some parallels across the eons to more the more contemporary mythologies of our current iterations of masculine behaviour and identity.

Here I revisit the notion first touched upon in chapter two, with an examination of the oft claimed crises in masculinity. As Kimmel (1987) demonstrates, such cries are neither novel nor recent, but arise whenever the traditionally understood structures of dominant masculinity are perceived to have been threatened. Ostensibly such threats appear in the form of women's encroachment, either physically or politically, into previously established arenas of maleness. However, the process of aging also has a significant part to play in how men conceive of themselves. In terms of dominance, the loss of an established 'right' or imperative can be felt on both a personal and wider social level in both regards. The failure, therefore, to maintain one's territorial identity, is seen to critically destabilise both one's self identification and one's relationship with the imminent social order. Being forced to give ground due to a shifting political environment, which delegitimises specific practices and behaviours in favour of those more inclusive to others, is bound to have an effect upon those whose identities are heavily bound up in that disavowed iteration.

The case may be seen as similar where the detachment is due to an inability to perform an action, function or role in a hitherto satisfactory fashion due to an actual or perceived failure of the body. This view can be established as a physical failure through advancing decrepitude, which may also result from chronic illness (Charmaz, 1995), but also in the self-perception generated through a wider societal attitude towards aging bodies (Robertson, 2010; Jackson, 2016). A person, therefore, may be viewed as incapable purely on the basis of age, not necessarily performance. Either way, a certain invalidation is present and experienced. Such invalidation may situate a masculine identity in such a way as its continuation becomes unviable in its present incarnation. How then to continue? Such questions and the possibilities that they give rise to are given consideration here.

Also under consideration is the residual effects of these shifts in tolerance and attitude. The rise of social justice reactions for behaviours, ostensibly masculine, as 'toxic' is here critically examined. The proliferation of social media mob rule in service of 'tolerance' and 'equality', and the subsequent capitulation of many who would be better served by reserving judgement, produces a series of social spaces where the 'calling out' of behaviours individually perceived as problematic becomes the normative standard of address. This, of course, has a number of concerning implications for the effective policing of practice and behaviour. Here, the placement of a 'common good' becomes dangerously swayed toward a populist stance, and in so doing the possibility is significantly eroded for the establishment of 'common ground'. With battle lines being drawn up instead of treaties in this regard, marginalisation, alienation and oppositional arrangement becomes the default configuration. Confrontation becomes the 'go to' response for any challenge. As such, in true 'them and us' fashion, the challenged behaviours become the rallying call for those confronted and the chance for dialogue is obliterated in favour of a misguided desire for self-affirmation and defensive hostility. The observations of Elias (1991) and Elias and Scotson (1994) are useful here in thinking through the tensions and dynamics of identification within segregated and conflicting group structures.

## *Chapter Five: Methods*

As one might expect, this chapter addresses the methods utilised in this study. Fairly self-descriptive in this regard. However, I also discuss the failures in method that I experienced. My initial project outline was intended to use online groups as the focus for an ethnographic approach. Forums, Facebook groups and other spaces where those of a like mind or experience might meet and connect were to be engaged with over time. Accessing timelines and personally corresponding with a view to interviewing men with a willingness to speak. All nice and neat. Unless, of course, such spaces are unavailable. The idea of the internet as the answer to all things research is starkly contested within this chapter. It is a sobering thought that very little can protect you from your own naiveté, but I had not entered into this line of thinking without some prior experience of the existence of these kinds of spaces. The earlier work I have discussed above led me to frequent forums where people spoke openly of their experiences and shared their trauma as a means of connecting with others and validating themselves. I had also very recently moderated a Facebook group for a national migraine charity, where users would discuss their condition and share stories of their experiences and journeys on a daily basis. But, whilst numerous suicide sites do exist, none offered the environment that I required. The anonymity of the forums, and the controlled conduct in terms of acceptable expression, entirely compromised my premise. The Facebook groups were similarly unable to satisfy my requirements.

But the show must go on, and this chapter further details how these setbacks offered new opportunities to expand my research and explore alternative ideas. My introduction to Men's Shed groups provided a rich environment where I could physically participate and observe with a group of men working together. In this hyperreal setting (Baudrillard, 1994), the lines blur between employment and leisure, whilst the pursuance of an endeavour, perceived as worthwhile, generates a sense of purpose difficult to otherwise maintain in redundancy. Here, the simulation turns upon its gloomy origins and offers a strikingly positive overlay for the all too often fatalistic prospects of late middle age. And then we have the interviews. Again, an example of how expectations can be tempered by reality. Tempered, though, not blunted. My target group was largely understood to be reticent about discussing their emotional

health, and this must then be placed against the powerful aversion to discussing suicide in general. So, locating anyone willing to talk, outside of a clinical setting where I had deliberately placed myself, was going to be a challenging affair. Opportunities which failed to materialise, and promises later rescinded, painted an increasingly arid landscape as I sought to traverse it. It was tough, but I was in it for the duration. That I was able to secure my two respondents amounts to quite the success in itself. That these accounts were so open and rich was a most rewarding bonus.

The analysis here, then, is presented as largely thematic but not as a method in its own right, rather I follow the six-point proposal outlined by Braun & Clarke (2006). Through a process of open coding, a number of related elements were identified. These were collected under several broad themes. A second pass would then further collate these smaller themes into broader areas. For example, in determining the overall theme of 'control' for the interview data, I first identified areas where this, whilst not necessarily explicit, was being exercised in the account. This could include self-control, control of one's circumstance or environment or the attempts to influence the thoughts and behaviours of others. These incidences are remarked upon within the discussion under the requisite theme. All of this is further considered within the broader narrative, where a life-arc is described and each of these incidences represents a cohesive aspect of that greater context. In this way we see a development across time and a number of insights made that we can relate together as part of the bigger picture. In this we see a phenomenological approach, where the experiences of the participants are relayed and then analysed from that particular perspective. This, however, also dovetails into a broader view, which accommodates the wider social context. This is similar, in principle, to Chandler's (2021) ideas of 'critical phenomenology', though I situate my own approach in this regard, more within notions of discourse analysis.

For this reason, both interview and fieldwork analyses are also examined from a discursive position, delving into deeper relational meanings in furtherance of the overall aim to uncover the extent of any influence an idealised perspective on masculinity might have upon these individual's behaviour. Since it was not really expected for either of the respondents to talk in specific terms of 'masculinity' and it was certainly unlikely that they would do so in any kind of academic respect, it would be necessary to apply a

coding process to the responses to generate a greater sense of how these discursive processes were manifesting within the narrative. Similarly, other theories, such as Campbell's (2008) hero's journey, can be introduced in this way.

This chapter also includes a section on ethics and my reflections on working through the project. This covers both the process, and some difficulties thus experienced, along with a further discussion on how they have been practiced within this study. The experiences relayed here are sometimes profound and disturbing, the implications of this might even be viewed as dangerous from certain quarters. But through a careful adherence to the wider ethical considerations, and not simply the institutional requirements, I hope that I have succeeded in engaging in this topic, and with these participants in a sensitive and positive fashion.

### *Chapter Six: Methodological Reflections*

The principal reflection here is that the study of suicide is difficult. This is true for reasons both technical and emotional. On an emotional level, I am seeking to discuss issues which are highly sensitive and remain heavily stigmatised. I talk about playing against a stacked deck, where these issues of general discomfort around the topic are exacerbated by my choice of sample. Looking to talk to a group of people, commonly thought of as being reticent to engage in any kind of emotional discussion, and who are being asked to open up about very private issues regarding practices that are highly problematic in terms of their wider acknowledgement, is a pretty tough call. My expectations were strongly filtered through this realisation, yet I hoped I could reach such people.

Technically speaking, there were a number of issues that further complicated an already tricky situation. As outlined in the questions, my focus was upon the experiences and feelings of men that had led to the serious contemplation or completion of a suicidal act. It seems facetious to note that these men must have clearly survived in order to for me to engage with them. Given the aforementioned high successful completion rates for male suicide attempts, this further narrowed my field. But, more importantly, it

added a further layer of potential difficulty given how such a course of events might be perceived as a compounded failure.

None of this, however, shook my resolve to pursue this research in this qualitative manner. And to retain my focus on the questions that I had established. No matter how the challenge expanded, I was determined that this was not only a possibility, but an important contribution to make. Not all challenges were overcome, however. In searching for this elusive sample, I encountered problems I was unable to overcome in the span of this project. This is not to say that these are simply insurmountable issues, only that the specific criteria I had chosen to stick with invalidated some approaches. Of particular note here was my intent to use a form of virtual ethnography (Hine, 2000, 2005, 2015) when engaging with my sample. I spend some time in this chapter explaining my reasoning both for wanting to undertake this approach, and for why I chose to abandon it.

Lastly here, I look back on all of these issues and the decisions I made with a more critical eye. I examine my own positionality in relation to the study as a whole and with respect to some of the decisions I made. I also take a look at some of the assumptions made by researchers when conducting ethnographic work in line with these observations. Our closeness to our subjects, in terms of both social distance and physical proximity, is a compelling consideration when engaging in such work. I think the ability to critically reflect upon these methodical and methodological issues whilst in the field and using such practices is an important facet of any research, though perhaps more pronounced in qualitative research due to the inherently interpretative practices involved.

### *Chapters Seven & Eight: A Discussion of the Findings*

These two chapters focus upon an analysis and discussion of the data. The first of the two examines the fieldwork notes collected during my time participating with a local Men's Shed group. Here I describe events through vignettes, detailing specific incidents I observed during my time there, or putting several of these together in relation to a certain individual or group. In this way the integrity of the event is largely maintained, with the analysis branching off into the discursive background or theoretical

underpinning for a given expression or exchange. These emerge as personal stories, engaging in their own right, where the experiences of these men unfold in the interactions between them in this curious space.

All of this culminates with a discussion on the place of non-verbal communication as an aspect of men's healthy emotional expression. With the reticence to speak often being promoted as an impediment to such expression, I seek to question the potentially alienating prospect that such an apparent 'requirement' presents. I observe happiness, satisfaction and camaraderie each being communicated here without a word being uttered and see how the presence of 'banter' highlights the complexity of men's relations in co-operative endeavours, whilst also recognising where the lines are drawn and the consequences of crossing them. I also here note that silence can be comforting, even that kept in quiet company.

The second of these chapters considers the interview data. There were only two participants here, but transcripts from both men are rich in detail and emotional content. These men describe entirely different lives, accounting for the times when their personal circumstances overwhelmed them, and the measures they took to address this. Neither represent 'typical' accounts of middle-aged men, and neither are intended to. These are unreservedly individual accounts, but both are undeniably survivors. The precise role of masculinity is more prominently highlighted here in many regards. The binding relationship with fathers and fatherhood, serving to constrict and trap in both their presence and absence, and the isolating thoughts and practices, shaping interactions with others. Also, there is a deep and candid reflexivity in these accounts. They are compelling stories in their own right; both powerful and poignant.

This is also where I take pause and reflect upon my theoretical and methodological approach. The combination of both a phenomenological approach and a discursive one may seem an awkward partnership. However, through the Millsian lens I spoke of earlier, I seek to demonstrate how these two perspectives are not only complementary, but almost essential to the development of our understanding with respect to these behaviours. Personal issues are formed from an individual's exposure to particular discursive environments. How this interaction plays out cannot be fully examined through the deployment of only one side of this equation. In essence, this reveals the

society vs individual dichotomy to be a false one, each being contained within the other and woven together in the stories we hear and tell.

### *And, in Conclusion.*

Lastly, I take the opportunity to reflect on the project overall. Each chapter contains its own concluding remarks, where the arguments I present are summarised and the prevailing points are emphasised. Here I try and collect my thoughts, retracing the main narrative arc of this project. The mood is reflective, ending much as I began. And, in coming full circle, I pause to take stock of what I have undertaken and what I have achieved. There's little more to say about that without spoiling it for you.

## My Contribution

Qualitative studies into suicide remain rare, but have begun to rise in recent years. Such accounts range from published personal accounts (Webb, 2020), to research involving survivors of a particular method (Marsh *et al*, 2021). All of which offer us insights into the thought processes, and the potential external influences upon such, that those who contemplate or attempt suicide experience. This was my aim also. But it was also doing more than that. My focus upon masculinity meant that I was looking at something beyond that which might be cognitively understood, into a discursive field where one's practices also spoke a language of their own. A phenomenological environment where meaningful communication might be facilitated non-verbally. Observing this communication was crucial. Not only for the establishment of part of my analysis, but also to try and make some sense out of how we might emphasise, encourage and enable a wider perspective on strategies of facilitating and promoting, not just meaningful, but fulfilling, modes of communication which do not further alienate and isolate. I make no concrete proposals or offer any ideal solutions here, for that was not my purpose. But through highlighting some of these aspects and experiences, I hope that such steps might influence future directions of interest in this regard.

Moreover, I think this project makes a secondary contribution, though one borne out of failure rather than success. But then it is often said that it is our mistakes from which we learn the most. I speak here of the need for the recognition that the internet is not the promised land of social research. I don't think that my voice is the only one here singing in that particular key, but I hope that it goes some way in complementing the chorus. This is not to say that the internet offers no opportunities, the scope remains vast and unremitting, only that I don't feel it offers us a valuable site for the kind of observations that I wished to make. Virtual ethnography remains a thing. But, as Hine (2015) recognises, it is now much changed from the heady days of a new digital and virtual frontier. The temptation that arises from the non-distance of the environment to effortlessly reach the remote must be tempered by the recognition that where the physical distance dissolves, others become more starkly apparent.

I was there, back at the beginning, in those heady days. And, like others, I saw the potential at that time. The groups I spoke of earlier, the expressive spaces where effectively anonymised communications facilitated greater disclosure, were there and so easily within reach. Of course, it was no utopia, and its power as a liminal space was not always positive (Dery, 1994, Stone, 1995), but the possibilities were intoxicating. But of all of our spaces, the virtual was the quickest to be colonised. Once the commercial viability of the medium was realised, and eventually proven, the virtual world was terraformed in the image of big corporations within a matter of a decade. And the development continues unabated. Huge online industries based upon retail and communications have all but eradicated the nascent, and naïve social spaces we previously experienced back in the 1990's. Internet 2.0 brought not only 'greater interactivity' but a much more complex website infrastructure required to achieve it. Advancements in this regard tore the control of web design out of the hands of the enthusiastic amateur, and into the domains of the burgeoning tech industry. The virtual playground is not only now sponsored, but heavily monitored. Whatever freedoms that might have been enjoyed are now all caught in the viral panopticon, feeding a metadata addiction. The Dark Web, an intrinsically and automatically anonymised protocol for user hosting and connecting more than an actual 'space', becomes the last refuge for those seeking to avoid scrutiny. Though this comes with its own dangers.

This has had its consequences. Often the subject of posthuman dystopic science fiction, the impacts of our information driven, communications obsessed societies are now beginning to be felt. Turkle's (2011) warnings should be heeded. Her own fascination for the virtual medium has given way to a growing concern. It is changing us. Beyond the liberating premise of Haraway's (1991) cyborg gestalt, the more we relate to the machine, the less we relate to each other (Turkle, 2011). This alters those relationships we search for in our ethnographies, of people relating to people and the practices they observe in doing so. Of course, for studies which seek to highlight such phenomena, then where else would you look? However, I suppose the point is that, sooner or later, you could look practically anywhere. The takeaway from this is twofold. Firstly, there are some things, for now, that the internet cannot help us with. Some areas and phenomenon that appear to be largely absent from it, or where those aspects that do appear there are perhaps inadequate for our purposes. Thus, it should be viewed with caution when planning research. Secondly, when engaging with the internet, we must be sure of our premise. If we are seeking extensions of our 'real' lives into this virtual space, as has so often been the case (Hine, 2000, 2005). Or even trying to discern our offline habits from our online activities (Kozinets, 2015), then we might be failing to recognise the degree to which the tail is, in fact, wagging the dog.

## CHAPTER TWO

### Middle Aged Male Suicide: A review of the problem and a critical look at our current understanding

#### Introduction

In this and the following two chapters, I want to examine some of the current arguments and positions that I consider most pertinent to this discussion of male suicide. I have previously outlined the premise for this concentration upon *male* suicide, and presented the figures which first piqued my interest, so I shall not overly concentrate upon that again here. Although, by way of an introduction to some of the arguments and issues around suicide in general, I shall present a short recap on the rise of middle aged suicide, as largely communicated by the media, and the manner in which it has been publicly addressed by a number of charitable and non-profit organisations over the last few years. Moreover, I want to do this within a more critical perspective than what a statistical accounting can generally provide. In fact, were we to simply examine the figures, we might suggest a decline rather than a rise in male suicides, at least until 2019, when that trend sharply changed.

To an extent, then, I am seeking to place these figures within a wider context, one that begins to address the sociological constructions of certain ‘crises’ in masculinity, of which the male suicide rates are often portrayed as representing, as well as the legal and social frameworks within which suicide is both determined and largely understood. Essentially, I will be looking at all of these from a discursive standpoint, where the impositions of ideology upon practice serve to generate the ‘truths’ through which we recognise and negotiate our social environment. In so doing I shall look to displace, or at least disrupt, a number of the ‘common sense’ reasonings surrounding this topic and phenomenon. It is the social and legal frameworks that I shall concentrate upon in this first section, with the question of masculinity in crisis being examined later in part three.

In terms of these frameworks, I shall first place the sudden upturn in overall suicide figures, the largest of which again being middle aged males (ONS, 2019), against a significant legal decision with respect to how suicide conclusions are allowed to be determined. A landmark case is here referenced, leading to the upset of what amounts to decades of legal tradition, rather than actual precedent, in the standards of proof required for such determinations. The implications of this ruling echo an observation made by Emile Durkheim (1952) in his seminal study of European suicide over a century ago, that what constitutes suicide is by no means a universal fact, and how we perceive it is tightly linked to our cultural, and often religiously inspired, sensibilities. This emotive element of the social acceptability of suicide in general can be seen to have entirely over-ridden the allegedly impartial legal statute upon which any such judgements were expected to have been made. Not only does this reflect continuing social attitudes towards the act of suicide but has perhaps served to conceal the actual extent of the practice as a result.

The extent to which suicide is considered as ‘dangerous’, strongly emerges from these hitherto unchallenged legal precedents, and is further perpetuated in attitudes towards the ‘responsible reporting’ of suicides in the media. Here it appears to be taken as a given that providing details of suicides in the press is not only potentially upsetting to people, which is understandable given the previous observations on sensibilities, but also effectively ‘contagious’ (Pirkis *et al*, 2010, 2016). Media guidelines based on limited studies around the world have been published by the World Health Organisation, versions of which have been adopted by charities working in the field of suicide prevention. I look here at the guidelines presented by the Samaritans organisation, which are promoted by the Office of National Statistics in their statistical bulletins. I do not seek to contest either the validity or value of these guidelines, rather I seek to provide them as examples of the discursive apparatus that serves to perpetuate certain perspectives as legitimate positions and influential ‘regimes’, what Foucault (1977: 23) famously terms “a whole new system of the truth”. The media networks, and the legal frameworks within any society, provide a significant influence upon how we perceive and recognise what happens to us and around us, such apparatus serving to direct and contain our attitudes towards certain practices. In this case it is that suicide is harmful,

dangerous, and thus essentially bad. Most importantly, however, is that such peril is not limited to the suicidal themselves but has a significant effect upon those around them. Moreover, this danger is seen as transmittable beyond familial circles to other 'vulnerable' individuals, thus triggering their own suicide attempts (Pirkis *et al*, 2010, 2016).

Rounding off this first section is a critical account of the other side of the coin. Where discursive prerogatives exist, there also exists the potential, indeed the counter-prerogative itself, to resist. Again, a central premise within Foucault's (1977) argument. A number of examples of such sites of resistance exist, particularly in relation to medical discourse and the biomedical paradigm. These manifest either as a passive ignorance of certain 'recommended practices' as well as in organised movements that seek to aggressively oppose any such requests or mandates. The idea of 'common sense' again emerges as well as the labelling of those who contest what is thought to be examples of such as deviant, 'crazy' and, again, potentially dangerous.

However, beyond the rise of anti-vaxxers and other movements proving hostile to the generally assumed convention, there are bodies of critically engaged academics, of which I count myself a member, who seek to challenge the dominant paradigm. Not on the basis of fallacious and incredible 'facts' and spurious 'evidence' but through a reasoned, critical approach to the current 'regime of truth' perpetuated by the mainstream 'psy' disciplines, with respect to both the status and method of treatment of suicidal individuals. Following Durkheim's early observations, these theorists and practitioners seek to highlight how suicide is more of an example of social issues than personal. Or, rather, it constitutes the personal expression of social issues, rather than that of a pathologised malaise resulting from individual deficiency in some capacity. Questions of discourse are again raised, as well as a focus upon suicidology as a sociological issue. This is first made evident with specific recourse to suicidal behaviour, of course, by Durkheim. However, the ability to locate the personal within the social as a means of understanding behaviour is a central tenet of good, qualitative social science (Mills, 1959). And it is through such approaches that the full measure of suicide and suicidal behaviour might be understood. Otherwise, through the individualisation of this

phenomenon, I would argue that we shall only get a fragmented and incomplete account.

## Middle Aged Male Suicide – A significant problem.

### The Rise of Middle Age Male Suicide

In the gendered split of suicide, men have long held the highest proportion in almost all parts of the world where such deaths are recorded (Durkheim, 1952; Jaworski, 2014; Scourfield, 2005). The most notable reversal to this situation is China, where women have traditionally been the most likely to take their own lives (Ren, 2016; Xiong He & Lester, 1997). This is particularly so in rural areas where more women die by suicide than in cities (Xiong He & Lester, 1997). Whilst it has been claimed that more women than men actually consider suicide (Canetto, 1995), it remains that more men continue to follow through (Hawton, 2000). Method choice is often cited as being the principal reason that more men succeed at ending their own lives than women, yet the significantly higher number of male suicides might be seen to indicate that method alone cannot be held responsible (Hawton, 2000; Callanan & Davis, 2012).

Previously, since before standardised records began back in 1981, the focus had been upon younger men. Between 1950 and 1998 the number of men under 45 that were killing themselves had doubled, whilst older men and all female age groups showed a decline (Gunnell *et al*, 2003; Scourfield, 2005). By 2002, the occurrence of suicide in younger men led the Department of Health to declare it the leading cause of death of men under 35, a message that they emphasised in their suicide prevention strategy (Scourfield, 2005). However, since then, the number of suicides for men under 45 has steadily declined, a trend that is particularly evident in the 15-29 age group. The number for men 45 and over on the other hand had, since 2007, steadily increased (ONS, 2015). In 2012 the figure for men 45 and over surpassed the 30-44 age group and suicide became the leading cause of death for all men under 50. This figure continued to rise, becoming the highest recorded in this age range for the last 35 years (ONS, 2015).

This peak in male suicide prompted a number of responses, both in the UK and beyond, where a 'crisis' in masculinity was often either alluded to or directly stated. (Abbot, 2013, CALM, 2014). Charities such as the Campaign Against Living Miserably (CALM) ([www.thecalmzone.net](http://www.thecalmzone.net)) and the Samaritans had already been campaigning heavily, promoting a focus upon male mental health (Wylie *et al*, 2012; CALM, 2020). The Huffington Post started a series examining the emotional lives of men (see Bell, 2016), and home-grown organisations such as Andy's Man's Club ([andysmanclub.co.uk](http://andysmanclub.co.uk)) began to appear, offering both a focus and a format for the development of men's self-help groups. A Commons Debate on the subject of male suicide was held on November 19, 2015, convened by Mr Philip Davies MP, it featured a number of lengthy discussions, mostly related to the phenomena, and called for a significant increase in national strategies to both help raise awareness of the situation and to consider future measures of address (HC Deb 19 November, 2015).

Over the following four years, it became apparent that this peak was exactly that. Figures for 2014-17 demonstrated a small but steady downturn for male suicide. These figures also illustrated a slight rise for women. However, the rates for men over women remain at a ratio of 3:1 and those men in the 45-59 age group still held a significant lead across all ages and both genders (ONS, 2014, 2015, 2016, 2017). So, whilst the 2013 spike in male suicide did not evolve into a continuing trend, suicide still remains the significant problem for men in general and especially for those within middle age. Due to the activities mentioned above, it also rose rather highly into our social consciousness, with an increasing acknowledgement that men were suffering with respect to their identification with a masculinity that was coming under increasing attack as a form of toxic expression (Kupers, 2005, Barr, 2019, Parent *et al*, 2019).

### Masculinity and Suicide: Identifying a 'Crisis'?

This notion of crisis is not, by any means, new. Kimmel (1987) provides an historical account of such crises being identified using examples from 17<sup>th</sup> century England and late 19<sup>th</sup>, early 20<sup>th</sup> century America. Similar arguments again emerged in the late 20<sup>th</sup> century when an increased focus upon masculinity and men's studies again sought to

employ the narrative of crisis as a means of describing certain transitional situations that were occurring in the workplace (Jahoda, 1982; Ochberg, 1987; Morgan, 1992; McDonald & Jeanes, 2012), at home (Seidler, 1988, 1997; McDonald & Jeanes, 2012) and in education (Martino *et al*, 2009; Roberts, 2012; Ingram & Waller, 2014). Central to many of these positions is the notion that both direct and indirect social changes largely premised on gender relations are essentially destructive to both the individual ontologies and wider epistemologies of what it means to be a man.

There is a counter argument that questions the validity of the term ‘crisis’ when used in this capacity. Drawing upon Kimmel’s hypothesis (1987), it outlines that such designations are somewhat commonplace whenever traditional masculine traits, values or expectations are seen to be compromised (Jordan & Chandler, 2019; Roberts, 2014). It has also been stated that these evaluations are often based upon a limited amount of data, and an overly simplistic analysis of the gender order (Canetto & Cleary, 2012; Connell, 2005). I shall be examining this idea of ‘crisis’, and the arguments for and against, within the context of a wider discussion on masculinity in the second part of this discussion. I mention it here since this demonstrates a pertinent usage of the term, again within a particular social phenomenon. In this case the occurrence of male suicide.

### And a Sudden Reversal?

*“We saw a significant increase in the rate of deaths registered as suicide last year which has changed a trend of continuous decline since 2013. While the exact reasons for this are unknown, the latest data show that this was largely driven by an increase among men who have continued to be most at risk of dying by suicide. In recent years, there have also been increases in the rate among young adults, with females under 25 reaching the highest rate on record for their age group.”*

*(STRIPE, 2019)*

This downward trend suddenly halted in 2018 with the release of the figures for that year in 2019 (ONS, 2019). These at first appeared to represent an alarming increase in

suicide, across all ages and genders, over the previous 12 months. And this was largely true, the numbers for the population had risen from 10.1 to 11.2 per 100,000. This included an increase of 1.7 per 100,000 for men and 0.6 per 100,000 for women. Broken down by age group, two significant increases were evident. The number of suicides for men in the 45-59 age bracket had increased from 24.8 to 27.1, with another significant increase for boys and young men aged 10-24 who saw a rise of 4 per 100,000. The national press, of course, led with alarmist headlines which focused upon the rise in rates and ran with remarks similar to those found during the proliferation of reporting in the wake of the 2015 release. The main concerns being summarised in comments pointing out that, “The overall increase was statistically significant and reversed a trend of continuous decline since 2013” (Gayle, 2019). However, this was not an unexpected development given an important change in the way the standard of proof was allowed to be determined by coroners (Appleby *et al*, 2019). A point which received only cursory acknowledgement, despite being indicated as possible cause for the overall increases in the preamble for the ONS briefing (ONS, 2019). The ONS is quite right that it cannot categorically confirm or deny the influence of the recent legal rulings on the increased figures and more data is certainly required before any such trend can be established. Though this did not stop the press from proclaiming that a reversal was in effect, based upon the same lack of data.

### A Question of Suicide: Inquests and Standards of Proof

Looking at this sensibly, a significant rise across all categories would certainly point more towards a single mitigating factor, rather than multiple, simultaneous issues. So, whilst the corroborating data is in the process of being generated, it is useful to examine this particular factor and make some educated observations. The change in procedure arises from a case in 2018. This was a ruling made on the contestation of a coroner’s verdict made in 2017, regarding a man who had been found dead by hanging in his cell at HMP Bullingdon a year previously (DWF, 2018). In summing up his finding of facts and making his conclusion, the coroner noted,

*“that there was insufficient evidence upon which the jury could rely on to determine that the deceased intended to kill himself. As such, he did not permit the jury to consider a 'short-form' conclusion of suicide. He did, however, invite the jury to record a narrative conclusion based on the balance of probabilities.”*

*(DWF, 2018)*

As outlined in the ‘Chief Coroner Guidance No. 17’ (Thornton, 2016), the term ‘verdict’ was removed from official use in 2013. “The Coroners and Justice Act 2009 (the 2009 Act) and the 2013 Rules and Regulations no longer use the word ‘verdict’. Verdicts have become conclusions.” (Thornton, 2016: 2). ‘Short form’ refers to a conclusion given without excess explanation and today makes up for the large majority of all conclusions pertaining to, “accident or misadventure; natural causes; suicide; and homicide.” (Hill & Cook, 2011: 81). The alternative ‘narrative’ conclusion provides significantly more information and allows for a greater degree of interpretation. However, it may still remain difficult to determine a specific cause of death from a narrative conclusion (Hill & Cook, 2011). This not only has ramifications for the bereaved, but also for the statistical recording of the death (Thornton, 2016).

Historically, the narrative verdict, as it was then known, was the predominant form, with examples of its widespread use going back into the early 19<sup>th</sup> century (Jervis, [1829] 1985). The short form did not become the established means of providing verdicts until the middle of the 20<sup>th</sup> (Thornton, 2016). It wasn’t until 2001 that narrative forms started to re-emerge in coroner’s verdicts, “with over 3,000 narrative verdicts returned in 2009.” (Hill & Cook, 2011: 81). The Chief Coroner’s guidance, however, is clear on which form is preferred for most cases.

*“Wherever possible coroners should conclude with a short-form conclusion. This has the advantage of being simple, accessible for bereaved families and public alike, and also clear for statistical purposes.”*

*(THORNTON, 2016: 6).*

The emphasis here on simplicity and accessibility seems reasonable enough. In cases of death, it is understandable that the bereaved would be better served by a clear and concise determination, allowing them to more swiftly understand and start to move on. With respect to suicide, this issue becomes even more pronounced. Here we have the added complications of a death being self-inflicted and, essentially, a choice. Although no longer unlawful, suicide continues to sit at the heart of a number of discourses which denote the practice as deeply problematic and often shameful (White, 2016). I shall examine this in more detail shortly, although it is important for the moment just to recognise that the stigmatisation and taboo that suicide invokes remains a dominant factor when addressing it as a potential cause of death. In the Chief Coroner's guidance, suicide receives a particular mention, and is subject to certain heightened measures. For example, whilst suicide is no longer a crime, it is still subject to a criminal standard of proof, along with unlawful killing. Whilst this guidance recognises the legal debate which I am here discussing, it was written too early to accommodate the current decisions and thus had not been amended in line with such. So, in terms of the recording of suicide as a cause of death, this guidance stipulates that, "Parliament has decided that suicide should remain as a short-form conclusion." (Thornton, 2016: 11).

It was on this basis that Thomas Maughan launched a legal challenge regarding the conduct of the coroner who presided over his brother's inquest. In the case of *R (on the application of Thomas Maughan) v HM Senior Coroner for Oxfordshire* (2017), the claimant argued that the coroner's advice to the jury was tantamount to,

*"a 'verdict' of suicide based on the balance of probabilities and was therefore unlawful. It is suggested that the Coroner misled the Jury in inviting them to apply the civil standard of proof (balance of probabilities) when the Coronial guidelines state that a conclusion of suicide, whether given in short form or as part of a narrative statement must only be returned on the criminal standard of proof (beyond reasonable doubt)."*

*(DWF, 2018)*

Although the Chief Coroner's guidelines would appear to support this claim that an incorrect standard of proof was allowed due to the coroner's explicit direction, the court did not agree. Firstly, such guidelines, whilst instructive, are not legally enforceable. Secondly, referencing civil cases of sex and child abuse (Parliament. House of Lords, 2008), the High Court determined that a civil standard of proof was both applicable and sufficient in a coroner's verdict of suicide (DWF, 2018; R (Maughan) v Senior Coroner for Oxfordshire, 2018; R (Maughan) v Senior Coroner for Oxfordshire and The Chief Coroner of England and Wales, 2019; R (Maughan) v Senior Coroner for Oxfordshire, 2020).

Given the precedents cited, no wrongdoing was found on the part of the coroner. Thus, the narrative conclusion was accepted, and the challenge overturned. This has proven to be a landmark case, which appears to have led other coroners to also use the lesser standard of proof when producing their conclusions. At least, this is one of the possible explanations given for the rise in suicide figures across the board in 2019 (ONS, 2019). The 2020 figures have not shown a continuation of this trend, and instead returned a significant overall drop from 11.0 deaths per 100,000 to 10.0 (ONS, 2020a). However, this includes the added complication of the COVID-19 pandemic. This situation appears to have led to a decrease in male suicide based on the figures for the previous three years, though largely corresponding with the figures for 2016 (ONS, 2020b). An interesting development, but not one I could accommodate here due to the timing. Any further figures were unavailable at the time of writing, so we are not able to make any stronger conclusions. Whilst the COVID complications have muddled the waters somewhat, this might still be seen to represent a significant change in attitude towards the recording of suicides, and a positive acknowledgement of its legal status. For the standard of proof to remain a criminal one appears misaligned for a civil matter, that it remained so for so long after suicide was decriminalised in 1961, certainly testifies to the continued sensitivity of the practice.

## An Elusive Answer

As mentioned, it is still too early to say whether this ruling has significantly impacted the recording and reporting of suicides. However, that such an increase has occurred in

the same 12 months where the ruling was made would appear to be highly correlative. If this correlation is confirmed through a repeat of these figures in future statistical bulletins, once the COVID related backlog has been appropriately accounted for, then this begins to speak to a potentially significant number of cases that have been previously excluded from such a determination due to the guidelines' peculiar specifications. In short, there will have been a lot more suicides across the board than have previously been officially concluded. However, without a significant number of legal contestations on these grounds, this actual figure will remain unknown.

However, it is still unclear as to why such a change would result in a greater number of deaths being recorded as such. Open verdicts have long been included in the suicide figures, and it might be assumed that this would be the area where the increased latitude would result in more definitive conclusions. Though this would not necessarily increase the total figures, it would just possibly shift the weighting more towards suicide. Another possibility is that, prior to the Maughan case, coroners would take suicide off the table where reasonable doubt could be established. Those cases that were not then recorded as open verdicts may have instead been given either short form or narrative conclusions pertaining to 'accidental death' or 'death by misadventure'. Confident that the guidelines represented a legal position, this would satisfy any enquiry or contestation as to their conclusions. With such a legal 'safety net' now proven to have existed upon a false premise, more coroners are perhaps accepting a narrative conclusion for suicide in such cases. Given the observations of Hill & Cook made back in 2011, these narratives may well be introducing a certain degree of ambiguity into the conclusions, which is translating into a problem of accuracy for the recording of such deaths.

An example of which might be found in another fairly high-profile case. Keith Flint, former frontman for electronic band, The Prodigy, was found hanging by a friend who was visiting his house to check in on him (The Guardian, 2019). The coroner's conclusion was given with the following statement:

*"I've considered suicide. To record that, I would have to have found that, on the balance of probabilities, Mr Flint formed the idea and took*

*a deliberate action knowing it would result in his death. Having regard to all the circumstances I don't find that there's enough evidence for that."*

*(THE GUARDIAN, 2019)*

Nor did she find enough evidence to conclude the death to be accidental, ruling out that he might have been "larking around and it all went horribly wrong" (The Guardian, 2019). So, being apparently unable to find any evidence of accident or intent she stated,

*"We will never quite know what was going on in his mind on that date and so that's why I'm going to record an open conclusion."*

*(THE GUARDIAN, 2019)*

It is interesting that she specifically mentions a 'balance of probabilities' here, since her conclusion would appear to instead follow the criminal standard of proof, this being 'beyond all reasonable doubt'. I would think that anyone who had ruled out a possibility of accidental death when deliberating on a death by hanging would, on a balance of probabilities, consider the act as therefore deliberate, and thus suicide. It raises the question of exactly what kind of evidence would constitute a conclusion of suicide other than the existence of a note? There is possibly a case to made for impaired reasoning and diminished responsibilities due to the presence of alcohol and drugs. However, although this was recorded in the autopsy report (The Guardian, 2019), here is no mention of this potential impairment in the coroner's statement. But the point remains that such irrefutable evidence is not actually required under the civil standard of proof.

It is interesting to note the degree to which an adherence to certain prerogatives and procedures have given us the figures we use to determine the extent of suicidal behaviour. The pervasive use of the criminal standard of proof appears to demonstrate a reluctance to accept suicide in the face of other alternatives. Although this has long been thought to be a legal necessity, the recent findings have instead proven that it was a simple assumption. One that nobody apparently wanted to test.

I would argue that a desire to disprove suicide wherever possible is strongly represented in these practices. The reasoning behind why a suicide requires a much more thorough

approach than an 'accident' or a 'death by misadventure' resonates deeply with a societal attitude to suicidal behaviour that transcends its legal status. There, a notable stigma around suicide would appear to be at the basis of these stricter measures of proof. Moreover, it is not so much the method of death as *the determination of intent* that appears to be the deciding factor. Adding not only a further test to any finding of fact but one which is notably difficult to prove to the criminal standard.

## Let's Talk About Suicide

### Defining Suicide: A Matter of Perspective?

In the Maughan case, the coroner was in no doubt about the cause of death. The deceased was found hanging from a ligature around his neck which had been affixed to a bedframe (R (Maughan) v Senior Coroner for Oxfordshire, 2018). The difficulty was in establishing whether or not death was the intended consequence of the deceased performing such actions. That he was found alone, hanging in his cell, does not incontrovertibly prove that the deceased intended to kill himself. It seems likely, but coroners are instructed that suicide must never be assumed (Thornton, 2016). Moreover, the coroner was mindful of both the reported mental health status of the deceased as well as the possibility that he had intended to be found in time (R (Maughan) v Senior Coroner for Oxfordshire, 2018). Indeed, another of the issues arising out of this case was the degree to which the prison service could be held accountable for the death due a dereliction of their duty of care when handling prisoners with severe mental health issues (Herring, 2017). Thus, the coroner did not feel confident that a short-form conclusion of suicide was justified due to the reasonable presence of doubt. At this point he chose to break with the hitherto adhered to guidelines and allow for the jury to provide a narrative conclusion. Upon taking this step, the standard of proof shifts from 'beyond reasonable doubt' to a 'balance of probabilities'. Now, whatever appears to be the greatest likelihood is open for consideration and conclusion.

As stated, the ONS believe it is too early to categorically say that this landmark ruling has directly caused such an increase in the number of recorded deaths by suicide (ONS, 2019). Though the correlation is very neat, and voices have been raised in support of this being the case (Bevan Brittan, 2018). Should this prove to be the case, then it raises some very important questions. It would certainly appear to support the proposition that there has long been an aversion to the recording of suicide on the part of authorities. This was noted by Durkheim (1952) as one of the problems with the data he meticulously gathered during his study. Indeed, it is perhaps one of the more important findings that he made. This being that the reality of suicide is not just the act of self-termination, but how such fatal circumstances are configured after the fact, through the eyes of the medical professionals and thus through the specific cultural and social lens through which they are viewing it.

The very status of suicide then can be viewed as somewhat precarious. The almost superstitious aversion to the act penetrates deeper than an apparent societal inhibition to openly discuss the matter but has historically affected how a death under such circumstances has been understood, recognised and recorded, both officially and otherwise. It was on this basis that Durkheim felt compelled to categorically define the term in the opening of his seminal work.

*“Since the word ‘suicide’ recurs constantly in the course of conversation, it might be thought that its sense is universally known and that definition is superfluous. Actually, the words of everyday language, like the concepts they express, are always susceptible of more than one meaning, and the scholar, employing them in their accepted use without further definition would risk serious misunderstanding.”*

*(DURKHEIM, 1952: XXXIX)*

Durkheim’s referral to the use of the term as ‘constant’ might appear as a stark contradiction to my own assertion that the matter is not spoken of openly to any great degree. Of course, Durkheim is trying to make a point about the ambiguity of meaning due to the diversity of usage across numerous contexts, and the idea of suicide being

more than the wilful killing of the self holds true in this regard. We do, as we most likely did back in the late 1800's talk of 'career suicide' or mention the term in relation to other situations where a significant negative consequence may occur as the result of a deliberate action, but not necessarily physical death. This figurative use was something Durkheim needed to separate out from the literal meaning, as well as pin down the precise literal usage of the term to a distinct, unambiguous definition that would stand as the basis for his own understanding. Moreover, I reassert that suicide, in this literal, unambiguous sense, is not generally discussed *openly*. Much in the way Foucault positions his 'repressive hypothesis', specifically around the discursive emergence of sex and sexuality, open discussion of suicide has also been significantly problematised. This does not mean it has not been talked about at all, indeed it is prolific, but rather that such conversation has been heavily governed and policed. It is policed in various ways, often through the intervention of certain 'authorities' who seek to impose, not only a singular definition, but also a singular way of conceptualising such behaviour (Marsh, 2010).

### *The Role of 'Psy' Disciplines in the Determination and Treatment of Suicide*

The medical and 'psy' disciplines have long appropriated the act of suicide as their unequivocal province. This has been the case since before Durkheim's (1952) study and, contrary to a number of his findings, has remained so since. The biomedical model used by these disciplines has always focused upon the pathologising of the individual, deeming the suicidal as suffering from some variety of 'mental illness' (White *et al*, 2016). Such actions thus become framed as the tragic consequences of an ill mind. Marsh (2010: 28) aptly terms this approach the "compulsory ontology of pathology". In being pathologised, the act becomes the result of a personal failure to retain a normal (sane) disposition. The normative dimension is thus reified through an example of something that it does not do, rather than having a specific set of dictates of its own. Indeed, it is only where these abnormalities occur that normal behaviour is brought into focus, albeit in the negative (Foucault, 1967). The 'truth' about suicide is then built round this biomedical paradigm. Not only does it then produce dominant discourses of suicide

as examples and expressions of abnormal behaviour, but it also serves to frame both the language and the kind of conversations that take place with respect to suicide and suicidal thoughts. That such things are seen as being the product of mental illness stifles their expression, reducing it to specific kinds of conversations (Marsh, 2010; 2016). In such a manner it becomes 'known' by the general populace.

This policing goes further than just 'talk', however. It pervades across all aspects of the discursive environment. Indeed, how people talk about a subject strongly indicates how they think about it. And this has a considerable impact on how they otherwise behave towards it and the practices and reasoning involved in pursuing it (Douglas, 1967). What the previous example regarding the Maughan case demonstrates is that even the very determination of suicide is a discursive construct, its definition notwithstanding. Whether or not the death could be determined as suicide did not simply depend upon the circumstances within which the body of the deceased was discovered. For the coroner, there was sufficient reason to doubt the reasoning of the deceased when he placed the ligature over his head, He did not feel that this warranted the determination of an incontrovertible intent, due to the presence of mental health issues. As I will discuss shortly, this is an interesting position given that all suicide attempts are considered as being indicative of mental health issues. If such a presence of one's 'right mind' is required for intent to be considered clear, then suicide should perhaps never be proven. But I digress. In this case such an observation gave the coroner cause to defer to the jury who, *on a balance of probabilities* considered it most likely that death was the deceased's intent. Whilst the 'facts' of the matter certainly frame the conclusion, there is no clear deterministic route. It becomes a question of what the respective people thought most likely to be the case.

## Suicide as Discourse

*"Discursive practices are characterised by the demarcation of a field of objects, by the definition of a legitimate perspective for a subject of knowledge, by the setting of norms for elaborating concepts and*

*theories. Hence each of them presupposes a play of prescriptions that govern exclusions and selections.”*

*(FOUCAULT, 1997: 11)*

This biomedical paradigm within which the pathologising of mental health issues is currently undertaken, indeed within which the very term ‘mental health’ comes to be defined and reified, can be viewed as a discursive regime; a ‘regime of truth’ (Foucault, 1977). Through this discursive regime, the biomedical model seeks to define the facts about all aspects of our health, mental and physical. In so doing it either directly or indirectly serves to marginalise any other point of view. In this literature suicide is “unequivocally” presented as the result of mental illness and it would be “clinically and ethically reprehensible” to consider it otherwise (Jamison, 1999 quoted in Marsh, 2010: 28). Over time, the practices inherent in this model start to be taken for granted as being the *de facto* means both of establishing and verifying the criteria of ‘health’, in this instance, and the procedures through which deviances from this acceptable standard are treated.

### *The Power and Proliferation of ‘Truths’*

The discourse of mental health as determined by the biomedical discursive regime is a dominant narrative, supported by powerful ‘truths’ that have risen from within the designation and practice of a ‘normal’ health regimen. These ‘truths’ are developed and propagated through what Althusser (2001a: 85) would term “ideological state apparatuses”. Backed by a body of evidence they become pervasive ideologies, solidified through practice. And here we have the bases for what have become the health services and the biomedical professions, with their science-based approach to understanding our biology and the practices we should follow in order to preserve it for as long as possible. When put like this, it seems folly to object. The upholding, logical, premise being that to resist this narrative is to willingly place yourself, your health, and thus your life, at risk. It is easy then to equate such a mechanism with ideas of oppressive regimes. Indeed, by their very nature, they do oppress. They seek to oppress an alternative viewpoint on the basis that it is self-destructive, for instance. But this is not

necessarily to say that these regimes, if you will, are inherently malevolent in this capacity. Malevolence may well exist, not within the underlying premise of the ideology perhaps, but certainly in its pursuance by certain entities who seek, for example, personal profit over wellbeing. For example, those clinicians who helped promote an opioid epidemic in the US by accepting Parmacorp™ ‘bribes’ to prescribe expensive analgesic medication to those who did not really need it (Carome, 2016). Even without such specific incidences of deceitful practice, we often tend to base our misgivings and misapprehensions of discursive regimes on the notion that these apparatuses operate singularly in the pursuance of the negation of our freedom, or free will.

Once these ‘truths’ begin to be established, their legitimacy is continuously reinforced through certain iterative practices. Papers discussing or defining such ‘truths’ do so with an authoritative style. The methods of producing truths are as much about the style and language employed as they are about the content. Possibly more so. The emphasis upon objectivity and empiricism to support claims, and distance the authors from accusations of speculation and personal opinion, sits at the heart of any demonstration of scientific reasoning (Harding, 1986). Moreover, such papers and publications will fastidiously reference other papers doing the same. Often emphatically so. As Marsh (2010) outlines, it is not uncommon to find in those papers supporting a particular discursive position a significant number of references to other papers which do the same.

Of course, one obviously cites one’s peers when discussing their arguments. However, the pursuance of such appropriate academic rigour serves a much greater purpose than avoiding accusations of plagiarism. Through this interlinking and interdependency of ideas an authority is established (Marsh, 2010). This is, of course, how all academic disciplines operate, each truth claim leaning upon another like a paradigmatic house of cards, each supporting and being supported by the others. Not exactly a closed system, since outside influences remain in effect, but highly resistant to any perspective that might challenge the stability of the constructed premise. Such a ‘disciplinary matrix’ forms the basis for Thomas Kuhn’s (1970) famous identification of the ‘paradigm’ in *The Structure of Scientific Revolutions*.

Whilst science by no means has the monopoly on such discursive apparatus, it does wield them with intimidating efficiency. In the same way Foucault (1978) talks about the

understanding and discussion of sex and sexualities being subjugated by similar discursive apparatus in his rejection of the *repressive hypothesis* mentioned above. Here, again, the scientific and medical disciplines impose a particular view of both 'healthy' and 'deviant' practices, with a considerable amount of concentration upon the deviant. With sexuality, at least, we have largely managed to throw off the constraints imposed by medical and psychiatric discourse which position non-heterosexual, and many non-procreative, sexual acts as 'deviant', with each practitioner in need of 'correction' or conversion. Even those prominent figures noted for promoting such 'conversion therapies' have since apologised for their mistakes in supporting such measures (Carey, 2012).

For suicide, however, there remains a specifically 'correct' course of action, which is to live and remain healthy in both mind and body. Anything else is simply abhorrent and fraught with stigmatisation and shame. And so is the understanding and discussion of suicide policed. Beyond those places where assisted suicide and euthanasia are permitted, and outside of certain philosophical standpoints on personal freedoms such as those espoused by Hume (2005), there are very few discussions where suicide is not decried as a tragic and pathological act. Indeed, within the current paradigm of understanding with respect to suicidal behaviour, Hume's famous exposition that, "no man ever threw away his life while it was worth keeping" (2005: 10), holds no credence within the dominant discourse. The freedom to choose one's destiny in this fashion is entirely negated through the previously established premise that,

*"Philosophical views and assumptions about the causation of suicide, while strongly held and necessarily and importantly debated, are not sufficient to disregard the massive and credible medical, psychological and scientific research literature about suicide."*

*(JAMISON, 1999: 255)*

In other words, regardless of any other argument, the medical and psy disciplines are the only ones with the authority to classify suicide. Only those particular discourses are valid in this regard. So, the freedom to choose one's death over living cannot exist, since

to do so would mean that one is mentally ill. As such, one cannot be seen to be making a rational or reasonable decision over one's life's worth.

### *The Case of the Samaritans Media Guidelines on Suicide*

An excellent example of how suicide is, and is expected to be, talked about can be found in the way it is reported by the media. Media reports are how the majority of the populace experience suicide, and the manner in which it is thus expressed becomes a very powerful tool in managing that experience. Since 2000, the World Health Organisation has published a set of media guidelines titled, '*Preventing suicide: a resource for media professionals*'. This has since been updated both in 2008 and again in 2017 and appears to represent the foremost authority on 'best practice' for media reports on suicides worldwide. This document also appears to have been the template for a number of others, one of which being the media guidance documents produced by *The Samaritans* – the UK's longest running suicide prevention charity.

In 'mapping' the same 'regime of truth' that I am here discussing, Marsh (2010) spends some time analysing a number of newspaper reports on suicides which he positions as being subject to these media guidelines. Here he also seeks to demonstrate how the language used in these reports serves not only to 'protect' people from the more explicit details, but also frames the act itself within a very specific discursive position. Rather than simply repeat this thorough and insightful exercise with a more recent one of my own, I instead wish to focus upon the guidelines themselves. Of particular interest here is the Media Guidelines for Reporting Suicide document (Samaritans, 2013).

The Samaritans' documents are directly referenced in each of the ONS statistical briefings on suicide and provide recommendations to journalists seeking report on the figures or on any other aspect of suicide. As such they are clearly recognised as the foremost 'authority' on how matters of suicide are to be reported. Rather than concentrate upon the guidelines themselves, which bear distinct similarities to those published by the WHO which Marsh (2010) comments upon, I would rather look at the document as a discursive artifact or object in itself. My purpose is the same, I am seeking to demonstrate how this document both draws upon and reinforces a certain 'regime

of truth'. As with the Chief Coroner's guidelines mentioned above, these guidelines are not legally enforceable. However, their inclusion within each official, statistical bulletin strongly suggests that their application is required. This is a theme repeated in the document itself, which very much acts as its own endorsement from the very first page.

The front cover of this document is emblazoned with the newspaper headline, "Samaritans warn media after suspected copycat suicides". This is referenced as being copyrighted to Guardian News and Media Limited and dated 2013. It does not however reference the particular news story. Fortunately, the Internet provides. The headline given on the document is not the one leading the actual story. This reads, "Samaritans chief issues warning after suspected copycat suicides" (Booth & Siddique, 2010). The text on display beneath the Samaritans version of the headline, however, does correspond with the story in the Guardian, which reads,

*"The chief executive of the Samaritans said today she was "very alarmed" about a suspected copycat double suicide yesterday that may have been prompted by news of a similar incident last week."*

*(BOOTH & SIDDIQUE, 2010)*

The piece goes on to report a double death in a vehicle that was claimed to have demonstrated 'similarities' to another double death, which took place in a flat ten days previously. The first incident refers to "chemical poisoning". The method employed in the second incident is only reported as being "similar" (Booth & Siddique, 2010). It is implied that the first suicide influenced the second. Although the methods given for the first suicide were unclear and the locations different. It must then be assumed, from this article alone, that the method of "chemical poisoning" was similar.

A number of quotes from members of the Samaritans team plus other charity officials, sought to assert the danger of media coverage influencing the vulnerable to attempt 'copycat' suicides. Catherine Johnson, then Chief Exec of the Samaritans, is quoted as saying,

*"Reporting can act as a catalyst in bringing the method of suicide to the forefront of vulnerable people's minds, which can result in an increase in a particular method of suicide,"*

*(BOOTH & SIDDIQUE, 2010)*

Her head of communication, Nicola Peckett, added,

*"We knew this was the danger, which is why we tried to clamp down with the media about the reporting."*

*(BOOTH & SIDDIQUE, 2010)*

The police response was that "the possibility that the women accessed suicide chatrooms was being explored." (Booth & Siddique, 2010). None of the claims made in the article were supported by any evidence. However, these claims are quite likely to have been based upon two particular reports. One a publication by the World Health Organisation who have compiled guidelines for the media reporting of suicide since 2000. The latest version at the time of these reports being published in 2008 (WHO, 2008). The second is a paper by Pirkis *et al*, published in 2010 (Pirkis *et al*, 2010). Both documents are short reports summarising a number of other studies into the influence of the media on subsequent suicides.

The WHO report is presented as a guidelines document endorsed by that organisation, which continues to be published and was last updated in 2017. The report provided by Pirkis *et al* shows several studies previously undertaken by the authors into the degree of detail included in a large number of suicide reports (Pirkis *et al*, 2002), and the degree to which this 'excessive' detail might influence other suicides. These studies were undertaken between 2001 and 2007 in Australia (Pirkis & Blood, 2001). They were all funded by the Australian Mindframe media programme, which seeks to promote 'best practice' initiatives in journalism. Regulating how suicide is reported is one of their interests. The organisation is managed by Everymind, another Australian not-for-profit Institute, which seeks to tackle mental health and suicide through research and practice. Mindframe receives direct funding from the Australian Government's Department of

Health under the National Suicide Prevention Leadership and Support Program (Mindframe, 2020).

The remit of these studies was to try and identify a significant link between explicit reporting of suicides and subsequent suicide attempts (Pirkis *et al*, 2010). The guiding hypothesis was that this was indeed the case, and empirical evidence was required in order to support an initiative whereby certain guidelines could be imposed upon reporting habits. The overall aim being to reduce suicides through a more sensitive approach by journalists. The authors are clear that this is not an attempt to suppress journalism in any way, only to provide guidance and best practice.

*“Reporting Suicide and Mental Illness is not about censorship; it recognizes that journalists have a role to play in educating the public about suicide and its multifaceted causes, but calls for caution in reporting individual cases.”*

*(PIRKIS ET AL, 2010: 577)*

The point here is not to contest the validity of any of these papers, nor to suggest that the Samaritans use of this material is inappropriate. The focus here is upon how these documents support a truth regime through the guidelines presented and both the reasoning and evidence behind them. However, it is worth noting the language used in these reports and in the studies to which it refers. As the WHO (2017) guidebook states when demonstrating the scientific evidence behind their position,

*“Over 100 investigations have been conducted into imitative (copycat) suicides (i.e. suicides that **appear to be** directly related to media reports about one or more suicides). Systematic reviews of these studies have consistently drawn the same conclusion: media reporting of suicide cases **can lead to** subsequent, additional, suicidal behaviours.”*

*(WHO, 2017: 3 MY EMPHASIS)*

Despite a short literature review later in the document detailing the possible existence of this phenomenon dating as far back as 1774, with the publication of von Goethe’s

*The Sorrows of Young Werther*, this evidence remains empirically speculative. And such uncertainty is reflected in phrases such as, “*appear to be*” and “*can lead to*”. These, I feel, are perfectly acceptable claims for a qualitative investigation, but they hardly represent the hard data and firm correlations that are usually required to demonstrate ‘scientific evidence’. Studies attributing the role of appropriate reporting in the lessening or negation of the so-called ‘Werther Effect’ in the wake of a high-profile celebrity suicide, for example the death of Kurt Cobain (Jobes et al, 1996), still stop short of conclusive statements. Moreover, other studies find no evidence of any such effect at all (Mercy et al, 2001). Even going so far as to claim that exposure to suicide can have a beneficial effect. As Mercy et al (2001: 126) state,

*“The protective association of exposure to accounts of suicide in the media contradicts some past research and prevailing assumptions that such exposure is a risk factor for suicidal behavior.”*

Nonetheless, the message that is being promoted by these guidelines still tends towards the unequivocal in its regard for future practice on the basis of a less than certain premise. A premise that seeks to demonstrate legitimacy through a cursory acquaintance with the discursive apparatus of scientific methodology. As such they ally themselves with a particular ‘regime of truth’ (Foucault, 1977).

I do not understand any of these publications as attempts to cover up or lessen the presence of suicide. Rather, they are, I believe, genuinely seeking to reduce the number of suicides as well as promoting a more sensitive environment which acknowledges and respects the feelings and situations of those bereaved by and at risk of suicide. This is not a criticism of their intent, only a critique of what this approach involves and to what it ultimately contributes. Nor I am not seeking to challenge the claims made. The issue of how supportive this empirical evidence happens to be is not the actual issue here. Only that it is used to demonstrate a degree of expertise, which is given further weight by the established nature of the Samaritans, in this case, within the field of suicide prevention.

What is of interest is the use of these contributions within the framing of ‘best practice’, which, in this case, is essentially a regulation on how journalists should report on

suicides. To claim it is not censorship is to misunderstand what censorship is. Whilst there are no embargos being issued, there is a deliberate effort to curtail how something is being portrayed on the grounds that it is somehow harmful. This is, in a highly visible way, the suppression of communication on the basis that the content is sensitive, or problematic in some fashion. This is very much censorship. That it is being suggested on the basis of reducing harm, or that it is not officially mandated makes no difference. Indeed, the coercive power of discursive apparatus does not require any such mandates. The suggestion, by a significantly respected entity, that a current practice might be detrimental, and thus in need of revision, along with a supportive display of expertise, or offence, is enough to generate an environment where adherence to the new regime becomes preferred (Kuhn, 1970). Any alternative, including any original, practices become subject to scrutiny and criticism by the newly indoctrinated practitioners. In this way, the practice becomes internally policed without the intervention of any external prohibitive systems, such as the law.

I have chosen to present this case only as an example of how a discursive regime operates. I have tracked this example back as far as I did so that I might provide as full an account as I could. In so doing, I discovered the same iterative discursive practices at each point. Returning to Foucault's (1997: 11) proposition for the anatomy of discursive practices quoted at the beginning of this section, we have "a field of objects" – journalism, suicide; "the definition of a legitimate perspective for a subject of knowledge" – the reduction of suicide; "the setting of norms for elaborating concepts and theories" – more sensitive and less explicit. And "each of them presupposes a play of prescriptions that govern exclusions and selections." (Foucault, 1997: 11).

## Resisting the Narrative

This extended example is important, since it demonstrates, in easily identifiable stages, the degree to which discourse and discursive apparatus can, and do, dominate our ideologies and practices. Though it is important to emphasise, I think, that this is not an inherently bad thing. As Foucault famously states,

*"My point is not that everything is bad, but that everything is dangerous, which is not exactly the same as bad. If everything is dangerous, then we always have something to do."*

*(FOUCAULT, 1997D: 256)*

And this process is indeed dangerous, as numerous historic examples may serve to testify. This is why it is important that it is understood. In the case of the Samaritans, here, they will justifiably claim that their interests are in serving to reduce the numbers of suicides that occur every year. Many other such charitable and humanitarian causes will use the same kinds of justification. I am not contesting this, nor do I wish to paint this justification as false or duplicitous in any capacity. To reiterate, this is simply a means of demonstrating how such discursive apparatus operate. It must be highlighted, however, that although a certain discourse might be dominant, it does not necessarily mean that it is ultimately superior or inviolable.

In fact, discursive regimes rarely remain unchallenged. And nor should they. A central tenet of Foucault's writings on power, discourse, and its regulatory effects is that resistance is always possible. In fact, it is entirely necessary, as well as being somewhat implicit, in the entire process (Foucault, 1977, 1980, 1997d). It is commonly claimed that Foucault is pessimistic, and his ideas dystopian. He is often interpreted as proposing a system of power relations within which we are all trapped, whilst failing to submit a solution to the oppressive, discursive apparatus that form our subjectivities and frame our every action (Hartsock, 1990; Heller, 1996). On a closer reading, however, he does make such a 'solution' apparent. Every step of the way. He doesn't exactly spell it out in his written works, which is perhaps a reason why Foucault is so widely misread, but he does express these ideas more clearly in various interviews (see Foucault, 1980, 1997d). Moreover, once the premise of Foucault's analysis is grasped, the answer becomes quite evident.

On its most basic level, Foucault's conception of power eliminates the possibility that it is either total, or unopposable. This process that Foucault observes is not a monodirectional force, subjugating everything that it encounters. This might be an intention by those wishing to establish such dominion, but it cannot be practically

realised. Examples of defiance to the ‘total’ power of sovereigns, dictators and other such governments are numerous (Foucault, 1977). This simply could not be possible if power were absolute. Power, then, must have always been diffuse and contingent. The shift from the juridico-discursive arrangement of pastoral power to biopower didn’t indicate the creation of a new type of power, it simply denotes an acknowledgement of how power had always operated, and a reorganisation of governmental structures to operate more in line with it (Foucault, 1997c, 2000).

Since power is contingent, it doesn’t take a great leap of the imagination to determine upon what such contingency depends. It is contingent upon the complicity of those upon whom it is being exercised. It is contingent, therefore, upon compliance. This is never guaranteed, though it can be heavily coerced, depending upon the measures used. It therefore supposes that resistance is always possible, whether or not it is actually demonstrated. In many cases it is not, but a look at the public order situation around the world at this present time, with protests countermanding instructions not to gather (Busby, 2020), with public property being destroyed and the police response being apologetic (Braddick, 2020), and with entire sections of American and French cities being ‘unpoliceable’ at this time (Golden, 2020; Sage, 2020) people are defiantly showing that it certainly can. In speaking of “something to do”, Foucault makes clear that this system is not indomitable, it is heavily influenced *by* what we do. Our practices can just as easily disrupt a system as they can support it.

### Examples of Popular Resistance in Community Healthcare

Looking again at discourses of health and wellbeing, we can see a significant number of exercises, limits and recommendations that various medical authorities promote as being not only in one’s best interests, but also heavily supported by facts, research and regulation. A simple google search on ‘how to stay healthy’ returns over 2 billion results. Those on the first couple of pages each carrying a similar message (e.g. see Childline, 2020; NHS, 2018; WebMD, 2019). For the large part, these dominant narratives remain buoyant, with the majority accepting the dictates and assimilating the practices into their regular routines. Indeed, these instructions, repeated so often and supported by

all of the major medical authorities, become what we might colloquially term ‘common sense’. That is, something that we all just understand to be a valid truth claim. After all, we see so many cautionary tales of what happens if such good advice isn’t heeded (Giordana, 2019). Although, this is not to say that everyone strictly follows all such medical provisos.

For example, through widescale reporting on obesity epidemics on national and international scales (see Davey, 2004; Mitchell *et al*, 2012; WHO, 2003), increasing levels of obesity can be seen as indicative of a passive resistance to medial discourses on healthy living. Despite being informed about ‘healthy’ options, recommended portions and the value of an active lifestyle, the figures appear to demonstrate that there is an increasing number of people who would rather opt out. This is resistance. And whilst it is more likely to be based upon a sense of personal preference rather than an organised ideological affront, it still defies the regime. On the whole, the consequences of non-adherence in this case often appear abstract and low risk, existing only in a potential sense. Such consequences, of course, become a lot more present and profound when that potential is realised. Particularly in those places where there is no free national health service, for example, and insurance cover may be compromised as a result of wilful neglect (Leonhardt, 2009).

Whilst global obesity might not necessarily demonstrate an active site of resistance to medical discourse, the same cannot be said of the Antivaxxer ‘movement’, which is gaining increasingly popular support in the US, as well as within some quarters of the UK and EU (Matthews-King, 2019). This rejection of ‘dominant expertise’, as well as regional health policy based upon such, represents a substantive act of resistance to those commonly held and significantly supported provisions aimed at ensuring public safety through the promotion of good health practice (Whitehead *et al*, 2019). Initially based upon spurious evidence (Gerber & Offit, 2009; PublicHealth, 2019), this denial of MMR vaccinations for their children has brought parents into direct confrontations with health services. In some cases, such as the recent and rather virulent measles outbreak in NYC, this has led to more widespread concern where entire communities are succumbing to the disease, with others under threat (Kilgannon, 2019; Bursztynsky, 2019b). These Orthodox Jewish communities indicated as being at the heart of the

current outbreak have been termed as “increasingly vaccination hesitant” (Bursztynsky, 2019a). Medical practitioners from within these communities have sought to try and counter the misinformation that has long been at the heart of this debacle (Bursztynsky, 2019a). The obvious tactic here being to use someone seen as inhabiting a particular discursive environment, whilst operating within that which is being resisted. In this case, a Jewish nurse. A familiar voice, as it were, but one which Jewish mothers seem disinclined to hearken to, instead developing their own practices, such as ‘measles parties’ where children are deliberately exposed with a view to triggering an immune response, in an effort to cope with a situation that their own actions have, inadvertently, brought about (Bursztynsky, 2019a).

Whether out of fear or ignorance, the antivaxxer movement has become almost globally established. The WHO have declared it a major health risk and it has received widespread condemnation (WHO, 2019). The ‘facts’ supporting the antivaxxing community have been ceaselessly debunked, but still it pervades. And this is not simply a matter of a few people harbouring certain misgivings or misconceptions about vaccinations, this is a movement which actively seeks to recruit others into its belief system using techniques employed by Russian intelligence services for their dissemination of propaganda (Tran, 2019; Paul & Matthews, 2016). The technique is known as ‘firehosing’ and involves the saturation of a medium, commonly social media sites, with misinformation. To the average reader, the accuracy of the misleading content being disseminated becomes difficult to distinguish from the mainstream messages conveying the established facts (Jiménez *et al*, 2018). The method of deployment is such that any ‘truths’ are caught up in the mass dissemination of ‘lies’ and those lacking the appropriate knowledge required to discern the difference consequently fail to do so (Paul & Matthews, 2016). This allows those with a vested interest in resisting the narrative, and who choose to disbelieve the mainstream science, to sway the uninformed masses by generating a ‘popular opinion’ which serves their specific interests over an adherence to the truth (Motta *et al*, 2018; Whitehead *et al*, 2019). The harm that such an act of resistance has done is yet to be fully measured, including the effects these ‘measles parties’ were having. I suppose it is all fun and

games until someone contracts pneumonia or dies from respiratory or neurologic complications (CDC, 2019).

Given the weight of medical expertise and scientific knowledge that is being used to support the use of vaccinations, and the implicit 'threat to public health' narratives prominent in all of these reports, the choice of these people, parents or otherwise, to refuse this kind of preventative medical treatment can easily be portrayed as unreasonable, at the very least, bordering on 'crazy' or worse (Moye, 2012). We see these behaviours of anti-vax activists operating now on an even wider scale, seeking to deny the validity of the COVID-19 vaccine and prevent its use and distribution. Examples of how the previously held values have expanded from a personal choice to vaccinate a child to decisions that will impact the health of many, many more. The behaviour of those that refuse to accept the vaccination narrative has caused even national leaders to condemn them as "nuts" (McGuinness, 2020). The use of such terminology to brand those who seek to resist the common convention has a long and storied history. Its use in relation to women, often where the appropriate treatment of their bodies and how they attend to their children is concerned, is a particularly contested area (Ussher, 1991).

## Suicide & Mental Health

*"Suicide statistics provide an indicator of mental health and are important for monitoring trends in deaths resulting from intentional (and probable) self-harm. The statistics are widely used to inform policy, planning and research in both the public and private sector and they enable policy makers and support services to target their resources most effectively."*

*(ONS, 2020)*

Whilst I recognise the strong association, I'm not overly keen on always describing suicidal ideation and behaviour in terms of 'mental health issues'. This is chiefly due to the way in which we tend to recognise and categorise such issues. We are experiencing

what is arguably a watershed moment with respect to the overall recognition of mental health. Mental illness is beginning to be seen as an ongoing negotiation with the pressures and demands that contemporary society places upon us, rather than a contractable, and often intractable, sickness that must be isolated, at the very least, and treated, if possible (Rose, 2019). Despite this shift in paradigms, there remains a predominant, though not exclusive, practice within mental health pathology which tends to focus on the symptoms of mental illness as expressions of individual crisis, rather than as emergent properties of an increasingly difficult social situation (Osafo, 2020). Whilst such social circumstances are certainly considered with respect to suicidal behaviour (Wylie *et al*, 2012), the response remains framed within biomedical, not sociological, discourse. 'Treatment' is then recommended and administered which focuses upon 'correcting' pathological behaviour. The use of pharmacology and therapies such as CBT are regulatory practices that are aimed at altering the patient's behaviours but do nothing to address the social environment in relation to which such 'symptoms' of 'crisis' or 'distress' have emerged. The problem with such a pathologising approach is that it treats mental illness as something that exists *within* a patient. That they have exhibited certain behaviours is unequivocally seen as being the result of something being *wrong with them*. Whilst it may no longer hold the same connotations of contagion as it once did, inheriting such from other socially exclusionary conditions such as leprosy (Foucault, 1968), it nonetheless isolates persons within individual pathologies.

Of interest here, perhaps ironically, is the way in which epidemiology has come to view and react to widescale contagious diseases. The early handling of the COVID-19 pandemic, whilst certainly dealing with a pathogen, neither focussed upon the disease itself (no vaccine was available) nor individual hosts in the main (tested and hospitalised where symptoms are severe), in attempting to reduce the spread of the contagion. Whilst those who exhibited symptoms or knew they had come into contact with someone who had, were initially encouraged to self-isolate, the major focus quickly shifted to disrupting the environments where contagion was most likely. The introduction of nationwide lockdowns was a blanket attempt to reduce exposure to the virus by restricting movements and activities on a massive scale. This is a clear

acknowledgement of the social aspect of a transmittable disease. That such social elements are considered in epidemiology is not a surprise. How people move about, where they meet and what they do is absolutely central to combatting contagious diseases. The impact any given disease has upon a populace is entirely connected to how that populace behaves. So, why then, in terms of the pathological response to mental illness, is the same not considered?

Put simply, one's 'mental health should be recognised as a social issue as much as a health issue' (Whitley, 2017). This, I think, is a vital component in the understanding and potential averting of this behaviour. Seeking to designate the issue always in terms of mental health, tends to further alienate the sufferer who is positioned as 'mentally ill', or otherwise abnormal. Yet a wider examination of the social circumstances within which this kind of behaviour might be framed may lead us to understand the sheer scope of an underlying social malaise of which suicide is only a dramatic, emergent, symptom. The emphasis for treatment is therefore allowed to shift somewhat from the mental health of the individual onto the social issues underpinning it. Thus, serving to alleviate perhaps some of the alienation and sense of personal failure commonly associated with suicidal behaviour.

*"[I]nstitutionalized and structural forms of oppression complicate and intensify the experience of human despair in profound ways. Yet, the response to the experiences of human suffering from the mainstream suicide prevention field has generally been to ignore the political, historical, and social arrangements that contribute to despair (e.g. white supremacy, heteropatriarchy, colonial violence, transphobia, corporate greed, hegemonic masculinity) in favour of a narrow focus on treating and managing individuals who have been conceptualized as mentally ill and in need of expert intervention."*

(WHITE, 2020: 197)

This domination of pathological models within medical discourse is something that might, at first glance, appear to be perfectly reasonable. Have not the medical professions spent centuries developing practices and accumulating expertise on how

human biology operates and can be most effectively treated? Have not these advances in science and medicine served to save and prolong human existence on an increasingly unprecedented scale? Have they not made quality of life improvements across the entire gamut of human experience? Can it not, therefore, be empirically proven that these disciplines operate entirely within the purview of a benefactor? Following Foucault (1997c), Marsh (2010, 2016) and White *et al* (2020), I'm not really seeking to dispute that. But I must offer that this narrative, irrespective of the impressive evidence in support of it, is simply that, a narrative. In that it is a version of events. Compelling certainly, in more ways than one, and responsible for our current views on normalcy and deviance within the field of healthcare and, as importantly though nonetheless distinct, the care of the self (Foucault, 1986; Rose, 1992, 2019).

### Resisting the 'Psy' Narrative

The emergence of 'critical suicidology' provides both a space and a platform for the domination of the psy disciplines to be explored, questioned, and challenged. This is not an anti-psychiatric movement. It does not seek to attack those institutional measures without which a great number of very vulnerable people would be left to suffer alone. Rather, critical suicidology seeks to examine suicide from a series of alternative perspectives. It offers "a theoretically diverse and imaginative challenge to the existing order within suicidology" (White *et al*, 2016: 1) and argues that,

*"the field of suicidology has become too narrowly focused on questions of individual pathology and deficit, as well as too wedded to positivist research methodologies, and thus has come to actively exclude from consideration approaches to understanding and preventing suicide that do not fit well with these orthodoxies."*

(WHITE ET AL, 2016: 2)

The position I have taken throughout this section, and throughout this project, is aptly summarised within this introductory statement. There is a definite need for an alternative track to suicide prevention and treatment which accommodates those for

whom the psychiatric model appears obstructive and inadequate. Again, this is not to say that some suicidal behaviour would not benefit from certain interventions, but not all. Indeed, following Durkheim (1952), it is strongly debatable how much of our current understanding of suicidal behaviour would benefit from not simply assuming it is the tragic consequence of an ill mind, and to what degree the “compulsive ontology of pathology” (Marsh, 2010: 28) is actually limiting our efforts to address this phenomena.

In *Le Suicide*, Durkheim (1952) devotes an entire chapter to the psychiatric understanding of suicide. Central to his discussion is the observation, highlighted above, that suicide is the product of some kind of psychosis or derangement. This, he establishes, is a notion within the psy disciplines of the time that arose in relation to the designation of suicide as a criminal act. He quotes Esquirol’s statement on the presence of mental ‘alienation’ in suicide attempts. “Suicide shows all the characteristics of mental alienation ... A man attempts self-destruction only in delirium and suicides are mentally alienated.” (Esquirol quoted in Durkheim, 1952; 4). This, Durkheim states, becomes the principle point against the legal position of suicide. A person who kills themselves, or seeks to do so, is not legally responsible for their actions since they are clearly experiencing a loss of reason and mental capacity. Two things that must be proven to be present in the effective prosecution of any such legal case. Since the act is thus seen to be involuntary, it cannot be prosecuted as criminal (Durkheim, 1952).

Whilst such a line of reasoning might have eventually caused suicide to be abrogated from criminal law, it firmly repositioned it under the jurisdiction of mental health discourse. However, Durkheim does not accept that this automatic attribution of suicide as a result of ‘mental alienation’, is accurate. There are cases that he cedes as certainly demonstrating the presence of a psychopathic state, but this is by no means the ‘norm’. Clearly, for Durkheim, the presence of such a state must be proven to exist prior to the attempt. And, where such an attempt failed, it must be proven to continue to exist. He cites that in the great majority of cases there is no evidence to support that this is so (Durkheim, 1952). Should insanity therefore be present it must be of a temporary variety that encompasses the act alone, or a very brief period leading up to it (Durkheim, 1952). However, again Durkheim disputes that this is the case, asserting that such ‘monomanias’ are not scientifically proven in such cases (Durkheim, 1952). With these

observations, Durkheim seeks to refute the self-affirming notion that a self-destructive desire or action simply cannot be accepted as the product of a sane mind, *vis a vis* it must be seen as resulting from some form of insanity.

I shall further examine the implications of Durkheim's proposition in relation to social facts and social order shortly. However, his shifting of emphasis from the individual/pathological to the social/discursive is an important point in the critical approach to suicidology. The use of the pathological model, as discussed, limits our understanding of suicidal behaviour to an assumption that it can only happen as a result of mental illness. The circular logic that 'nobody in their right mind would want to kill themselves' reinforces this view. Critical suicidology seeks to give voice to a number of alternate positions, allowing us to question exactly which mind is the 'right' one, if any qualify at all. Not only, then, does it accommodate a number of theoretical positions beyond the biomedical, it generates qualitative accounts of and by those who experience social ideation and have engaged in suicidal acts. Such accounts and narratives allow a voice that is often otherwise silenced or delegitimised by the aforementioned presumption of mental illness.

Once 'suicide' enters the conversation, the given supportive environment where such an admission is made often shifts into an interventionist stance (Marsh, 2010; White *et al*, 2016). It immediately designates the ontological position of an individual as being 'at risk' and somehow fragile (Berman, 2006). In so doing it frames, and thus largely invalidates, the thoughts, feelings, and subsequent actions of that person, reconfiguring them as the pathological expressions of a mentally ill 'patient'. The change in designation is not simply cosmetic. In so doing, the medical discourse overpowers the ontological narrative, enacting a form of symbolic institutional violence upon it as the discursive power of the 'psy' disciplines take charge (Rose, 1997; Reynolds, 2016). Operationalising itself under the auspices of 'patient safety' and 'protection', the biomedical position categorically repositions the individual as something to be acted upon within a discourse of control and containment (Berman, 2006). The baseline thus established may well be one of help and prevention, but it is entirely on invasive institutional terms (White, 2016). There is little, if any, room for any kind of positive self-accounting in this situation. And yet there is much to be learned through hearing these

accounts and listening to the expressions in a non-judgemental light. One is not facilitating suicide by facilitating such expression. It is not irresponsible to allow someone to share their stories, even if they disturb our ill-informed sensibilities.

The fear of 'contagion' as it is somewhat dramatically termed by organisations such as the Samaritans, must also be challenged. Graphic descriptions of deaths are certainly not to be promoted due to how low our societal tolerance is to such factual depictions of death (Ariès, 1974; Baudrillard, 1993). However, the idea that suicide can be 'transmitted' only adds to the mistake of trying to account for it in purely pathological terms. The message that this sends, that people 'vulnerable' to suicide are again in need of imposed 'protection' entirely without their own consultation, simply reinforces the sense of being unable to make their own decisions and control their destiny.

Critical suicidology provides a platform where these concerns can be raised, and these objections voiced (White *et al*, 2016; Button & Marsh, 2020). Individually, the likelihood of any of these positions being recognised is slim. The biomedical paradigm has established a considerable stranglehold over the 'truth' in the matter of suicide (Marsh, 2010, 2016). However, as a collective presence, it is hoped there is enough impetus to establish a significant counterpoint to the dominant discourse. Such a site of resistance is necessary to destabilise any notion of ultimate authority by institutional apparatus that continue to marginalise the experience of suicidal ideation as mental illness. In so doing it separates the individual from societal influence and determines any future treatment as operating outside of that relationship, only being permitted to 're-join' once 'well'. This does not help those for whom the societal pressures they become subject to are established as the cause of their actions. It is tantamount to the fate of a latter-day soldier, being wounded and patched up just to be sent back to the front. By identifying and addressing social elements as being responsible for many suicidal actions, we might then focus upon trying to change these, rather than applying what only amounts to a limited form of triage to the victim. The actual efficacy of the biomedical approach is a point of some contention, given the observances that suicidal persons remain at risk, and then apparently require the increased protection afforded by the media in limiting any potential contagion.

## Conclusion: Death, Data, and Discourse

Within this section I have introduced some of the core elements of this study as they pertain to suicide. Beginning with the statistical reports outlining the rise in male suicides, particularly those occurring in middle age, I have established the significance of this phenomena as a social issue. In relation to this I sought to identify the notion of men, or masculinity, as being demonstrably in crisis due to these rising figures. This idea will be further examined in the next section, specifically in relation to ideas of masculinity and being a man. In foreshadowing this discussion here, I wished to present the issue as a contested area, being based purely upon a narrow statistical range. The 2013 figures certainly displayed a significant upturn in middle aged male suicide and saw for the first time since age standardised rates were employed that the 45-59 age grouping became the highest risk category. However, both the ratio of male to female suicides and this notion of a 'crisis in masculinity' are neither new nor uncommon happenings. Durkheim's (1952) statistical breakdown shows the same prevalence of male suicide over female going way back into the early 19th century. And accounts such as Kimmel's (1987) demonstrate examples of various recorded crises in ideas and practices of masculinity going back as far as the 17th. Whilst neither of these observations serve to diminish the potential importance of either statement in the current social environment, it does offer a little more context to the establishment of such claims in a contemporary setting. More on this, however, in the next section.

Following the establishment of the focal point for the study, and the introduction of some of the pertinent arguments with respect to the interpretation of the statistical data, I sought to critically examine the sudden reversal of the downward trend in the 2018 ONS data. Although it is as yet unconfirmed, a potential explanation for such a significant upturn might be found in a landmark legal ruling made on a case from 2017. Here, the decision to allow a narrative conclusion in a coroner's inquest for the apparently self-inflicted death of a prison inmate prompted a legal challenge from the brother of the deceased. This was made on the grounds that the coroner acted unlawfully through improper adherence to the Chief Coroner's guidelines. The court ruling that such guidelines were never legally enforceable came as a surprise to the legal and medical professions alike. Moreover, it overturned what amounted to over a

century of coroners' practice in relation to the standard of proof required for a determination of suicide to be made. Consequently, it would appear that a number of coroners changed their practice in this regard, providing an option for further narrative conclusions to be made and thus allowing for a greater number of suicides to be recorded.

As I say, confirmation of this is not yet possible, though it seems to be a most likely explanation. However, the very speculation of this issue raises a vital point in this discussion. This being that the very determination of suicide remains a discursive practice. As established, again by Durkheim (1952), whether or not a death is determined as suicide is more of a reflection of the societal attitudes towards such an act as it is an objective 'truth', separate from any such influences. The heightened standard of proof for suicide had no logical basis in British coroners' law since 1961, when it was abrogated from the statute. However, it was retained alongside 'unlawful killing', a distinctly criminal act. Thus, even though its legal status has changed, the manner in which it was determined failed to reflect this. And so, whilst there was no longer a basis for such a death to be treated as a criminal matter, it effectively continued to be viewed as such. Such a position is maintained in the Chief Coroners' guidelines, which is a disaggregation of the Coroners' Act, and reinforced by the wording employed therein. What this amounts to is an example of textual authority being exerted by institutional apparatus with respect to the determination of death by suicide. Such pressure seeks to deliberately limit such a determination on the basis that it is a legal prerogative when, in fact, it simply is not. The widespread practices adopted on the basis of what amounted to a recommendation serve to illustrate the extremely influential properties of iteration.

In her account of Foucault's (1997) exposition of 'critique', Judith Butler offers that,

*"certain kinds of practices which are designed to handle certain types of problems produce, over time, a settled domain of ontology as their consequence, and this ontological domain, in turn, constrains our understanding of what is possible."*

*(2004: 309).*

Drawing from this same quote, Marsh (2016: 26) aligns such “a settled domain of ontology” with both historical and contemporary suicidology. Wherein he places both the institutions and disciplines of medicine and psychiatry. Here, I add to this coterie through a positioning of the British legal apparatus, and its assumed authority, with respect to the determination of suicide within coroners’ practice. “Our understanding of what is possible”, with respect to the determination of suicide has certainly been shaped by assumptions of legal propriety, and the subsequent iterative practices which constitute coroners’ inquests has generated “a settled domain of ontology” (Butler, 2004: 309) and, indeed, epistemology with respect to how suicide is considered and determined.

So, regardless of the impact it may have had upon the number of recorded suicides in England & Wales, the revelation of how the iterative practices in coroners’ inquests served to generate a ‘regime of truth’ (Foucault, 1977) with respect to coroners’ conclusions demonstrate the degree to which any such discursive construct essentially only represents a matter of perspective and opinion. This discursive constraint, however, goes much further than simply the determination of suicide. It also serves to generate a set of regulatory practices through which all aspects of suicide and suicidal behaviours have come to be policed. Central to this is the manner in which the ‘psy’ disciplines assert and maintain their authority over such behaviour, determining it to be, without any credible doubt, a matter of individual pathology and thus reinforcing the ‘compulsory ontology of pathology’, as Marsh (2010) describes it, throughout their jurisdiction.

These regulatory practices extend beyond the biomedical paradigm into everyday experiences of an entire populace. Press and media guidelines serve to emphasise a notion of ‘sensitivity’, and ‘vulnerability’ with respect to subsections of society considered to be more at risk of suicide. Numerous studies produce significant amounts of data identifying who is considered to be effectively unsafe, and often determine a number of socio-economic factors which exacerbate the danger (see Hawton, 2000; O’Connor *et al*, 2011; Wylie *et al*, 2012). However, such correlative insights continue to derive their reasoning from the extent to which personal circumstances negatively impact mental health, leading to such self-destructive behaviour and a pathological

diagnosis. This narrative of 'mental illness' and individual vulnerability is further demonstrated through the idea of 'contagion' via media exposure to reports on death by suicide (Phillips, 1974, 1985; Jobes et al, 1996; Pirkis & Blood, 2001). No doubt driven by a dedication to safety, such accounting only serves to position such individuals as inherently at risk of harm and in need of protection.

Moreover, in using a term noted for its relationship to a pathogen, the idea that suicidal ideation can be 'transferred' fails to recognise the important ontological issues that anyone facing the decision to end their own life has experienced. In so doing this suggests a belief that suicide is essentially a spur of the moment 'reaction' to an undesirable circumstance. Whilst there are certainly cases of 'spontaneous' suicide, often when upset and under the influence of intoxicating substances (Conner & Ilgen, 2011), these do not account for the majority of cases, for whom a much longer term of reflection has generally been undertaken (Webb, 2010; Dodemaide & Crisp, 2013). Nor do these reports acknowledge the process that an individual might have engaged with prior to reaching a point where such actions are to be considered. Although a small number of 'copycat' suicides have been determined in relation to what is termed the 'Werther effect' (Pirkis & Nordentoft, 2011), these alone would not appear to warrant a conclusive correlation between such activities and media reporting. Indeed, the very guidelines are very careful to not make any such categorical claims, as their language use demonstrates (WHO, 2008; Samaritans, 2013). Moreover, this research also appears to draw heavily upon 'pro suicide' websites and other such places where suicide is more positively constructed. The difficulty here is that such places are unlikely to attract those for whom suicide is not currently a prospect. So, there has already been a process whereby someone has decided that suicide is an option for them. The influence of these reports and websites on people thus termed 'vulnerable' is not to be disregarded, but the reasoning for such 'vulnerability' cannot realistically be laid at the doorstep of suicide sites and journalists. Of course, it is perfectly acceptable to assume that every little helps in terms of prevention. Though this does nothing to distance the practice from what amounts to discursive regulation, nor does it seek to understand the basis for such reasoning.

However, the positions adopted by the current biomedical paradigm are by no means incontrovertible. Indeed, there is a growing number of groups and individuals who seek to challenge the dominant models existent within personal and community healthcare. These movements generate their own ‘truths’ which, irrespective of any relationship with an objective reality or any genuine empirical basis for their claims, they promote extensively across numerous channels and social media platforms. This ‘firehosing’ of unsubstantiated claims and deliberate mistruths serves to destabilise the general basis for truth consumption. Dominant discourses become saturated with conflicting and contradictory statements; conspiracy theories abound which subvert the narratives generally being disseminated and consumed. The defenders of such narratives seek to fact check and debunk the profligate material and, in so doing, they engage in the same practices of propagation, and verification. The hierarchy of truth flattens, and the power-knowledge relationship is then up for grabs.

This, of course, is not to suggest that practices based upon spurious notions and irresponsible behaviours are to be celebrated. I entertain these examples as an illustration of certain sites of resistance against dominant ideologies and ideological apparatus. Whilst I might advocate a position where ‘truth’ becomes a regime rather than an objective certainty, perpetuated and supported in furtherance of a certain aim, I do not advocate those regimes which are deliberately arranged around irresponsible and harmful behaviour, and antivaxxers are not the only group throwing their hat into this ring. As discussed, the establishment of the ‘psy’ disciplines as arbiters of suicidal behaviour brings with it a very real danger of such behaviours being misrepresented and mismanaged. Based upon an incorrect assumption, embedded within disciplinary thinking and practice, the biomedical model continues to marginalise and limit discussions on better practice within the field of medical and psychiatric suicidology. Largely on the basis that any objections and alternative propositions come from outside it. In so doing, however, it is limiting its own ability to properly understand suicidal behaviour. Marsh warns that,

*“As the field becomes further enmeshed in practices of categorizing, measuring, and counting, it risks losing the means to understand and*

*engage with the complex and changing contexts in which suicidal individuals are formed and suicides occur.”*

*(2016: 26)*

Critical approaches to suicidology have begun to emerge from a group of practitioners, academics, and those who have experienced suicidal behaviour that offer an additional perspective upon the dominant narratives, providing compelling and engaging accounts of alternative positions often through qualitative methodologies. These alternate visions serve to demonstrate that there is another way of both conceiving of and engaging with suicidal behaviour. Intervention and prevention are not the exclusive province of medicine and psychiatry and might not always be the most appropriate actions to take. Critical suicidology acknowledges that the care of the individual is not purely that which the ‘psy’ discourses impose. Most of all, it recognises that those engaging with suicidal behaviour have a voice, and that it is imperative that this must be heard. The suicidal act or intent should not be seen as the sole vehicle of communication here. Yet when presented with such behaviours, the first response from the medical ‘authorities’ is often to stop listening to anything else. The ‘patient’ becomes unreliable and ‘unsafe’, suddenly subjected to various controls aimed at mitigating risk, the majority of which are imposed, rather than negotiated (Berman, 2006).

But this is not antipsychiatry. There is a recognised need for many people with significant mental health issues to receive psychiatric care. For these people, such measures are the most appropriate and the most likely to reduce suffering. This is not the same mental health service that Laing (1960) railed against. And this is not the same psychiatric paradigm against which he developed his own subject orientated and interpersonal approaches. Moreover, there is a growing recognition of sensitivity and individual needs within the ‘psy’ disciplines (O’Connor, 2011; Silverman, 2011), but this is not strictly about mental health. Indeed, a large part of the critical approach to suicidology is that suicide itself should not automatically be considered as a tragic expression of an ill mind. Rather, we must work harder to differentiate those actual incidences of mental illness from those of mental distress. The difference is profound.

Recognising how 'normal', as in 'non-pathological', individuals are affected by their social environments and societal circumstances is crucial to understanding suicidal behaviour (Marsh, 2010; Webb, 2010; White *et al*, 2016). Assuming mental illness not only fixes the individual within a specific discursive paradigm, but also transports them into a situation that is necessarily separated from the practical reality which is causing them distress. Whilst this might appear to be a beneficial move, it does so only temporarily. Once the initial interventions and preventative measures have been put in place, they are often returned to that same problematic environment without sufficient aftercare (Mehlum & Mork, 2011). And this is also assuming that such behaviours are even recognised prior to a successful suicidal act (O'Connor *et al*, 2011).

A more critical approach to the practices currently employed with respect to the psychiatric determination of suicidal behaviour offers us a wider perspective within which more pertinent decisions might be made. The associative stigmatisation of mental health issues is just one of the additional problems that the biomedical approach facilitates. Whilst great efforts are being made to disassociate such negative connotations from notions of mental illness, predicated through a concentration instead upon mental health (Sudak *et al*, 2008), there are significant steps that remain to be taken in order for those experiencing suicidal feelings to do so without the common feelings of shame and embarrassment further hindering their capacity to seek assistance (Chandler, 2020).

## CHAPTER THREE

### Death, Suicide and Social Order

The previous chapter outlined, in some detail, the occurrence of suicide as a discursive construct. This being the establishment of certain standards and restrictions with respect to the designation and understanding of suicide. It showed how both the legal existence of suicide was effectively premised on an assumption and how further assumptions of 'contagion' have formed the basis for a restrictive approach to the reporting of suicides by the press. Each of these demonstrates how narratives on suicide have been fabricated. Not insofar as them being falsehoods necessarily, but due to the fact that an external prerogative has been imposed which informs and constrains how this phenomena is seen to exist. What I propose to do with this section is to provide a reason why.

Here then is where we look at the role of society in the development of the discourses that surround suicide and suicidal behaviour. Beginning with Durkheim's (1952) determination of suicide as a 'social fact', I shall look shortly at how he positioned suicide absolutely as a social issue. Whilst he also recognised a personal element to the occurrence of suicide, he strongly refuted the pathological as a general avenue of investigation. His work, whilst flawed in some respects, nonetheless serves to establish the role of social order in the act of suicide and, almost inadvertently, accounts for how the psychiatric perspectives serve to perpetuate that order through the designation of illness and deviance in relation to the 'normative' values that a society is thought to represent. This is a subject further explored by Michel Foucault throughout his work, though most directly addressed in his earlier works (See Foucault, 1967, 1970, 1973).

It doesn't really require an in-depth analysis to proclaim that suicide is problematic. For most people the notion is, at best, disturbing. As outlined, the common public conception, as defined and continually reified by medicine and psychiatry, is that such acts are the tragic products of an ill mind. It perhaps comforts us somewhat then to view

suicide as an illness, something with treatable symptoms or, at the very least, something that someone else may have. Viewed this way it becomes a problem not for ourselves with our healthy minds, but for those others who have somehow fallen victim to it; who's minds are not quite up to the task or are somehow weak and 'vulnerable' to certain stimulus. But thinking that way is a trap. It is the same kind of trap that has led most of the world, in the false hope that the current pandemic had somehow simply gone away, to try and re-establish a sense of a 'normal' social life. Or have otherwise sought to ignore the health warnings from leading physician's and the WHO about the precautions necessary to protect themselves from the novel virus, both as individuals and as a population. In either case resulting in a new surge of infections. A surge that dramatically increases the likelihood of other people's problems venturing rather closer to home.

I don't mean to compare these phenomena arbitrarily, nor rather crudely include the COVID-19 situation merely for its topical impact. I use this as an example since it demonstrates some significant similarities with the subject at hand. Firstly, unless one is directly experiencing it, the virus remains distant. The adverse reactions to the various requirements for precautionary methods at different times, not only provide a succinct example of the possibility of resistance against the presence of discursive influence, but also serve to show how little regard such individuals have for any notions of 'common good'. The way these persons are being viewed through the lenses of the press and social media in relation to the wearing, or not, of face masks for example, illustrates a singular attribution of moral superiority and civic duty onto those who comply (Aratani, 2020; Yong, 2020). Within a relatively short timeframe we see social 'norms' altering to fit new discursively generated standards. Within this period, the wearing of face masks as a viable response to the pandemic is positively determined. Those that choose not to comply are positioned as a clearly identifiable threat, and their actions are quickly singled out as shameful, irrational, and dangerous. In this way we see stigma as a means of policing behaviour. In fact, this has been demonstrated quite literally according to comments made publicly by, now former, UK Police Commissioner Dame Cressida Dick, who advocated that those not complying be shamed into doing so (Dearden & Mathers, 2020).

## Duty, Deviance and Danger: Social Responsibility and Moral Obligation

And so we turn again to the issue of compliance. Whilst resistance is implicit within any practice of coercion, it is not without its dangers. I have accounted for some of these sites of resistance in the previous chapter and outlined their purpose within the establishment, and contention, of any given discursive regime. It is through resistance that the relations of power are made visible. How this is acknowledged and challenged within a given regime of truth is an important consideration when seeking to recognise the means by which power is utilised and understood. However, this is not to say that such challenges are tolerated by those looking to achieve, or maintain, dominance. As mentioned, a regime of truth is by no means always a malevolent thing, but it is nonetheless restrictive and proscriptive and such measures do not accommodate all. Those that choose to resist may well be demonstrating an essential mechanic within the establishment and continued assertion of power relations within a prevailing discourse, but their presence always represents a threat to the governing order. How such threats are countered will strongly depend on the nature of the regime. But, even in the case of certain totalitarian governments, direct action is rarely taken without some sort of legitimising statement. Such statements will essentially try and frame those acted upon as dissidents, or rebels, or otherwise morally and civically degenerate in some capacity. Such is the same within those nations and societies where ‘freedom of speech’ is expounded, albeit with various caveats.

Ultimately, however, the process through which governing entities seek to police their authoritative position, whether their jurisdiction is a nation or a field of knowledge, is to denigrate the opposition. In contests of expertise, it is generally sufficient to simply discredit the opposing view on the basis of its empirical or theoretical inaccuracy, whilst promoting one’s own through the reiteration of corresponding positions. What Ian Marsh terms, “achieving authority within texts” (2010: 33). On a more practical level, however, the objectification of behaviours and practices considered harmful or dangerous in some capacity often carries with it a more severe form of detraction. Stigma and shame become the ends inflicted through various means that are

operationalised in an effort to defend the dominant paradigm or position. Such usage provokes powerful emotional responses in those both victimised by any given proclamation and, most importantly for this examination, those who rally in support of it (Elias and Scotson, 1994).

As mentioned, those for whom the required degree of compliance is seen to be lacking are often discursively positioned as deviant and dangerous (Cohen, 2011). In terms of health, the negative framing of those who are overweight, who smoke, who engage in 'unsafe' sexual practices is a common practice, not only within medical disciplines, but also within wider social attitude to wellbeing. Whilst the media have long been seen as a principal vehicle in this generation of 'moral panics', the use of social media can be seen to exacerbate the process significantly, effecting a significant change in dominant social attitudes within much shorter periods of time. The use of face coverings is legally established and enforceable on the grounds of public safety and non-compliance is both morally and legally challenged. All within a few weeks.

Cohen's (2011) five stages are covered here with impressive velocity. Whilst some resistance remains, it is quickly determined as being in the minority and the views espoused for refusing to comply are demonised with comparable celerity (Marcus, 2020). Where these rebellious voices are raised, they are immediately attacked. Accusations of irresponsibility and idiocy are aimed at the dissenters. They are swiftly positioned as holding harmful and dangerous views, predicated on irrational beliefs and a disregard for the welfare of others (Midkiff, 2020). The wearing of masks is declared as another benchmark of decency and good behaviour, which automatically establishes those who refuse as problematic and, essentially, bad. Central to this stigmatisation is the notion that they are harmful and dangerous to those around them. It's a familiar and powerful narrative.

## Personal Responsibility and Public Health

There is no room, under these auspices of public health, for any alternative perspectives. In terms of the current pandemic, whilst inconsistent and occasionally contradictory, there is no doubt that the 'science' is considered to be leading the way in

the handling of the situation. The latest practices thus promoted in furtherance of this position are those that are seen also as morally superior. Or, at least, ones that convey the correct degree of personal responsibility in the face of the ongoing crisis. The situation with respect to suicide is similar. Whilst I do not mean to suggest that one should equate the non-wearing of protective masks during a pandemic as suicidal behaviour, there remain parallels in the ways that these activities are being considered and addressed. They are each 'health concerns', they are each dominated by a 'scientific' discourse, and they are both policed through moral overtones and social recrimination. Failing to toe the discursive line leads to a degree of stigmatisation which is, in itself, a further coercive mechanism. Ultimately, some form of sanction, often involving the loss of liberty and certain social freedoms to a greater or lesser extent, may be imposed.

The things I wish to consider here, however, are not the individual actions, nor the retaliatory measures of the establishment. As outlined, with respect to both suicide and the activities of individuals in a pandemic, the focus is upon the degree of adherence to a sense of social order. Suicide represents a significant site of resistance to such an order. The very act stands against a strong societal dictate to behave oneself. To act in accordance with both the law and convention. Legal and religious prohibitions against suicide focus strongly on the offense caused by such an undertaking. This has little to do with the loss of an individual life, but rather represents an affront to the society that one is seen to have a duty to. This idealised sense of moral obligation is seen as the point from which any such offence can be measured. This then becomes less about individual tragedy and more about social transgression. Although the legal status of suicide in the UK has changed, the recent decision over the required standard of proof demonstrates that the spirit of the repealed law had long still haunted the inquest process. And whilst the country now tends towards a more secularised standpoint, the psy disciplines have taken up the religious assertion of spiritual malaise and sinfulness, replacing it with a diagnosis of mental illness but with no less a narrative of personal failure.

## The Desire to Keep Death at a Distance

Before I go on to further explore how and why the social order views suicidal behaviour and ideation as such a threat, I think it worth dedicating a few words to address the ominous, cowled and scythe wielding spectre in the room. Not the Monty Python sketch, though the pertinence of this reference is indeed high in this regard, but the presence of the dead, as well as that of death itself at the heart of this argument. Death has little place in our modern societies, save as an obstacle that our medical sciences seek to continually overcome or, at least, keep at bay in the pursuit of our ever-growing longevity. "Life grows longer, death is further postponed. The sight of dying and dead people is no longer commonplace. It is easier in the normal course of life to forget death." (Elias, 1985: 8). Whilst death has historically occupied a central place within civilisations across the globe (Ariès, 1974), as we develop the technologies that allow us to defeat our natural enemies, disease, injury and even old age, the inevitability of death becomes a matter of contention. Certainly, we all still die, and these technologies have similarly expanded our understanding of this to the universe itself, but how and when have become increasingly open to question.

The day-to-day presence of death is far more estranged from our existences than ever before. I say this even in the midst of a worldwide pandemic which has taken millions of additional lives and continues to threaten more, and at a time where riots and protests took place on a daily basis for over two months in a number of US cities, following the deaths of several black people at the hands, knees, and bullets, of local police. These deaths, whilst deeply personal for those closest to them, have been sanitised, almost weaponised through political manoeuvring, into statements attacking numerous social organisations and institutions. Though it must be emphasised that it is the social justice framed configurations of these 'posterised' deaths in the latter cases, and the statistical 'brandings' of shameful behaviour on the part of governments and individuals in the former, that are being reified here, not so much the presence of death itself. This is to say that death remains contained within these discourses, rather than *actually felt* by the majority involved in their operationalisation. It is not the fear of death that drives these campaigns. Rather, it is a sense of injustice, indignation and offense. Not that this necessarily detracts from the message and the call to action. These

are clearly pertinent issues in dire need of address, but the actual presence of death, in the sense of its historic role in society, remains at a distance.

Societies have perhaps always sought to keep death within normative bounds. Whether in terms of maintaining a physical separation between the dead, the dying and the living (Ares, 1974; Elias, 1985; Baudrillard, 1993). Or in determining the acceptable time and manner in which death should occur (Bayatrizi, 2008). As Baudrillard has it,

*“little by little, the dead cease to exist. They are thrown out of the group’s symbolic circulation. They are no longer beings with a full role to play, worthy partners in exchange, and we make this obvious by exiling them further and further away from the group of the living.”*

*(BAUDRILLARD, 1993: 126)*

Perhaps apt at this time of writing, death here is kept both at a physical and, most importantly, a social distance from the living, their presence and their social structures. The symbolic exchange is upset since the prior arrangement, where we symbolically exchange remembrance for guidance, is no longer prevalent. Traditions dissolve into memes, we draw our influences from YouTube heroes, not ancestral beliefs, life is very much for the living. We continue to remember the dead, we eulogise them still and recall their presence and the effects they might have had on us, but we no longer revere them. Moreover, in eulogy and remembrance we consider their lives, not their deaths. Of course, this, in itself, isn’t news, but that we remark on the number of celebrity deaths in a given year as being extraordinary, such as we did in 2016 (McDonald, 2016), serves to emphasise the distance that we now enjoy. Personal death has become personally strange, and we still seem to believe that our heroes will live forever.

This position is further supported by Norbert Elias, whose reflections upon, to some extent, his own mortality in the later stages of his life provide a highly poignant set of observations.

*“The sight of a dying person shakes the defensive fantasies that people are apt to build like a wall against the idea of their own death. Self-*

*love whispers that they are immortal: too-close contact with the dying threatens the wish-dream."*

*(ELIAS, 1985: 10)*

In terms of the social organisation of death, then, we are looking at things which go beyond just the appropriate places for the dead to rest and be remembered. Whilst our 'wish-dreams' might be constituted from individual self-love, this remains a collective fantasy. As mentioned, the manner in which we conduct ourselves in relation to our ongoing health and longevity, whilst often promoted as such, is presented as much more than an individual responsibility and concern. The idea of 'public health', for example, establishes a communal precedent for such activities and, more importantly, their oversight. The ability of a society to maintain a healthy, productive population has long been established as a priority for a governing body or authority (Hobbes, 1996; Foucault, 1967, 1976). Included within this are not just the proscriptions on widescale sanitation and personal hygiene, but also the discouragement and prohibitions on activities that could lead to one's own, or another's, untimely demise. The control and maintenance of a population's health then becomes the very basis for its governance (Foucault, 1978, 2000).

## The 'Social Fact' of Suicide

*"Social phenomena must therefore be considered in themselves, detached from the conscious beings who form their own mental representations of them. They must be studied from the outside, as external things because it is in this guise that they present themselves to us."*

*(DURKHEIM, 1952: 70)*

Durkheim (1952) spoke of suicide as a social fact. Something that existed *sui generis* and could be both measured and understood as a thing. This being an intrinsic part of our social world, and thus our reality, apart from any given individual. Suicide, for Durkheim, was a phenomenon that simply would exist, not unlike crime or marriage, and did not

specifically depend upon individuals, or individual choice, for it to do so. This is not to say that Durkheim did not posit specific causes for suicide, but that these causes were also socially generated and depended upon specific societal mechanics, such as perceived levels of integration into any given social order (Durkheim, 1952). Those more invested in the social structure were, in Durkheim's analysis, less likely to kill themselves than those who were more individualised. As a designated social fact, the occurrence of suicide was thus bound to the societal framework within which it existed.

*"At any given moment the moral constitution of society establishes the contingent of voluntary deaths. There is, therefore, for each people a collective force of a definite amount of energy, impelling men to self-destruction. The victim's acts which at first seem to express only his personal temperament are really the supplement and prolongation of a social condition which they express externally."*

*(DURKHEIM, 1952: 263).*

At a glance this might appear to suggest a certain imperative within society driving people to end their own lives, a societal death-drive if you will, and one with a definitive quota given the statistical accounts. But this is not what is being implied here. What Durkheim is attempting to explain is that these expressions of 'personal temperament' are not just individualised, and socially random, choices. Rather, it is the personal expression of a conflict with an external issue generated by the locally prevalent social conditions. The personal dimension here is framed by the degree of integration into respective social order. The societal pressures or 'collective force' can be seen in the social conventions and cultural referents understood by any given collective. These apply restrictions and limitations, or opportunities and comfort, for individuals, depending upon their particular relationship with such imperatives. This Durkheim speaks of in terms of 'type'. This being the attitude of any given individual and the relative freedoms they possess within the social structure. Differing social structures afford greater or lesser degrees of personal freedom. For Durkheim (1952), the greater the degree of personal freedom, the greater the propensity to fall into anomie; a state whereby the individual becomes increasingly detached from the social. Such a

detachment leads the individual away from the regulatory influence of the presiding social structure.

*“Unregulated emotions are adjusted neither to one another nor to the conditions they are supposed to meet; they must therefore conflict with one another most painfully. Anomy, whether progressive or regressive, by allowing requirements to exceed appropriate limits, throws open the door to disillusionment and consequently to disappointment.”*

*(DURKHEIM, 1952: 248).*

I'll return to the implications raised here through the reference to emotions a little later. For now I shall continue to explore this notion of anomie and its relevance to my own position on suicidal behaviour. Anomie can result, according to Durkheim, from an overly individualised social ethos, or from a sudden reversal of fortune leading to a radical displacement within an otherwise ordered social environment. Financial crisis, for example, causing an individual to lose their status and wealth, and their consequent lifestyle, may result in a violent reaction to this circumstance leading to a sense of recrimination, either toward a specific individual or turned upon oneself. Alternatively, the lack of a distinct hierarchical social structure, where proscriptive religious observances are eschewed in favour of a greater individual interpretation of worshipful behaviour, can leave more people in this state of anomie where they lack both the drive and the external guidance to steer away from self-destructive behaviour (Durkheim, 1952).

### Anomie and Anti-Psychiatry

R. D. Laing, in his own alternative vision of psychiatric treatment, presents us with an interesting model for the dissociative practices that we can observe in our understanding of anomie, as understood by Durkheim.

*“Such an individual, for whom the elements of the world are coming to have, or have come to have, a different hierarchy of significance*

*from that of the ordinary person, is beginning, as we say, to 'live in a world of his own', or has already come to do so. It is not true to say, however without careful qualification, that he is losing 'contact with reality', and withdrawing into himself. External events no longer affect him in the same way as they do others; it is not that they affect him less, on the contrary, frequently they affect him more."*

(LAING, 1969: 43)

For both Durkheim and Laing then, the lack or loss of a defined and imposing social structure, subsequently leading to an increased reliance on individual interpretation as a means of negotiating social life, greatly increases the propensity for self-destruction. Moreover, a loss of self-discipline, either through external interventions or through a growing detachment from the social sphere as a result of indulgent self-reflection, can result in a frame of mind where the certainty of death becomes preferable to the vicissitudes of an unregulated life. Laing's model draws more directly upon an existential attitude towards the ensuing 'crisis' arising from such a positioning, but each offers a similar description of where the cause of the matter is thought to originate. Society provides both the moral framework and guiding principles through which the majority of the population develop their needs and the means by which these needs may be satisfied. This relationship of subsistence, however, is not fixed, rather it reproduces itself over time, with each newer incarnation determining the parameters within which general satisfaction should be achieved. As Durkheim (1952: 210) states,

*"A genuine regimen exists, therefore, although not always legally formulated, which fixes with relative precision the maximum degree of ease of living to which each social class may legitimately aspire. However, there is nothing immutable about such a scale. It changes with the increase or decrease of collective revenue and the changes occurring in the moral ideas of society. Thus what appears luxury to one period no longer does so to another; and the well-being which for long periods was granted to a class only by exception and supererogation, finally appears strictly necessary and equitable."*

Potentially, then, since there is no defined, and thus predictable, graduation through which any given society moves and reproduces, individuals would likely be caught between these changing paradigms, seeing previous values undermined and superseded. Arguably, it would be in the best interests of the dominant sections of any given society to limit this reproduction to accord with certain values that prevented a complete upheaval of their social world (Bourdieu, 1973). Thus preventing the radical shift in status that might give rise to an anomic condition. Nonetheless, such a shift may yet occur in less influential sectors.

It is important to recognise that Durkheim's position clearly situates suicide within a social paradigm, rather than an individually pathological one. What Durkheim is proposing, of course, is a sociological account of suicide rather than just a psychiatric one. And yet, whilst his disciplinary framework is different, his methodological one is not. In generating his account, he uses the same positivist methodologies to challenge the truth claims of the time by providing his own evidence to the contrary. For Durkheim, the idea that suicides always occur out of what amounts to a number of random, psychotic breakdowns, simply does not follow. He uses the mortality data at the time to demonstrate that rates of death by suicide appear to maintain roughly the same ratio year by year. Moreover, such rates appear to be affected not by individual cases of mental health, but by the properties of the systems of social organisation in the different countries that he observed (Durkheim, 1952). He also sought to demonstrate how widescale changes to this social order were reflected in that nation's overall suicide rates. In short, Durkheim's view was that suicide was a social issue, not an internally pathological one. Durkheim did not consider suicide to be an arbitrary occurrence. On the contrary, its existence within any social environment was assured. Quite clearly, suicide, for Durkheim, was a *social fact*. Its existence was not the result of the independent thoughts or actions of any given individual, rather, those actions and thoughts were the result of social apparatus that existed outside any single consciousness and which, in fact, impose specific acts and beliefs upon any such consciousnesses. In other words, people do not act in such a fashion simply because they feel that they want to. They act because they feel they must. Any such 'wants' and

‘needs’ are socially imposed and socially regulated; they are not simply the product of an individual mind. Society, then, must bear the responsibility for a suicidal act.

### The Absurdity of it All

Philosophy has favoured a number of differing views on suicide and suicidality. From Chesterton’s admonishment of the suicide as “the ultimate and absolute evil.” (2017: 34). Through Kant’s insistence that anyone contemplating the act must first consider “whether his action can be consistent with the idea of humanity as an end in itself.” (2020: 44). To Hume, who believed that “no man ever threw away his life while it was worth keeping.” (2005: 10). Each position, of course, largely depended upon the epistemology from which it was derived, and the degree to which one considered their lives one’s own property within such. One’s freedom, therefore, to take one’s own life becomes a central tenet within these expositions. Exactly what one must be emancipated from in order to be able to acceptably make such a decision varies. From God, through one’s own moral conscience and accountability before the human race at large (though it must be recognised that such universalism was in fact somewhat restrained to white, male, middle/upper class European intellectuals), to the social order itself, each depending upon who you read. The latter is of particular relevance to this chapter, but before I continue with this I wanted to take a look at an alternative perspective on the matter.

Albert Camus famously wrote the line with which I began this thesis. “There is but one truly serious philosophical problem and that is suicide” (Camus, 1999: 5). Camus saw the world as bereft of a divine custodian and thus empty of any grand design or plan. If the world then just happened to be there, then all of our activities upon it were similarly arbitrary in the overall scheme of things (or` lack thereof). To avoid the ensuing anomie from such a realisation, we established certain ‘illusions’ through which we could convince ourselves of our purpose. To otherwise exist without such imposed meanings would be, for Camus, absurd. Rather than fleeing from this absurdity, however, Camus advocated that we instead face it head on. Simply accept that there is no meaning and just embrace experience. In this his position is similar to that espoused by Phillippe Ariès

(1974), in relation to the medieval view of death as he thought to account for it. For Ariès, death in these times was understood, accepted, and thus prepared for. Its relative ubiquity largely being the reasoning behind this. In this sense Ariès speaks of death in this period as being 'tamed'.

For Camus (1999), one does not go quite so gently into that good night. Knowing he will die and that nothing he does will really have any meaning beyond the illusory, an absurd man simply continues to face life, living almost with abandon. Whilst certainly abandoning the notion of any recourse to a social order, Camus' position refutes suicide as a viable option. Death, for Camus, if not specifically an illusion, is nonetheless a 'retreat' from the absurdity of life. Considerations of suicide, then, represent a failure to indulge oneself appropriately and authentically, effectively bringing about an existential crisis. In this sense I would argue that anomie, again, is a principal element in the contemplation of the self-destructive act. Whilst the absurd man freely dissociates himself from the illusionary trappings of a meaningless world and accepts his ensuing liberation, however that transpires, the anomic man, whilst divorced from it, still seeks reconciliation with that illusion. Failing to achieve this, he sees no point in going on. Through his impassioned plea that absurdity must be embraced, Camus stands very much against the idea of such self-destructive acts. Thus emphasising his point that the suicide is fleeing into death, rather than facing, and embracing, the absurdity of life, even where such life entails apparently endless tedium. Camus' 'absurdist existentialism' relies on a more individualised, experiential, position than Kant's proposition. Yet it still applies a slightly more (self) regulatory approach than Hume's more general advocacy of freedom. Camus understands that we are free, in his terms from a divine proscription, yet we must still behave within a dutiful sense in relation to the presence and constant possibility of death. Particularly that which comes by our own hand.

Ariès (1974) proposes this fight against the dying of the light is something that begins to emerge in more modern settings. He contrasts his medieval view of death with those more contemporary, which he terms 'wild'. From the 18<sup>th</sup> century onwards, he contends that attitudes towards death diversified significantly. The sedate expectancy and religious ritual that attended its coming being forsaken in favour of an increasingly

dramatised reaction and, most importantly, a more active desire for avoidance and abolishment. Death quickly becomes feared and reviled. Moreover, it becomes one of the major obstacles that emergent technologies see as a point of address. With such advancements in hygiene practice and healthcare, death comes to be viewed almost as less inevitable. Certainly, as avoidable in certain circumstances due to the imposition of these new discursive standards in public and personal health, supported through technological innovation. The discourse of science begins to both promote and represent the idea of an ordered existence being preferable and seeks to develop the necessary tools through which this vision can be realised. We see this ordering in its taxonomic approach to the discovery and comprehension of the ‘natural’ world. And in the application of standards of hygiene driven by this comprehension through the identification of pathogens, for example (Foucault, 1967, 1976). Technologies are then developed alongside regulatory practices designed to combat these threats. As we are experiencing now with the COVID-19 pandemic. Political philosophy has long seized and promoted this same idea with respect to the protective aspects of society against the presence of “continual fear, and danger of violent death” (Hobbes, 1996: 84).

For Ariès (1974) then, and as these accounts each in their own way serves to illustrate, death ultimately becomes ‘forbidden’. A curious (perhaps absurd) proposition for sure, given the inevitability of the phenomenon, but the technologies and practices here all emerge within a discursive environment that positions death as avoidable. Those for whom such avoidance becomes problematic, such as the terminally ill and the aged, find themselves placed at a distance (Foucault, 1967; Ares, 1974; Elias, 1985; Baudrillard, 1993). Ostensibly hidden from the mainstream in hospital wards and ‘retirement’ homes. Socially disconnected due to the unease that is felt in their presence. A grim reminder of our own eventual fate; a cruel reveal of what really lies behind the curtain. And yet, despite the discomfort, such imminent deaths remain firmly within the purview and control of our medical institutions (Bayatrizi, 2008). Discursively sanitised and formalised within the sanctioned social order. Suicide, on the other hand, defies any such controlling enterprise and becomes quite the issue for it.

## A Death Most Inconvenient

*“Sociologists, anthropologists, and historians would agree that the experience of death and dying is often mediated, handled, and regulated through culturally, and historically specific social frameworks.”*

*(BAYATRIZI, 2008: 4)*

This emphasis on social order with respect to self-destructive acts remains implicit within the biomedical paradigm, even whilst it focuses upon personal crisis and mental illness. It can then be argued that part of the stigma of suicide is the result of the disruption it represents to the social order which, in part, the institutional power of the biomedical and psy disciplines seek to protect. Historically, suicide can be seen as problematic for the dominant notions of establishment and order due to this potential to destabilise the perceived power base (Bayatrizi, 2008). Its designation variously as a ‘sin’ and a ‘crime’ demonstrating the extent to which such authorities sought to discursively categorise and control such acts, and such thoughts. The biomedical model has taken the prohibitions ensconced within the ancient doctrines of its organised religious forebears, and effectively re-established them in accordance with the modern scientific discursive regimes. This is not so much with a view to maintaining a belief in the sanctity of human life, on theistic grounds or otherwise, but in continuing the political tradition that this sacred prohibition was first formed in defence of. This being the explicit ordering of social existence (Bayatrizi, 2008). It is true to say that this transformation has necessitated a shift from a symbolic ordering (Baudrillard, 1993) to one of a more (bio)political nature (Foucault, 1978, 1997b, 1997c), but the central tenet remains intact. The idea that this is,

*“a power that exerts a positive influence on life, that endeavours to administer, optimize, and multiply it, subjecting it to precise controls and comprehensive regulations.”*

*(FOUCAULT, 1978: 137)*

Foucault argues that the formulation of what he first here terms “bio-power” (1978: 140) marks a particular transition in focus from death to life in the governance of a population. “The sovereign exercised his right of life only by exercising his right to kill, or by refraining from killing.” (Foucault, 1978: 136). The social order following this transition begins to take life as its exclusive domain. This can be seen through the emergence of numerous branches of the medical sciences, which begin to categorise and police an extensive range of social and physical activities. Sexual activities, for example, previously regulated by the church, fall under the auspices of sexologists, who manoeuvre the moral principles upon which they designate deviance in a more secular direction (Foucault, 1978). Similarly, the alienists assert their expertise in the identification and categorisation of pathological behaviour. Diagnostic taxonomies generate decrees that begin to replace commandments as the basis for social organisation and the enforcement of prohibitions (Foucault, 1967, 1978; Rose, 1999). In so doing, this system also seeks to transplant certain religious practices, such as that of the confession, replacing the focus for such dogmatic activities from the soul to the body (Foucault, 1978).

This emergence of regulatory health practices begins to set a new standard for population control. The recording of births, deaths, and marriages, whilst already in existence, starts to become utilised for more than just the purposes of public accounting and administration. Causes of death become a matter of public record via death certificates, and this can be analysed in relation to other personal data to trace a composite image of someone’s life and how it came to end (Thompson, 1968; Foucault, 2000a). Whilst a definitive history is most likely impossible to claim, there are numerous examples of such data being used in both the pursuit and defence of social change. Foucault (1967, 2000a) outlines their usage in terms of controlling public practices in the pursuit of improved hygiene, for example, which served to benefit the nation state in a number of ways. Foucault marks this as an advancement from the keeping of birth and mortality records solely as a means of tracking the growth of the population, and he views it as being introduced under the purview of a “political, economic, and scientific climate characteristic of the epoch dominated by mercantilism.” (Foucault, 2000a: 139).

In this burgeoning political climate of the 17<sup>th</sup> and early 18<sup>th</sup> centuries in Europe, a healthy population had started to become a pressing concern, since it became a priority to try and ensure that the population was not only able to generate a sizable military force but also an active, productive, workforce, from which the revenue so generated would serve to finance such a military existence (Foucault, 2000a). It was therefore important that people remained healthy enough for this to be accomplished. On such a basis, Germany, in particular, started to take great interest in the health of its population. In so doing it introduced a 'medical police', which, for the first time, supplanted the notion of state medicine over the previous paradigm of individual knowledge and expertise. In short, medicine, and thus medical practice, became standardised through these efforts. One of the earliest examples of such a procedure being introduced beyond units of measurement, in medicine or otherwise, throughout Europe (Foucault, 2000a).

For Bayatrizi (2008), these increased observances and controls upon the practices of life and living retain a somewhat quasi-religious status through her proposition of four negative 'commandments' around dying. These being "*thou shalt not die violently, thou shalt not die prematurely, thou shalt not kill thyself, and thou shalt not die an undignified death.*" All of which lead to the final, positive, 'commandment'. "*thou shall die an orderly death.*" (Bayatrizi, 2008: 10). Her choice of framing these imperatives in 'biblical' terms appears only stylistic, since any religious purview over such statements isn't established. However, she attributes this shift in position to Hobbes (1996), and his influential 1651 treatise on governance, *Leviathan*. Perhaps this forming of commandments is a reference to Hobbes' own position on religious scriptures?

*"Seeing therefore I have already proved, that sovereigns in their own dominions are the sole legislators; those books only are canonical, that is, law, in every nation, which are established for such by the sovereign authority."*

(1996: 251)

Certainly, Hobbes' treatise sets out the idea that without a systematic form of governance committed to order and peace, man's existence is limited by, "continual

fear, and danger of violent death; and the life of man, solitary, poor, nasty, brutish, and short.” (Hobbes, 1996: 84). These conditions constitute a ‘*summum malum*’, or ‘greater evil’, which threatens societies not predisposed. This is not an actual term used by Hobbes but has been contrived to support his assertion that man has no intrinsic ‘*summum bonum*’ or ‘greater good’ (Hobbes, 1996: 65), which would otherwise allow him to avert such catastrophe on his own merits.

On the other hand, Foucault (1978) poses the question whether the sovereign’s predisposition towards the taking of life is in fact predicated upon Hobbes’ (1996) assertion that a man might seek to protect himself and his interests through violent force, and that such force might even be reasonable on occasion, if pre-emptive. Although he does not pursue the matter, Foucault does establish that the move towards *bio-power* and *bio-politics* comes much later than the publication of *Leviathan*. Indeed, he makes clear it is the sovereign power advocated by Hobbes that is being transformed in this instance. Following her analysis of Hobbes, Bayatrizi seeks to challenge Foucault’s account of the rise of bio-power, placing its emergence much closer to Hobbes’ lifetime. She argues the case for John Graunt (1620-1674), who’s contributions to statistical analysis helped establish a basis for the prevention of premature death, rather than just arbitrarily recording it (Bayatrizi, 2008).

However, what Foucault (1978, 1984, 2003), Rose (1999, 2019) and others have outlined is that until the institutional apparatus emerged in the late 18<sup>th</sup> and early 19<sup>th</sup> centuries, there was no basis upon which bio-power could be effectively described and implemented. The pastoral power upon which it has been established was certainly in evidence, as employed by the church for centuries (Foucault, 1997c), but the true involvement of the populace in their discursive creation and articulation comes as a result of the decline of sovereign power in such affairs (Foucault, 1977, 1978). Thus, whilst certain practices may well have been evident prior to the reformation of sovereign power into biopower, they could not adequately reach the degree of influence required for a fully bio-political environment. Influential to its adoption, almost certainly, but not exactly exemplary of it.

However, regardless of the exact point of origin of biopower, its widespread establishment can be seen as imposing a certain ‘duty’ upon the populace. A duty to be

well, and to live in an accountable fashion. Their ability to actually stay safe notwithstanding, the populace was now being introduced to a sense of responsibility that they would be expected to adhere to. By living, and subsequently dying, in an orderly fashion, this duty was discharged. What this amounts to is a discursive environment where death should be an orderly affair. Where those that die should do so at an appropriate time and take all the necessary precautions in the meantime. And when one is approaching the culturally acknowledged period of expected demise, they make sure all the necessary administrative arrangements have been made. Then they can just ‘pop off’ with the minimum of fuss to state or society (Bayatrizi, 2008). Central to this notion is that whilst one is alive, one must endeavour to remain so. As Bayatrizi (2008) states, one therefore has a ‘duty to live’. Suicide is then seen as a violation of this duty.

## Suicide and Stigma

The dominant message, then, is clear. Suicide represents not just the tragic act of an ill mind, but also a direct challenge to the social order. Thus, to contemplate suicide, one is essentially positioning themselves as antagonistic to the commonly understood ‘way of life’. This position is of course exacerbated by the dominant discourse of mental illness that pervades all matters of suicide, further marginalising the individual. Although one narrative might be seen as providing an explanation for the other, in that one who is not in their right mind is possessed of a reason for behaving antisocially, neither serves to safely reflect an adequate degree of establishment for the individual. Of course, the stigma of suicide has existed for a considerable time prior to the rise of the biomedical paradigm. For reasons that I have previously outlined, it has long been seen as problematic for governing institutions due to the disruption it both presents and represents to the dominant notions of establishment and order (Bayatrizi, 2008). However, the biomedical model has taken the prohibitions ensconced within the ancient doctrines of its organised religious forebears, and effectively re-established them in accordance with the modern scientific discursive regimes. This is not so much with a view to maintaining a belief in the sanctity of human life, on theistic grounds or

otherwise, but in continuing the political tradition that this sacred prohibition was first formed in defence of. This being the explicit ordering of social existence (Bayatrizi, 2008). It is true to say that this transformation has necessitated a shift from a symbolic ordering to one of a (bio)political nature, but the central tenet remains intact. Those of engage in suicidal behaviour are dangerous.

This is not just to say that suicide represents a danger to the individual, but also to those closest to them. A number of researchers have clearly outlined that a significant degree of stigma is associated with suicide (Knieper, 1999, Worden, 2003; Cvinar, 2005; Sudak *et al*, 2008). This stigma appears to be present both for those who have made an unsuccessful attempt as well as for those who are bereaved by suicide. In the first instance there are reports of personal shame for having made the attempt (Webb, 2010) as well the sense of humiliation in some cases from not succeeding (Canetto, 1995). Each of these are later addressed within the analysis and discussion of my own data. There are also studies which reveal how such stigma and shame might be effectively weaponised in attempts to address and prevent suicidal behaviour (Chandler, 2020). A great deal of the literature, however, appears to concern itself more with the stigma experienced by those bereaved by suicide. Although attitudes towards suicide have changed over the years (Sudak *et al*, 2008), there remains a heightened degree of stigmatisation surrounding suicide overall (Sudak *et al*, 2008), and a much greater concentration upon the effects of these prevalent attitudes on the people closest to the deceased (Cvinar, 2005; Grad, 2011).

Of particular interest here is how the term “survivor of suicide” has come to be used. Whilst it is reasonable to say that someone who, for whatever reason, fails to successfully complete a suicide attempt has survived the experience, the notion of a “suicide survivor” has become more commonly associated in the literature with the family members and friends of those who have managed to take their own lives (Sunak *et al*, 2008: 137; Grad, 2011). The question of terminology is briefly attended to in Grad’s (2011: 562) contribution to the International Handbook of Suicide Prevention. However, she does not think it necessary to address this use of ‘survivor’ focusing instead upon less contentious words such as ‘grief’ and ‘mourning’. In addition to being the only chapter that focuses upon the bereaved, Grad’s chapter is also notable for the only

reference to 'stigma' in relation to suicide within the whole volume. A somewhat telling indicator of where this book's discursive interests lie.

This subversive use of the language employed when discussing suicide serves to promote the idea that suicide not only presents a significant risk and danger to those who engage in such behaviour but seems to represent an even greater threat to everyone around them (Grad, 2011). The notion of suicide presenting a threat to those engaging in, or considering, such an action appears, at best, tautological and, at worst, facetious. But that such a danger is seen to be inflicted upon a wider group adds to the sense of social disorder that suicide represents. As an essentially violent death, in that some degree of violence is done upon the self in order to take one's own life, suicide is placed alongside other forms of violent death as an antithesis of social cohesion. This was one of the major 'evils' which Hobbes' (1996) ideological stance sought to eradicate. Similarly, then, to other forms of violent death, suicide is considered to be outside of the established decorum and practice. Its existence is thus threatening to that establishment. In addition to feelings of guilt and grief, those bereaved by suicide are consequently seen to be closely associated with the transgression. Although no longer criminalised, those associated with a suicide are nonetheless exposed to suspicion and stigma (Cvinar, 2005; Grad, 2011; Sudak *et al*, 2008).

## Conclusion: Suicide, Social Order & Stigma

The discursive construction of suicide and the manner in which it is proliferated through institutional apparatus such as the medical and 'psy' disciplines, as well as the statistical data and media regulations that support such, significantly moulds our understanding of the phenomenon. There has been considerable resistance from the perpetrators of this 'regime of truth' to acknowledge that suicide has a social dimension beyond that of its statistical reckoning. And even this, as outlined in the earlier quote from the ONS, is used predominantly to, "provide an indicator of mental health." (ONS, 2020). Individual mental health was not a concern of Durkheim's in his own study, where he sought instead to identify suicide as social fact, not a pathological one. In pursuit of his sociological explanation of suicide, Durkheim (1952) challenged the nascent psychiatric

underpinnings of suicidal behaviour, claiming instead that it was a product of social order, not a symptom of insanity.

The inductive, and essentially circular, argument that suicide is the product of a tragically ill/deranged/insane mind, entirely fails to satisfy Durkheim. He categorically states that there is insufficient evidence to support the claim and that such postulations cannot adequately separate themselves from pure theory (1952). Moreover, he illustrates that such a premise presupposes that the desire to live is logical, and so the desire to voluntarily die runs counter and is thus illogical. He notes that this simplistic reasoning fails to account for the various situations where a choice is made to die that supports a different logical track. Such as the supposed honour in dying for one's country and other such altruistic 'suicides'. Such notions of 'sacrifice' form a strong element of a number of discursive tropes where one's death, whilst voluntary, might be seen as acting within a rationale of protecting or providing life for others. In considering this, Durkheim is moved to suggest several varieties of suicide, but he advocates that these are not different types of death, they are all to be considered suicides.

***"We may then say conclusively: the term **suicide is applied to all cases of death resulting directly or indirectly from a positive or negative act of the victim himself, which he knows will produce this result.**"***

*(DURKHEIM, 1952: XLII ORIGINAL EMPHASIS)*

In this way, as has been argued (see Frey, 1978; Warren, 2001), the death of Socrates, for example, should be considered as a suicide, since he made his decision not to flee Athens with the full understanding of the consequences. He did this following a legal proceeding where he was sentenced to death having made a reasoned defence of his position (Plato, 1914). No sign of mental illness and its innate irrationality demonstrated here. Indeed, such acts often become framed in terms of 'martyrdom' and 'heroism', where the death of the actor is both known as effectively assured, yet the act is undertaken anyway with a view to upholding a moral, ethical, or religious standpoint, or where saving, or attempting to save, other lives is the intention.

Whilst it is important that a distinction is offered between these self-destructive acts, and those undertaken by individuals out of a sense of despair, it must be noted that

many suicide notes offer that a sacrifice is being made for the benefit of others (Galasiński, 2017). Moreover, although the differing circumstances surrounding such deaths may be clear in practice, what we are discussing is how they are being framed within a particular discursive environment. For Durkheim, it is clear that there is no ontological difference with respect to the personal understanding that death is both an intended and expected consequence of a given action. In this sense, however, the actual desire to die is largely removed from the equation. This is something that has been fixed upon by the medical and 'psy' disciplines in more recent years, rather than the specific state of mind at the time an attempt is undertaken. It is on this basis that a great deal of research into suicide is undertaken (e.g. van Heeringen *et al*, 2011; Mehlum & Mork, 2011; Chang *et al*, 2011; Mark, *et al*, 2011). Most often in an attempt to both recognise and understand this presumed state of mind. Indeed, the continued pathologising of 'patients' is most commonly undertaken on this basis.

Whilst Durkheim (1952), does not dispute that some suicides are the result of a failure of reason, he maintains that the significant majority are not. The notion that suicide itself is an act of irrationality is thus refuted and the pathological model supporting such an assertion judged to be inadequate. Instead, Durkheim argues, suicide is a consequence of society. One's degree of adherence and sense of integration being the demonstrable quality that determines whether or not a suicide attempt is made. However, the regime of truth that Durkheim sought to deconstruct remains largely in place. His assertion that the type of society one exists within determines the probability of suicide has been subsumed within the conception of the social order as being the necessary predicator of not only how one should live, but also how one should die.

This tends to frame the suicide as oppositional to the social order. By reading a 'desire to die' as a 'desire to no longer live in the world', the prospective and successful suicide is seen as resisting the dictum that one should strive to survive; that one has, in fact, a duty to live (Bayatrizi, 2008). In this we see the basis for the practices which seek to police individual death within most modern societies (Bayatrizi, 2010). Not simply in how it occurs, and what is considered to be an orderly death or not, but also in how it is recorded. Accidental deaths, unlawful killings and suicides are seen as problematic for our social ordering of death (Bayatrizi, 2008). They might happen unexpectedly, and in

places where death is considered inconvenient or less appropriate. In an office or worksite, for example, instead of in a hospital or another site where death might be better anticipated and more cleanly addressed.

Ostensibly, if not entirely, this address is made upon the potential for risk. The capacity to avoid danger is generally accepted as the reasonable course of action within our day to day lives. Threats to these lives, whilst impossible to eradicate, must be successfully managed. Failure to do so will lead to an existence which, as famously stated by Hobbes (1996: 84), results in a life that is, “solitary, poor, nasty, brutish, and short.” The construction of suicide as pathological, and contagious, positions it as unquestionably dangerous. The terminology surrounding suicide, particularly the designation of the term ‘survivor’, to those who have lost someone due to suicide, emphasises that not only is it the living that deserve the attention here, but also that their future and ongoing safety is in need of protection from the act. It is as if all suicides have become bombs.

Negotiating such risk has, of course, become synonymous with modern existence (Beck, 1992). And our reflexive involvement in determining and predicting current and future risks is considered to form a significant part of our being in the world (Giddens, 1990). It is on this premise that much suicide prevention and intervention is directed. But it is my contention, following that of the critical suicidology position, that our attention is being misdirected. The concerted efforts of well-established institutions, producing deeply coercive discursive narratives that separate out the dangerous and risky behaviours into mental illnesses. Things that ‘normal people’ do not have but can potentially ‘catch’. These ‘conditions’ are then cemented into a discourse of deviance and targeted for correction. All around, the language of stigma perpetuates, further policing the boundaries between the normal and abnormal; rational and irrational; success and failure, through the cataloguing of individuals and behaviours within a strict taxonomy of acceptance. How certain individuals (read *men*) caught in this exercise understand, cope and relate to such deterministic views and practices forms the topic of the next chapter.

## CHAPTER FOUR

### Men and their Relationship with Masculinity.

#### In the Shadow of Hegemonic Masculinity

*“There are many masculinities. Masculinity is not singular or monolithic. Masculinity varies from man to man, from family to family, and from culture to culture. As he ages a man’s sense of what it means to be a man changes. Internal dynamics, family and friends, and the environment influence each man’s developing masculinity. Masculinity is a learned behaviour and as such can be changed. Masculinities are made, not born. They become, rather than are. Masculinities emerge; they are processes, rather than events, dynamic rather than static, though an individual man can become frozen in his sense of manhood. Masculinities can be unlearned, relearned, and transformed.”*

*(BLISS, 1995B: 301)*

Connell’s (1987, 1995, 2000, 2002, 2005) vision of masculinity provides an interesting and useful starting point for an examination of this thing called masculinity. Following the introduction of the idea of Gramscian hegemony (Gramsci, 1971) to the cultural conception of masculinity, Carrigan, Connell and Lee (1985) sought to supersede the notion of sex role theory, which was proliferate at the time, and provide a new way of thinking about power relations between and within gendered identities. This early establishment of the notion of hegemonic masculinity lacked the relational framework developed in Connell’s own subsequent work, but it nonetheless provided an interesting new way of examining questions of masculine domination. The principal departure for Carrigan, Connell and Lee here was that whilst sex role theory established the unequal power relations between men and women, it did not allow for an adequate examination

of how men also subordinated other men. The idea of hegemonic power thus allowed for the structures of domination to be made apparent within masculinity.

Moving beyond the initial collaborative conception, Connell (1987, 1995, 2005), in essence, provided one of the first structural accounts of how masculinities operate by producing a framework which outlines the relative position of masculinities, in the plural, with respect to one another. Moreover, this served to demonstrate where the power relations between these 'types' of masculinity can be identified. Positioning masculinity as a specific set of practices within the wider context of a gender order, Connell seeks to break apart homogeneous conceptions of masculinity either as an inherent property of the male body, or as a divisive social position occupied by all men. Instead, masculinity becomes disaggregated and largely defined by power relations both between men and women and between different groups of men. This notion of gender order is offered as an encapsulation of the idealised constructions of masculinity and femininity that pervade Western society (Connell, 1987). Any given gender order is not a fixed construct in any capacity, rather it is both historically and culturally situated and thus subject to changes in ideological position and gendered practice. In this sense the gender order is continually reproduced, not dissimilarly to the Bourdieusian notion of cultural reproduction (Bourdieu, 1977, 1993; Jenks, 1993). Indeed, it is within these cultural 'cycles' that we see masculinity being configured and reconfigured according to the changing socio-economic circumstances (Kimmel, 1987; Morgan, 1993; MacInnes, 1998; Faludi, 1999; Beynon, 2002; Whitehead, 2002). These changing roles and expectations of men and masculinity are frequently referred to as being demonstrative of a crisis state, though I shall come back to this later.

Connell's framework depends upon a set of categories, the principle of which being the infamous and dominant state of hegemonic masculinity. Beneath this exist the entirely dependent categories of complicit, subjugated, and marginalised masculinities. Connell emphasises that these categories are "not fixed character types but configurations of practice generated in particular situations in a changing structure of relationships." (1995: 81). This is to say that these categories emerge only in relation to one another or, more accurately, the subordinate positions emerge only in relation to one's particular relationship with hegemonic masculinity at any given time. The exact

relationship between the subordinate categories is not clearly expressed, yet a hierarchy can be inferred from the chosen labels, if not the particular states or “psycho-discursive practices” demonstrated by those considered to belong to any given position (Wetherell and Edley, 1999: 335). Complicit masculinity, for example, is described as being the state of masculinity experienced by many, if not most, men who do not embody the determining characteristics of a hegemonic male. Whilst not ostensibly occupying either of the other remaining categories, they do not experience specific degrees of subordination or marginalisation. In effect, although they cannot claim to exhibit hegemonic traits, they are seen nonetheless to benefit from being associated with those ideas. As Connell explains it, “the majority of men gain from this hegemony, since they benefit from the patriarchal dividend, the advantage men in general gain from the overall subordination of women.” (1995; 79).

Subordinate masculinities, then, do not benefit, or perhaps benefit less heavily, from these dividends. For Connell (1995), there is only one example given of the subordinate masculine identity, and that is homosexuality. “The most important case in contemporary European/American society is the dominance of heterosexual men and the subordination of homosexual men.” (Connell, 2005; 76). Subordinate masculinities are therefore identified through both a lack of those practices that are exemplified through the hegemonic position as well as an engagement with those practices that somehow prevent them from occupying that same position, or one that can be seen as complicit and thus gaining the benefits through association from those that do. Or, rather, they are actively subordinated and dominated by hegemonic masculinity on this basis. For Connell, these three ‘types’ of masculinity each operate very much within an established set of relationships. Each, as Connell puts it, “are relations internal to the gender order.” (1995; 80). Thus, as well as being somewhat defined by their own sets of practices, they are more firmly realised through the dynamic relations that exist between them (Connell, 2005). All of them therefore depend entirely upon each other in order for any distinction and discrimination to take place. Marginalised masculinities, on the other hand, are something else entirely.

## Marginal Men: Outside the Hegemony?

In so far as the previous categories of complicit and subordinated masculinities can be seen as existing 'within the shadow' of hegemonic masculinity, Connell's (1995) explanation of marginalised masculinities is considered to exist somehow beyond it. It thus depends upon the acceptance, or non-acceptance in effect, of certain practices which are viewed as ostensibly external to the established order. Or, that is to say, that certain resultant identities are seen as being so. As examples of this classification, Connell chooses men from other ethnicities, specifically black males, as well as criminals. In defence of this choice, Connell (1995) claims that these 'types' occupy a space that exists somehow outside of a given gender order. This being, as previously established with subordinate masculinities, the gender order explicit within white 'Western' (European/American) society. Connell admits that the terminology here is not exactly the most efficacious. "Though the term is not ideal, I cannot improve on 'marginalization' to refer to the relations between the masculinities in dominant and subordinated classes or ethnic groups." (Connell, 2005; 80). However, the positioning of occupants for this category is equally problematic at first glance. The idea that anyone can be outside of the gender order seems absurd. As a representation of persistent power relations between different types of men and women, all is effectively encompassed.

Connell writes prior to the increase in awareness of transgender and non-binary choices in gendered identities, as well as the growing concept of self-definition within that decision structure. Indeed, the entire premise of this *configuration*, a term Connell (1995) elects to discard for its lack of apparent dynamism though I think entirely appropriate for the structure provided, is based upon a great deal of external designation. Regardless, transgenderism only supports and reinforces a binary gender order and non-binary identifications serve to reify it through choosing to stand in opposition as a site of resistance, deliberate or otherwise. All of these are part of an overarching *order*, though the term can appear somewhat oppressive and constraining. Nonetheless, a set of relationships exists between all of these positions, binding them together in a system of relations of power (Foucault, 1978).

Returning to Connell's choice of *marginalization* and those that are seen to 'occupy' such a category, we must first understand that the system within which these masculinities exist is not intended to be considered as a single, universal, whole. Admittedly, Connell does a rather poor job of explaining this back in 1995. However, in response to a considerable amount of criticism for the idea, a revision was published ten years later, where a number of the criticisms that had accumulated in the intervening years were mostly addressed (Connell & Messerschmidt, 2005). Here we see a more robust version of what was, to be fair, a rather simplistic and somewhat over deterministic prototype. As Connell and Messerschmidt maintain in their introduction to the 'rethink',

*"This is a contested concept. Yet the issues it names are very much at stake in contemporary struggles about power and political leadership, public and private violence, and changes in families and sexuality."*

*(2005: 830)*

I don't disagree with their emphasis upon the importance of the concept, but I am in full agreement with the critiques that led to the publication of the 'rethink'. Principally, what the initial idea fails to accommodate is the *intersectionality* of the term masculinity. As the quote that begins this chapter, from Shepherd Bliss (1995a), illustrates, the iterations of all masculinities, including hegemonic masculinity, follow different formats and encompass many different practices. What Connell and Messerschmidt are describing in their original paper is framed largely by white, middle-class ideology. Their hegemonic male is white, he is heterosexual, and he possess the means to affect his own destiny, so far as this is possible at all. He is physically powerful and sexually dominant. He is the embodiment of Caucasian cultural tropes and serves as the flag that states a claim to specific practices of subjugation, both active and passive. Connell is quite clear that this is an ideal type, those critiques that position hegemonic masculinity as a definitive state that can be occupied have misread both the description and the intention of the concept. Nobody truly occupies this vaulted position, it exists as something to be aspired to, not as an actual physical embodiment. As Connell (2005) explains, even those for whom the idea of hegemonic male might

appear to be applicable, likely fail on some count or another to uphold the ideal. He cites the example of a world class surfer, a young man, physically able and sexually attractive. He appears to very much embody the white heterosexual hegemonic ideal. But, in order to maintain his physique and performance, he has to continually regulate his socialising, and his intake of certain foods, and regularly avoid intoxicating substances.

So, the up all night, hyper promiscuous, 'party animal' element of this hegemonic ideal is unattainable through its detrimental impact on the very lifestyle which positions him within this hegemonic ideal. Even where these oppositional practices are seen to be simultaneously held, albeit perhaps for a limited time only, the tolls of such excess often find themselves realised in the emergence of performance and even mental health issues (Emslie *et al*, 2006). The pressures of attempting to maintain such an ideal image, which invariably involves indulging in numerous potentially harmful practices, inevitably leads to a fall. Take, for example, the number of rock stars who have come to admit that their 'rock 'n roll' lifestyle has had a significant deleterious effect upon their wellbeing. From Ronnie Wood of the Rolling Stones and his recovery from alcoholism (Doyle, 2020) to James Hetfield of Metallica and his ongoing struggle (Robb-Dover, 2019), there has of late been a widespread acknowledgement of how dangerous and damaging this adherence to the hegemonic lifestyle has been. These men were as gods in the eyes of their fans. Larger than life and brimming with masculine power, demonstrated through their performances both on and off stage. It is, on the one hand, an indication of how far we have come in the acknowledgement of the harmfulness of such a position, and the need to successfully distance ourselves from it. However, it also serves to demonstrate how pervasive such an ideal still is with respect to its influence over those engaged in those practices.

*"Hegemonic masculinity was distinguished from other masculinities, especially subordinated masculinities. Hegemonic masculinity was not assumed to be normal in the statistical sense; only a minority of men might enact it. But it was certainly normative. It embodied the currently most honored way of being a man, it required all other men*

*to position themselves in relation to it, and it ideologically legitimated the global subordination of women to men.”*

*(CONNELL & MESSERSCHMIDT, 2005: 832)*

The point here is that hegemonic masculinity is a myth. But like many such imaginary and idealised tropes, it holds a special place in the construction of our identities. And I am not restricting this purely to how white, straight, middle class men wish to view themselves. The extent of this myth is such that it has spun a tapestry across all facets of our identities. This is most evident in relation to women's struggles with patriarchal control and domination, and the tribulations of the queer community in order to be recognised as demonstrating legitimate lifestyles rather than exhibiting symptoms of mental aberration. And then there is, of course, the great colonial endeavours that have served to oppress, rewrite, and destroy a huge number of indigenous cultures, and still serves to do so in a variety of modern contexts. Hegemonic structures and ideologies can clearly be seen in this effort, positioning the dominating group as 'educating' or 'civilising' the 'savage native' for the own 'betterment.' Whilst these practices are not, of course, perpetrated exclusively by men, the dominating characteristics of hegemonic masculinity are certainly observable within this historic context. And within a contemporary one in the underlying business philosophies of many companies operating under a neocolonialistic mandate. Not that there is anything new in colonialism really, either in reason or in fundamental practice.

Moreover, as with most myths, we can see the presence of a central theme cutting across, and becoming embedded within, numerous cultural and social structures (Campbell, 2008). This acknowledgement forms a significant part of the more credible criticisms of Connell and Messerschmitt's original idea. Their proposition, back in 1985, appears to limit the source of domination to the previously outlined classification of a dominant masculine type. This is apparently emphasised through the designation of the complicit and, most significantly, the subordinate and marginal groups. The problem, as perfectly highlighted through observations such as those presented by Demetriou (2001), Archer (2001), and Hope (2010), is that these hegemonic structures are not the sole province of this white, male, heterosexual group or even of hegemonic masculinity

*per se*. In other words, this structure proposed by Connell and Messerschmidt is, in fact, an example of such hegemonic thinking in practice. By subordinating gay men and marginalising black men, and entirely excluding women as being anything other than essentially oppositional in the overall 'gender order', it supposes that such groups are somehow devoid of any hegemonic characteristics themselves. Even the caveat that the original view was based within a predominantly white, heterosexual social milieu, doesn't accommodate the possibility that different hegemonies may exist within such. Whilst they may be, in and of themselves, caught within the overall structure, which is dominated by white, heterosexual, middle class males, the practices of subjugation and domination also remain represented within these substructures. This is not to say that we should necessarily view such representations in these taxonomic terms, which forms part of a later point, but that in terms of practices, we can see similar relationships being exhibited within each 'grouping'. I problematise the term because there is little sense in trying to view such 'substructures' as discreet. Our societies, despite certain attempts to the contrary, do not operate in such entirely discreet ways. Thus, the power relations we are seeking to describe with these terms are interactive across multiple spaces.

Essentially then presupposing a single hegemonic ideal is inherently problematic since it limits the possibility of further hegemonies existing within the different subsets so designated via Connell's taxonomy. Whilst Connell and Messerschmidt (2005) state that this was never their intent, the manner in which they constructed their original myth certainly gave such an impression. However, as they explain, what was being described was, in fact, just the relational structure. Hegemonic masculinity, in itself, simply provides behavioural tropes and models through which certain practices are framed. The only 'global' attribute being its positionality with respect, or lack thereof, of those who do not conform, or aspire, to its ideals. Predominantly, this would include women, but those practices of men 'less honoured' within the specific cultural paradigm, would also suffer similar subordination. The structure, then, can be modelled in any context and simply defines the basic relational model that all hegemonic domination essentially seeks to employ. Moreover, it operationalises itself along certain lines, affecting adherence through coercion, rather than direct force. Even those who choose to resist the hegemonic 'ideal' cannot dispute its existence. Thus, they reify it via their stance

against it. But there must remain a majority for whom this position is understood to be the dominant ordering of practice. Until they don't. In which case the crown shifts, but the structure remains.

Hegemonic masculinity does not seek to determine a *particular* type of behaviour or promote any *single* representation of what it is to be a man. Moreover, it cannot be said to actually correspond with the lifestyles of the majority of men, but it does serve to canonise certain ideas and legitimate certain desires. These are by no means universally manifested, rather they are highly specific in relation to actual practices, but a general theme, as previously mentioned, can be outlined. As stated, for Connell, this is ostensibly the subordination of women. So, irrespective of the practices themselves, it is the way these emphasise or limit certain relationships that becomes the focus for our analysis. Exactly how hyper, hegemonic, or toxic masculinity is expressed is of less significance than how any given act iterates these underlying relationships. Such subordination is achieved through the way space is organised, occupied, and policed, as well as how desires of and for women are articulated within such spaces. What we are looking at then is a discursive construct (Whitehead, 2002). And the model presented by Connell (1995, 2005), whilst crude in appearance, is one of power relations, not embodied examples of particular practices. In the same way that societies are governed through such discursive apparatus and the enforcement of these practices, behaviours and activities, the same can be said of how masculinity is constructed. The specificities of this are dependent upon each individual society, its culture and the values to which it adheres, all of which exist within a hegemonic structure, but the goal remains the same. This being widescale social obedience.

I don't think that the identification of gender relations as integral to the wider social structure through which they operate is a particularly revelatory observation, nor that these relations shift in accordance with the values and ideals of that society. However, that such relations are themselves subjects to 'regional' difference in terms of representation and practice can be commonly overlooked. And by regional I am not simply referring to the geographical parts of a given country, but also the diversity of its population in terms of social class, sexuality, ethnicity and belief structure. All of these, and many more, down as far to the specific board of directors of a company or the

members of a hobbyist club or the patrons of a local pub, may demonstrate variations on this discursive position. How one's masculinity, or femininity for that matter, is promoted, supported, challenged, or subordinated in any of these contexts, no matter how small, is all demonstrative of the hegemonic model. But the sheer variety of practices enacted in these differing 'locales' makes the notion that any given hegemonic male must possess certain common characteristics entirely implausible. As I say, the precise peculiarities and idiosyncrasies are not the issue, only the relationships that they emphasise or limit through their adoption and application.

### Of Gods, Heroes and Men

The very idea that men follow a hegemonic code for being proper men actually generates something of a contradiction in the establishment of this kind of masculine identity. It stands in contrast to the pioneering spirit of individualism that many masculine tropes seek to perpetuate. Trailblazers, leaders, conquerors, going boldly through life and carving their own destinies. Or, at least, overcoming the slings and arrows of outrageous fortune to prevail against a hostile intercession opposed to any such goal. But, then again, the notion that one is part of an elite collective may also stand in stark contrast to the rugged, self-sufficient, adventurous hero. That is, unless we examine this hero narrative a little closer. Where here does the hegemony reside? Is it in the struggling hero, tossed about at the whim of the gods? Or is it in the gods themselves, that mighty figure of Zeus, casting his lightning bolts and spreading his seed with similar abandon? I think this potential dichotomy succinctly illustrates an important point. That it is, in fact, both a false dichotomy in one sense, that there is no choice to be made here, they are both portrayals of the hegemonic ideal, albeit at two different stages. It also supports the critical position presented above, in relation to Connell and Messerschmidt's original conception of hegemonic masculinity, that any idea of a single hegemony cannot be sustained. It can and will exist in any number of environments, and it can do so conterminously with others of differing hierarchies.

I have courted this loose comparison to Classical Mythology not so much as a digression, but more by way of an analogy. Returning to our labouring protagonist of Antiquity, we

see in the valiant and bold actions of the hero a desire to transcend boundaries and achieve some kind of just end. Opposing this is the will of the Olympians, who see such actions as the height of audacity. Insolence that seeks to challenge their authority and essentially remake the social order. Only it never really does. The gods here are eternal and absolute; they abide, and their regime of truth abides with them. The heroes might succeed in part, before succumbing to tragic failure, perhaps. Or they transcend and become a part of the elite structure themselves, kings and demigods immortalised in the stars. The basic tenets are, I think quite clear, but there are a few nuances that could bear an explanation.

The 'hero's journey' here clearly represents a transition which leans upon a period of adversity and great challenge as a means of essentially finding and proving oneself. Such experiences can also be seen as prevalent today. Our personal pursuit of truth and authenticity in our search for identity and individuality mirroring to some extent the symbolic struggles of the classical hero quest. The many monsters of ancient myth can be viewed allegorically once paired down to their symbolic representations. The ancients' fondness for the animistic application of attributes and characteristics otherwise found in human societies and its inhabitants is well documented through fable, so the idea that such can be seen in the image of the hydra, chimaera, siren and medusa should not be too hard a sell. My use of it here also follows something of a tradition. On the one hand, ideas of technologies of the self, insofar as one might seek to become a model (and relatively 'modern') citizen are shown to have been practiced in ancient Greece (Foucault, 1986). Moreover, the aspects of masculinity so established as harmful in terms of male emotional health are strongly represented in these tales. As Campbell (2008) illustrates, this journey is one of self-discovery. It is related through allegory and provides a direct analogue to our own struggles to try and establish who we are. It is of singular pertinence to men, of course, since the heroes of these tales are male. The female presence offers certain motivational elements and often presents as a significant force, in a natural/supernatural sense, but these, I would argue, are configured entirely in relation to male desires and the (male) hero's ultimate destiny, rather than as aspects of the feminine in their own, unfettered, right. Often powerfully

depicted, they remain an integrated, and often essential, part of the male hero's story rather than the stars of their own show.

The comparisons here with notions of hegemonic masculinity are clear. However, ironically, I would say that they offer us a slightly more realistic version of the relations between men, and those between men and women, than Connell does. Within these tales and fables all are included, and thus the relationships between men and women are visibly shown. Connell's taxonomy fails in this regard, assuming that women are always simply the object of subjugation, entirely orbital within a model of male relations. This disregards the role women play within the maintenance of hegemonic masculinity. Those who may, consciously or otherwise, support the position of a central male experience as being the basis for social existence.

## How Helpful is Hegemonic Masculinity?

*"Hegemonic masculinity is far more complex than the accounts of essences in the masculinity books would suggest. It is not a 'syndrome' of the kind produced when sexologists like Money reify human behaviour into a 'condition' or when clinicians reify homosexuality into a pathology. It is, rather, a question of how particular groups of men inhabit positions of power and wealth and how they legitimate and reproduce the social relations that generate their dominance."*

*(CARRIGAN, CONNELL & LEE, 1985: 179)*

Connell's conception of hegemonic masculinity has been credited with providing a better vantage from which to examine male dominance than the somewhat lumpen notion of patriarchy (Whitehead, 2002; Scourfield, 2005). Whilst this idea has been criticised for its lack of a subjective element (see Whitehead, 2002), and its inability to sufficiently account for men's psychosocial ability to conceive of themselves as gendered beings (Wetherall and Edley, 1999), as well as its inflexibility in relation to a diversity of hegemonic states within masculine identities (Demetriou, 2001; Archer, 2001; Hope, 2010), it remains a prominent approach in the study of masculinities.

Connell (2002) maintains that this concept is not something that men actually embody, but one which men tend to aspire to. Whitehead (2002) offers that Connell's idea overly structuralises the notion of masculinity and would benefit from a more subjectively orientated approach from a post structural perspective. However, what I have sought to do here is outline how Connell's model already occupies that position. It is discursive since it manifests as an ideological position supported through practice. It is not a concrete construct, but an ever-changing series of relational positions, through which power relations can be observed and challenged where the desire exists to do so.

Moreover, it is incredibly diffuse in terms of actual content. What is deemed to epitomise appropriate masculine behaviour, in any given context, is not at all fixed. Variations exist right down to the personal level. Indeed, it is on this personal level that the specific ideal types, against which men may measure themselves, actually exist. Such 'role models' or 'ideal types' will certainly contain common elements, but this commonality will become increasingly general the wider one casts the net. For example, a 'man' may be seen and thought of as being industrious in a society. Such work defines their usefulness and supports their sense of affinity to a given society through these contributions. But the closer you focus, the more regionally specific this relationship becomes. Perhaps not any work is considered manly enough. Those men not therefore employed in, let's say, heavy manual labour but work in an office, are perhaps not considered 'real' men. And even in these concentrations we will have those more manly than others. Older men, veterans of the occupation, and those more physically able or imposing begin to differentiate degrees of manhood and masculinity. Like the bawdy figure of Tommy Robson in Nichols and Beynon's (1977) study of factory workers at 'ChemCo'.

*"[Tommy] stands in his boots, his white coat billowing open, hands in trouser pockets, helmet on the back of his head ... [H]e shouts out abuse or laughs. He tells many drinking tales, of drinking seven pints in twenty minutes after the 'two till ten' afternoon shift, of how 'no weekend passes without a piss-up in our house', of how his little lad likes a Guinness with his Sunday dinner. Everyone rates him a*

*‘character’. ‘Have you seen Tommy yet?’ managers would ask us. ‘The salt of the earth, Tommy’.”*

*(NICHOLS AND BEYNON, 1977: 94 ORIGINAL EMPHASIS)*

Of course, this becomes highly contextual, but that is the point. Moreover, that ‘meek’, ‘effeminised’ office worker may be a tyrant in another field of his lived experience. Maybe his extensive knowledge of obscure Beatles memorabilia or Star Trek lore affords him a formidable presence in certain online circles or collectors’ communities. There he might express himself with a degree of confidence and exert a control of those spaces so frequented not unlike Tommy Robson. Or perhaps he is a besuited and bedecked Tommy Robson in his own right, a domineering boss with a less than pastoral attitude toward management and employee care.

Given the shift away from an industrial workforce throughout Britain at the end of the last millennium, the mines of Gouldner (1955), the shop floors of Nichols and Beynon (1977), even the assembly lines of Walker and Guest (1952), all bastions of the industrial workplace, are now almost entirely extinct. The processes of deindustrialisation and automation have reconfigured these traditional workplaces into a form perhaps unrecognisable by those who once occupied them. And yet, hegemonic masculinity remains a present issue even within the spaces so designated as emasculating by the working-class heroes of the previous epoch. An able reminder of how the hegemony shifts but persists, albeit in a reconfigured form. (An example of how conceptions of *configurations* can maintain their dynamism.) This is, in fact, a crucial property of hegemonic power. Still, it can be argued that whilst the environs have altered, the fundamental elements with respect to ‘toxic’ masculine behaviour have not. The grime and physical stresses of the industrial workplace being replaced by an ‘always on’ work ethic and the emotional and psychological stresses of the corporate office space. Seven pints in twenty minutes and a ‘little lad’s’ penchant for stout on Sundays twists into a 60+ hour week and, quite possibly, more distant familial relationships in the drive to remain competitive, and thus valuable, in the increasingly digital workspace where time and space lose their traditional regimen. Each are written into the cultural

consciousness as performative ideals, benchmarking the model analogue of the working man.

### Men of Myth: Kings, Warriors, Farmers

It was this tide of post-industrial progress that prompted Mythopoetic Men's Movement writer, Shepherd Bliss, to condemn the present social conditions that led to a state of toxic masculinity. It was Bliss that originally coined this term back in 1995, though he conceptualised it somewhat differently to the way in which it has largely entered common parlance today. In an article for M.E.N Magazine, now ensconced within an ageing html website that appears to have lain dormant for the last decade, he writes that,

*"Rather than the potentially toxic masculinity of the warrior, men would be wise to follow Odysseus home to the farmer's regenerative masculinity."*

*(BLISS, 1995A).*

Here, again, we return to the classical ancients. Odysseus' journey, within the *Odyssey* (Homer, 1991), portrays a man done with war who seeks only to return to his homeland. But Odysseus was never a farmer. He is a king. His fraught return to Ithaca makes of him an adventurer, where his strategy and cunning so demonstrated in the Trojan war continues to serve him as he overcomes a succession of adversities engineered by Poseidon. Odysseus was always a warrior, and an inventive one at that. It was he who devised and executed the idea of the original Trojan Horse. In so doing he demonstrated a capacity for industry and strategy such that it broke a nine-year siege, winning a war ten years in the waging. In the terms employed by Bliss, Odysseus' journey represents a foregoing of the warrior status, which is connoted as being the source of toxicity, seeking instead a return to a pastoral lifestyle. But this is pastoral in the sense of being a lord, a leader of a community, which he serves and protects. For Bliss, however, this is rewritten as a return to the land itself. Bliss goes on to recount a number of chthonic deities, aptly termed "gods of the ground", which he sees as symbolising the bond

between man, his land, and his productivity and identity in relation to it. This is an ideology that sits at the heart of the agrarian movement, which Bliss seeks to promote.

Agrarianism has historically been the site of grass roots revolutionism, such as that instigated by Emilio Zapata, as well as the favoured philosophical stance of Thomas Jefferson (1787). It forms the basis of Maoism and remains politically influential in France. Ostensibly positioned in opposition to capitalism, if not directly anti-capitalist, it seeks to assert the values of a simple, rural, godly existence. Central to this notion are the qualities of self-sufficiency, independence, courage and moral fortitude, all set alongside an otherwise undefined sense of 'manliness' (Inge, 1969). Even without that final characteristic, we could probably see where those others were leading. Unsurprisingly, this is not by any means a redefinition of traditional masculinity and, with Jefferson's (1787: 291) proclamation that, "[t]hose who labor in the earth are the chosen people of God, if ever he had a chosen people, whose breasts he has made his peculiar deposit for substantial and genuine virtue.", we can see the degree of elevation afforded this manifestation. Even without the caveat of tilling the earth, we can see the same assignation of particular virtues to this idea of a masculine, and ostensibly male, ideal.

### The Law of the Father: Masculinity, Emotion, and 'Crisis Tendencies'

*"As a theoretical term 'crisis' presupposes a coherent system of some kind, which is destroyed or restored by the outcome of the crisis. Masculinity, as the argument so far has shown, is not a system in that sense. It is, rather, a configuration of practices within a system of gender relations. We cannot logically speak of the crisis of a configuration; rather we might speak of its disruption or its transformation. We can, however, logically speak of the crisis of the gender order as a whole, and of its tendencies towards crisis."*

*(CONNELL 1995: 84 ORIGINAL EMPHASIS)*

Popular media and some sociological literature have pictured masculinity as being in crisis due to numerous social and economic changes (MacInnes, 1998; Faludi, 1999; Beynon, 2002; Whitehead, 2002). However, this is a disputed notion, since there is evidence to show such crisis tendencies within ideas of masculinity throughout history (Kimmel 1987). Moreover, there is a larger question concerning the idea of a homogenous masculinity given that any given definition of masculinity is deeply entrenched in specific historical and cultural practices (Bourdieu, 2002). Furthermore, the distinct variations in what might be called types or expressions of masculinity have led certain theorists to speak in terms of 'masculinities' rather than attempt to address a singular phenomenon (Morgan, 1992; Connell, 2005; Beynon, 2002; Whitehead, 2002). As I have outlined, I would take this multiplicity a stage further. Rather than attempting to define collective categories in furtherance of an abstract taxonomy, I would prefer to acknowledge that there are as many masculinities as there are men. Moreover, it is within these individual, though no doubt influenced and informed, relationships between self and self-image that any given disconnect or instability might occur.

Despite its problematic determination, the attention lavished by the popular media, and some sociological literature, upon this notion of a crisis in masculinity, continues. However, the precise nature of this crisis, indeed even its actual presence, remains difficult to locate (Edwards, 2006). Often this notion of crisis is attributed to specific social and economic changes (MacInnes, 1998; Faludi, 1999; Beynon 2002; Whitehead, 2002). Kimmel's (1987) account of the changing social expectations of men in Restoration England (1688-1714) and then again in 'frontier' communities in the mid-western United States at the turn of the 20<sup>th</sup> century outlines two settings where traditional values associated with, particularly male, behaviour, were challenged by dramatic changes in the social and economic landscape and the rising expectations of women within the emergent social reorganisation. Faludi (1999) speaks of the betrayal of men by changes in economic and gender relations; simultaneously undermining previously held understandings of what it was to be a man and attacking their behaviour as being misogynistic and oppressive. Thus, men are left bereft of the previous social underpinnings defining their social existence and lack a cohesive (politicised) basis for

establishing a new one. Again, their lived experiences fail to match the accusations of privilege and empowerment that they perceive to be aimed in their direction.

As Connell outlines above, we cannot really think of masculinity *per se* as being vulnerable to a specific kind of crisis, since it, like any gendered ‘configuration’, has never been stable to begin with. Gender relations both within and between any given position are subject to constant flux. What it means to be masculine and feminine, whilst apparently fixed from an imminent perspective, varies considerably over time and across different contexts. There is no original blueprint, nor a graven set of commandments that can be identified as definitive. Gender is, as Butler (1990) proposes, performative. It exists only as iterative; thus, it can only be understood in terms of what people do in any given time and place. Whilst each iteration is based upon the last, variations occur, changing the practice gradually, or sometimes quite dramatically, over time. Were it even possible, identifying the first iteration would be a futile exercise, since its expression would be bound to its original context, as are subsequent expressions, *ad infinitum*. It is the discursive apparatus of any given time and place that provide such a context. Establishing normative stances and viewpoints, whilst also facilitating reactionary positions through its existence in the first place. Perceptions of hegemonic masculinity being an example of one such discursive construct (Whitehead, 2002).

Crisis, then, can perhaps be understood as a site of resistance. But not to the previously established position, rather it tends to occur where new iterative variations are emerging. Where the previous practices are deemed obsolete, but the exponents have yet to accept the shift. In this sense there is some validity in expanding the notion to one of ‘crisis tendencies’. Taken from Habermas’ (1976) concept of a ‘legitimation crisis’, whereby an organisation or social structure retains cohesion and integrity only insofar as it continues to be believed in, Connell’s appropriation of the term appears apt. If we accept the view of hegemonic masculinity as a social structure, part of the gender order, and one which depends upon continued investiture by both men and women, then its legitimacy can be seen as a contested site. With changes in the gender order caused by the erosion of convictions previously held regarding the natural dominant state of masculinity, and further instabilities emerging in men’s relation to a masculine ideal.

Each of these accounts highlights the destabilising effects of social change and illustrates a specific crisis as a result of social and economic change at a particular time in history. Thus demonstrating that the idea of a crisis in masculinity is not a recent, or indeed new, phenomenon. Each also demonstrates, to some extent, the struggle within masculinity to re-establish itself in the face of challenges to the perceived gender order. Moreover, these accounts serve to formulate a larger question concerning the idea of a homogenous, trans-historical masculinity emphasising that any given definition of masculinity is essentially a product of particular historical and cultural practices (Bourdieu, 2002). Regardless of whether one wishes to add or detract from an overall theory of crisis as something perceived by individual men, or as an inherent property of masculinity; whether it be a recurring process throughout history due to particular social and economic elements, or as a particularly modern phenomenon associated with changing conceptions of the male role, there is a strong sense that there is an issue within the idea of masculinity, in how it positions men and influences their behaviour, that is seen to be problematic.

### Toxic Masculinity: The ‘Good’, The ‘Bad’, and the ‘Real’

*“Toxic Masculinity poisons through means such as neglect, abuse, and violence. Toxic Masculinity can wound and even be fatal to men, women, children, and the Earth. Masculinity itself is not inherently negative, in spite of some contemporary writings about “men who can’t love,” and “men who hate women,” and “refusing to be a man.” Healthy masculinity does many wonderful things – father children, fight fires, harvest food, love the feminine, write poetry, play music.”*

*(BLISS, 1995B: 302)*

So, it is out of this sense of ‘crisis’ that Bliss conceives of the idea of ‘toxic’ masculinity. The accounts of Kimmel (1987) and Kimmel and Kaufman (1995) respond to these claims of crisis and toxicity, stating that they are almost ubiquitous whenever the conventional aspects of masculinity are brought into question. In their response to the Mythopoetic

Men's Movement in general, and Bliss in particular, Kimmel and Kaufman (1995) claim that this notion of 'toxic masculinity' is effectively a foil. It represents a fabricated oppositional structure, against which the chosen course of action becomes a viable, if not the *only* viable, means of address. Returning to agrarianism, then, becomes the preferred solution to the threat of toxicity. This toxic state becomes the recognised fate of those who chose not to deny the dominant system of production and the hostile environment that it propagates. This description of toxic masculinity therefore becomes a fiction. It exists only in relation to the alternative configuration of a 'good', virtuous man who eschews the machinations that would require him to become a warrior and returns instead to a setting where his 'true inner nature' can flourish. So, we have both absolutism and naturalism being peddled within an epistemology that situates our technologically induced social circumstances as an 'evil' which corrupts those who seek to engage with it. Kimmel (1987) argues that this is a false dichotomy, generated purely as a promotional tool in this regard. However, he does identify a similar juxtaposition with respect to aspects of masculinity. Specifically, in the contentious relationship between 'good' and 'real' men. Kimmel's argument is that most men, potentially all men, perceive these positions but fail to effectively reconcile one with the other. The 'good' man he positions as an abstract concept, exemplifying the same virtues as those espoused by Jefferson, Inge, and Bliss. This man is honourable, dutiful, morally strong, and self-reliant. He is stalwart and true, a protector and provider. But the 'real' man is not representative of these things. He is strong and self-reliant, certainly, but he used these qualities to support his aggressive competitiveness and his desire for success. He must prove himself powerful and dominant in order to be perceived as adequate.

For Kimmel (2012, 2013), neither of these positions, the 'good' and the 'bad', are particularly 'real'. Certainly, they exist, performatively and imaginatively, but they are not particularly representative of any given male experience. These remain either abstract, or performative ideals, and each is conceived through an individual identification with the hegemonic construct. This involves both the actual actors within a person's life, from whom such imperatives such as 'man up' or 'be strong', or 'be real man' might be uttered, as well as the numerous performative cues exhibited by such actors. Fathers, mothers, team leaders, peers, each may constitute such an actor. Then

there are the various values that communicate these same imperatives, but through cultural narratives and ideological apparatus rather than specific utterances. Protective and provisioning fathers, productive employees, conscientious and dutiful citizens. All of which have become enshrined within global cultural imaginations through religious and philosophical teachings over many centuries (e.g. see Weber, 1992). Each constantly being perpetuated and reinforced through the numerous systems of education and 'training' employed across societies (Foucault, 1977). Sex roles and gendered identities have formed an integral pillar of all of these teachings in some capacity or another (Foucault, 1978). What we like to term 'progressive' societies may have reconfigured some of these relationships and sought to eradicate inequality and bias in this area. The separation of the current lived experience from traditional impositions over acceptable and appropriate behaviour has led to significant change in many parts of the world. But this is by no means universal, and even within those countries where degrees of emancipation and reform have been successful, there remains a pervasive residue of these previous times. Hegemonic masculinity might be seen as such a carry-over from a less enlightened period, but it would be hubris to consider the project of gender equality to be transcendent. Hegemonic masculinity, and the constant potential for reprisal that it represents in many aspects of our social lives, stands as a clear testimony to that fact.

### Fear and Loathing in Masculinity

*"I've got some skin*

*You want to look in*

*There lays no reward in what you discover*

*You spent yourself watching me suffer*

*Suffer your words, suffer your eyes, suffer your hands*

*Suffer your interpretation of what it is to be a man."*

*FUGAZI – "SUGGESTION" (MACKAYE, 1989)*

Toxic masculinity, then, can be viewed as an expression of fear. This is certainly how Bliss (1995b) envisioned it with his plea to reject the warrior mentality, turning swords into ploughshares if you will. Similarly, I see the various adoptions of the terms as a means of defence. Pointing out where such toxicity is emergent or preponderant as a means of identifying a hostile target. The current (re)adoption of the term to problematise behaviour, however, does not exactly follow Bliss' conception. Instead, toxic masculinity has been appropriated in order to highlight an aspect of male behaviour that someone, anyone, has found or might find offensive. As such, we have moved away from describing an imagined environment as a means of promoting a philosophical viewpoint, to demonising certain actions performed by male bodies. What this tends to do, however, is not only limit our ability to accurately recognise where such behaviours are genuinely the product of a traditional, hegemonic, construction of a male identity, but also serves to restrict our ability to conceive of such toxicity beyond the male subject. Moreover, it fixes the idea of toxicity within the male corpus, positioning certain men as being 'toxic' in and of themselves. This represents a complete failure to understand the nature of the issue here. Where do we locate the rationale for such actions? In a 'bad' person, or in a person who is trapped within a problematic system of practice and belief? According to a lot of social media activity, the distinction is either overlooked, or considered irrelevant, with all male behaviour coming under increasing scrutiny and subsequent evaluation, often by those who's perspective is less than fully informed or at all that benign to begin with. Such attacks are hardly surprising, but they do serve to reinforce a combative stance on the behalf of the 'public', one that serves to generate a retaliatory response from some individuals. Shaming such behaviours as perceived instances of toxic masculinity presents no opportunity for alliance in the pursuit of change. The rise of certain men's groups, heralded perhaps by the less confrontational Mythopoetic Men's Movement four decades or so ago, creates a divisive target for an 'I told you so', mentality to fix upon as justification for the current predicament.

The only way toxicity should be examined is in relation to the harm that an adherence to a restrictive and inhibitive code of behaviour might do to someone. A man who occupies a little more space on public transport than is deemed socially appropriate

(manspreading), or one who feels compelled to demonstrate his mastery of a given subject, actual knowledge notwithstanding (mansplaining), is hardly indicative of the deep seated, emotional malaise that might lead a group of similarly disenfranchised men to seek one another's (virtual) company and support, whilst they concoct rape scenarios out of a sense of vengeance for their perceived powerlessness. The control of physical space is indeed an aspect of gendered power relations, but one that might be quickly addressed with a polite word. Similar to how one might ask an occupant of a train seat to make the space next to them available by removing their bag. Addressing the disconnect, or asymmetry as Kimmel (2013) describes it, between the narrative of patriarchal domination and the lived experienced of disempowered men is another matter entirely. This is why the doctrine of hegemonic masculinity requires the greatest attention. The internal strife generated as perceptions and expectations negative collide is the main issue here. Not simply in how men's external behaviours are moderated, but in how we might locate and assist with the internal struggle many men appear to face in coming to terms both with who they are, and with whom they are now expected to be.

### Harmful Masculinities and Fragmented Selves

A further complication to this situation can be seen in some men's inability, or ingrained unwillingness, to identify these issues as solvable, a result of a further disconnect from a significant part of our emotional vocabulary (Seidler, 1994). As I have stated, of all the examples of toxic masculinity, this one epitomises the harmful nature of the adherence, or just the willingness to adhere, to such a confining representation. Of all the problematic behaviours that we might associate with the idea of hegemonic masculinity, this one is the most harmful. Both to men themselves and to those around them. It is this single principle, if you will, that all of the other behaviours can be largely traced back to. This overwhelming focus upon self-control and the command of one's emotions.

*"It leaves us with a fragmented conception of self as we learn to repress – even feel shamed of – aspects of our experience that do not*

*fit these idealized images of ourselves. We learn to suppress significant aspects of our experience and so to deny our reality as... ..emotional beings. This makes us less sensitive to ourselves than we could be. It also makes us less sensitive to the injuries others endure.”*

*(SEIDLER, 1994: 58).*

Seidler’s work largely concentrates upon the schism between men and their emotional lives, which he positions as being the result of the Enlightenment and the Cartesian dualism that positions men as reasonable, rational beings. Such reason, as Kant would have it, is seen as essential for maintaining a moral existence (Seidler, 1994, 1997; Kant, 2020). Emotions are viewed as an unreliable basis for knowledge; emotional expression is seen as unreasonable, a sign of weakness not befitting a man (Seidler, 1994, 1997). Seidler argues that this drive towards rationality causes men to try to disown those experiences directed by emotional rather than reasonable action. This estrangement from their emotional lives denies men the tools to communicate their emotions, leaving them, in many ways, helpless when they require support (Seidler, 1997).

However, I note a tendency within Seidler’s analysis of masculinity as a product of Enlightenment thinking to oversimplify the relationship men are thought to have with their emotional lives. Emotions and feelings are not prohibited within the dualistic conception of rational man; rather they are subjected to tight control. To suppose that a man of reason is without emotion is to entirely overlook the complex relationship ‘reasonable men’ have with their emotions. Emotions drive both rational and irrational behaviour, the key difference is in how these emotions are handled and expressed. What defines a rational man is not his lack of emotions, but the excellent control he has over them. The discourse of the Enlightenment is one of domination, not negation. Women and womanhood were not annulled within the Cartesian dualism, otherwise there could be no dualism, rather they were subjugated; given a role considered vital, but inferior, and then entirely incarcerated within that role.

I would further argue that certain emotions were actually encouraged within the Cartesian male. Pride, ambition, and anger each occupy a special position within this conception of masculine identity. The desire to challenge and overcome the limits of

knowledge, to extend man's reach further and further across the natural realm. These activities were not carried out, or even conceived, in some kind of emotional vacuum. Indeed, anger and the violence enacted thereof, are considered intrinsic elements of masculine embodiment. It is certainly one of the aspects of 'traditional' masculinity that receives significant public attention.

## Failing Bodies

Men have, of course, always had bodies and have largely seen themselves as embodied. However, the Enlightenment positions men as governors of their bodies and not governed by them (Seidler, 1994). Emotions, as bodily experiences, are therefore subsumed and controlled. The noted emphasis of bodily expression within modern notions of identity (see Giddens, 1991; Turner, 1996) is not so much a reworking of this dichotomy, but an extension of it. Whilst women have long been associated with bodies and the physical (Bordo, 1993), the increased interest in bodily expression by men should not be viewed in the same terms. The increased attention men pay to their bodies is not a sign of them being identified *as* bodies, but as reigning masters *of* their bodies. Where this position of mastery cannot be maintained, by a perceived or actual failure, the identity formed upon such maintenance becomes compromised. This failure may then represent a perceived disconnection with a particular notion of the hegemonic masculine ideal. Whilst this could then constitute a potential crisis, it would not be a crisis *in* masculinity, but in one's identification *with* masculinity (Connell, 2000; Scourfield, 2005; Chandler, 2012). Essentially, then, the decreasing ability to identify with the hegemonic ideal constitutes a fall; an ejection from the dominant group due to the failing capacity to adhere with its precepts.

Bodies 'fail' for numerous reasons. Illness and injury may bring about a change in circumstance, though if the injury is sustained through a particularly dangerous activity, the status may be retained through the application of terms like 'brave', 'courageous' and even 'heroic'. Especially if the injury was sustained as part of an effort to save or protect others, perhaps as part of a job. Emergency service workers, such as the police or firefighters, are commonly described as such when suffering injury, or even death, in

the line of duty (Stergiou-Kita *et al*, 2016). But what is probably the greatest threat to the retention of a strong masculine identity is the inevitable, short of terminal illness or lethally injurious mishap, progression of our lives. We all age. Advancing decrepitude is a battle awaiting everyone who manages to avoid premature death. Hardly a glittering prize, but a universal fact nonetheless. Numerous strategies are employed, by both men and women, to preserve those qualities thought to be integral to their ongoing ability to deny or reject the loss of youth (Jackson, 2016). Beauty treatments aimed at obfuscating the signs of aging are consumed by women and men alike, likewise the practices associated with a younger, more vital and virile, self are often retained, sometimes in the face of ridicule and reprisal (Wolf, 1990). But our desire to stay as 'young' as possible for as long as possible often takes the driving seat, with our objective and analytic reason finding itself locked in the boot.

### Us & Them: Hegemonic Masculinity as Group Identity

The precise technologies employed in this ongoing struggle for 'eternal youth' and the quest for acceptable identity are not my main interest here. Rather I wish to examine the mechanics behind the impact of such changes on a sense of male 'self'. But I am not looking at an individualised representation in the sense of it being an isolated identity, a capacity entirely unto itself. Instead, I am seeking to understand this in terms of its group affiliation and affinity. Truthfully, as Elias (1987) outlines, we are never 'individual', in this self-contained and discreet sense. Whilst a common conceptual tool for the purveyance of product and lifestyle alike, within a consumer culture which seeks to mass produce individuality, the idea of *homo clausus* is a fiction. With our subjectivities being discursively produced, and our gendered identities being just one of the socially constructed aspects of such, the idea of anyone's ontology being separate and essentially unique to them is an untenable one. Drawing back to masculinity, and to the idea of hegemonic masculinity in particular, we are left with this categorised positioning of masculinity as the basis for male identity.

Certainly, in terms of Connell's (1995, 2005) framework, masculinities can be separated out as a result of certain identifications. This I have already covered, but what I have yet

to address sits perhaps at the heart of the matter. Were this identification with specific performative and imaginative aspects of masculinity purely an individual one, then we would literally have only ourselves to please. And yet, we see with these positionings of masculinity a group context. This is not only for the purposes of taxonomic recognition but is also an internalised facet of our personalised identities. Moreover, the emphasised relationships between these categories are central to Connell's argument and, I think, to men's individualised positionality within this structure. The ability for men, indeed for anyone, to determine the 'type' of man one might be, in terms of their relative standing, would, of course, be impossible within an entirely homogenised arrangement, should arrangement here even be the appropriate term. So, we must then view these relationships from the perspective of groups and group affiliations.

Elias' (1991) account of the 'we-I balance' and of 'we-I identities' provides us with a useful lens through which we can view this collective notion of hegemonic masculinity and the effects it might have upon those who operate within it and those considered to occupy spaces exterior to it. If we view this arrangement of masculinity as a 'we-ideal', then one's individual relationship with such a grouping, the 'I-ideal', either aligns with the ideal values, or it doesn't. This is simple enough. We, of course, do not seek to positively associate ourselves with ideals that form the antithesis to our personal values. We would still seek to identify the negative traits in the other to which we are opposed, and in so doing reinforce our own values whilst maintaining a direct, though oppositional, relationship with those 'outside'. But we retain the distinction between 'them' and 'us' clearly through such a process. The degree to which any such personal values are unique has already been addressed, suffice it to say these values are experienced as being personal to the individual irrespective of how they have been accumulated and understood. But what happens when one's personal experience of themselves falls short? It becomes tautologous to continue to describe this experience both in terms of the group identity and the personal identification, because they are already in alignment and resemble one another by way of the we-I balance. So, the man who then fails to recognise himself in relation to this group identity finds himself bereft of the previous association. Moreover, he then finds himself as part of 'them', rather than the erstwhile 'us'.

This is clearly an awkward position in which to find oneself. In occupying a position 'outside', one is retaining the previous positive conceptions of self, as espoused and epitomised by the former group, yet no longer recognises these in themselves. It is perhaps clumsy to conceive of this as now belonging to 'them' since this would appear to violate the logic of the we-I balance. One cannot really be 'them', since this should logically constitute the new 'us'. But, at the point of departure, the potential for cognitive dissonance through the experiencing of these contentious positions is clearly rather high. As outlined, the reasons for such a transition are multiple and varied, though the dominant cause for an eventual disassociation is age. The rising rate of male suicide, specifically amongst those men considered as being 'middle aged', provides an interesting angle within which to examine this phenomenon. The age perhaps becomes important insofar as we might see it as a divisive element in one's personal understanding and association with the hegemonic ideal. We might see it as the point where the defining (youthfully oriented) practices of masculinity are becoming harder to facilitate perhaps? A disintegrating association with previously held (we-)ideals, leading to an I-ideal that fails to meet this exacting standard and is thus perceived to be lacking. A fall from grace, as it were, indicating a transition from the established group to the outside (Elias and Scotson, 1994).

### Sound and Fury: Anger, and Violence

Age is only one factor that might figure into any notions of separation from the established group identity. This introspective sense of failure may find itself exacerbated by a number of external influences. Loss of employment has a powerful influence on a man's sense of self and may have even more significant impact if the man is also a partner and/or father, since being depended upon, rather than being dependent, is a crucial element of hegemonic masculinity (Jahoda, 1984; Connell, 2000, 2005; Platt and Hawton, 2000; Scourfield, 2005; Chandler, 2012). Also, relationship breakdowns are known to have a particularly powerful effect upon men, more so in later life (Scourfield, 2005; Brownlie, 2012; Chandler, 2012). This loss of a significant other reflects man's inability to keep a lover (be loved) and also represents the loss of what is likely to be the

man's only emotional confidant (Scourfield, 2005; Brownlie, 2012; Chandler, 2012; Evans *et al*, 2012). These events often impact negatively upon a man's mental health, forcing him into a further position of subordination through his failure to maintain reason and a rational position (Foucault, 1967; Hawton, 2000; Scourfield, 2005). Men's reluctance to seek help for depression is seen as evidence of being unwilling to admit how far they have fallen from the ideal, as much to themselves as another, and leads to further isolation (Hawton, 2000). Suicide for these men may represent a means by which they can re-exert control over a wayward body, by ending its existence with a fatal bodily act.

This inward violence enacted upon the self might be viewed in terms of the overall prohibition of violence within 'civilised' states as a both a display of, and a means of maintaining, control (Elias, 1994). Using violence upon the self, specifically with the intention of taking a life, could be seen as an attempt to reassert the individual as the ultimate agent, and effective arbiter, of their own destiny; bringing the wayward body back into line with this final act and leaving it as a testimony, perhaps, to one's pain and the choice one has made to overcome it. In a sense, with this notion of detachment from a hegemonic ideal, we drift close to Durkheim's (1952) proposition of anomie within suicidal ideation; though Elias here might provide an insight into the processes situating, if not informing, the individual reasoning of the person in such a state, whereas Durkheim, I feel, does not.

However, viewed in this way, there is a danger of over essentialising, and perhaps oversimplifying, both the idea of hegemonic masculinity and the relationship between this construct and the subjective position of men in their relationship to it. Similar to Connell's (1995, 2005) conception of a gender order outlined above, the categorisations here are somewhat broad. This is not to say that the 'insider-outsider' or 'I-we balance' isn't operational here, only that we need to think a lot harder about what actually constitutes these positions and the degree to which they are, in fact, oppositional. To assume, for example, that all men have the same conception of masculinity, or that such a conception has a rigidly defined definition would be to miss a very important point in both the conception of gendered identities and the expression of such. Certain characteristics might be considered as prominent within a number of different

perspectives, but this does not serve to convey a canonical presence in any given iteration of what an 'ideal man' might be or in how he might behave.

Those men for whom the realities of male lived experiences have become intolerable are not to be seen as automatically associated with the extremist views and behaviours of various men's rights groups. And even the members of such should not be immediately written off as dangerous and incorrigible. Their anger is not without its cost. And such cost is more inwardly reflected than largely imagined. These are symptoms of the emotional malaise that the shadow of hegemonic masculinity fosters. It is not so much a code of practice, it is far too multiplicitous for that. Rather, it is a sense of distress, caused by the vague promise of a life that cannot effectively be realised. The degree to which this life could ever be lived is debatable, the notion of powerlessness that afflicts many men now has done so for generations. There has never been a time where all men have enjoyed a similar privilege. The extent of patriarchal domination has long subjugated other men as well as women, with only the elite few able to potentially maintain a position of superiority (Kimmel, 1987). The disquiet felt by many men now can be seen as originating from the false accusation that they have always held the power and now must share it. For those who have never felt powerful, this becomes something of a confidence trick, a bait and switch. The irony in being perceived as powerful only by those who wish to take that away makes them the object of a cruel and humourless joke. Those so judged might be forgiven for their anger, but not where they place it. Some of those affected may find support, perhaps even fraternity, in their misanthropic and misogynous collectives. But such negative reinforcement offers no solace, and no real protection from the possibility of that anger and frustration being turned inwards. With no positive outlet, or any perceived positive outlet being deemed inadequate, the inward gaze notes only failure. A failure to receive that which was thought to be promised, and a failure to cope with the ensuing disappointment and disillusionment.

## Conclusions

### The Problem with Men

Our understanding of masculinities, particularly contemporary masculinities is inherently problematic. This is not so much because masculinity is hard to understand, but that the various approaches to understanding it tend to view it in from an unequivocally negative position. Sympathetic or empowering narratives and discourses of masculinity are, like O'Connor's (1953) 'good man', hard to find it seems. This is largely the result of the polarising perception of masculinity that has been brought into focus following the ongoing critique of feminist epistemologies. The overwhelming majority of these observations of modern masculinity offer a rather scathing account. Understandable, given the accompanying revelation of a longstanding, subjugating system operating at the heart of a lot of male driven social practice and policy. Consequently, given the existence of such systematic oppression, much of that written about or by men prior to the emergence of the feminist project can hardly qualify as positive either. Leaving men somewhat alienated from their past whilst they are vilified through it in their various contemporary settings.

Justification for a desire for equality should never be seen as a required component of any such ambition, and no such is requested here. But acknowledgement of the damage that has been subsequently experienced by many men, and the manner through which that might be pro-actively and positively addressed, would not go amiss within the dominant narrative. Negatively attributive terms such as 'hegemonic' and 'toxic' stand head and shoulders above most of the more significantly positive aspects of masculine practice and embodiment. Certainly, these are problematic areas in need of investigation and analysis, but not at the expense of those who are, as demonstrated by such enquiry, as much caught up in such abstract systems of oppression as those who are described as being victimised by them. Of course, this is not meant to absolve those who perpetrate violence, either symbolic or physical, upon those they deem weaker or inferior to themselves. It must be recognised that there is an option available here. A choice to recognise one's position and actions as dangerous and harmful. But if it were that simple, then all this talk of discourse and hegemonic ideals, of social conditioning

and upbringing, would be rather a waste of words. Just stop doing bad things and thinking bad thoughts. Simple. But such words are not wasted, they identify a complex and pervasive structure of ideology and behaviour which operate through individual contexts and perceptions to generate a worldview that appears so concrete and immutable. Choices resolving from alternative and exterior positions do not simply walk into everyone's personal frame of reference. Thus, some obvious choices from a more emancipated position will not necessarily occur to one whose investment in the given habitus is far more absolute. And it is a very personal investment, albeit informed by larger conceptual and discursive frameworks, such as those we deem hegemonic.

## Contemporary Mythologies

Whilst I don't mean to infer that there is some degree of connection here akin to a specific lineage, mythological conceptions of masculinity, as evidenced in the classical tales, are commonly drawn upon within more contemporary tropes. I'm not really talking of the Mythopoetical Men's Movement here and the works of Bly (1990) and Bliss (1995b). I have previously talked of how that direction is perhaps problematic and more evasive than progressive in terms of male identity. Although I am addressing those same elements that this movement also drew upon, I am thinking less of a return to such mythical archetypes within an agrarian psychosocial landscape and more of how these imaginings impact upon our contemporary conceptions of masculinity within the actual social spaces that we occupy. Certainly, I drew upon the heroes as depicted in renditions such as the *Odyssey* and *Iliad* not only since they are familiar figures, whose exploits continue to entertain us from page and screen, but also because the many of the deep precepts upon which these figures and their travails are established remain a dominant blueprint for manhood today. Sculpted bodies reflect a fascination with extreme physique, even whilst the traditional occupations where the transformation and maintenance of such could be accomplished have almost entirely disappeared. Those dangerous and demanding professions having given way to fewer physical exertions now applied in the pursuance of the masculine role. That image of a hard worker, in more than a single sense, must now be supplemented by a punishing regime

of voluntary self-improvement through leisure activities to attain an equivalent physical state. In accordance, gyms have now replaced the coal face and steel yard as a site for such attainment. Endurance, however, remains a facet of male success even in these transformed workspaces, with the number of hours spent working becoming something of a benchmark for productivity, and thus a measurement of contribution (Morgan, 1992; Berdahl *et al*, 2018).

I draw upon similar analogies elsewhere, but this exemplification of the masculine within zeitgeist topos occurring throughout popular fiction and, what has now become, classic cinema does present us with something of a lineage. Doubtless, at face value, the qualities exhibited in Homer's tales are hardly equivalent to those which Allan Sillitoe (1958) sought to express in his account of Arthur Seaton's working-class weekend in England's industrialised Midlands. Although it might be argued that the depiction of Smith, as a figure who demonstrates both the physical prowess to catch the attention of a 'higher authority' and a strong enough sense of personal freedom and ambition to defy them (Sillitoe, 1959), carries a similar message to other tales of classical antiquity. However, each offers us a mythologised account of masculinity, and one, I suspect, that resonated similarly with each respective audience. I speculate, of course, on the reception, but the degree to which these mythical depictions of masculinity remain represented in contemporary conception continues to bear up to scrutiny. Accounts of masculinity in popular media, particularly cinema, are prolific. Analyses range from the disenfranchised outsider, John Rambo (Rutherford, 1988; Jeffords, 1994), through the cybernetic Terminator (Jeffords, 1993; 1994), and on past comic book superheroes (Goebel, 2013; Johnson, 2020) towards more deliberately reflexive accounts such as Brad Pitt's Major Roy McBride in the 2019 film, *Ad Astra*. Itself, arguably, something of a reimagining of a much earlier fictional work, *Heart of Darkness* (Conrad, 1988). The literary subtexts throughout all of these offer us glimpses into aspects of masculinity that are each very much rooted in their particular times and sit comfortably alongside similar 'heroes' of sociological inquiry, such as the 'larger than life' Tommy Robson (Nichols and Beynon, 1977).

These 'performances' of masculinity are perhaps not so far removed from how it might be experienced within a factual setting. We might agree that all iterations of gender are

essentially embodied, in that they pertain to a physical presence, even if one is not actually identifiable in a given context, or only identifiable through a textual, and by extension cinematic, medium (van Doorn *et al*, 2008). It is through these configurations that they are then, in turn, performed (Butler, 1990, 1993). Such performances, however, are not improvised examples of self-expression, they are, rather, ritualised adherences to a social script. Society plays the tune and choreographs the movements. This is, essentially a way of saying that our gendered identities are discursive. Moreover, as with all discursive regimes, the manner of our practice serves to both describe and inform each iteration of such practice and thus reinforce its legitimacy (Foucault, 1977; Butler, 1990). Quite literally, we are what we do. It should come as no surprise then that, even without any acknowledgement of discourse or performativity, a significant portion of the work on masculinities concentrates upon embodied masculinity in the acts and actions of men. These accounts commonly include the influences of social changes and developments upon the lives of men as mentioned, but its treatment of men's inner lives is largely absent. Notable exceptions, as discussed, being Victor Seidler's (1989, 1994, 1997) investigations and some of the work of R. W. Connell (1995, 2000, 2002). Furthermore, the distinct variations in what might be called types or expressions of masculinity in and across cultures have led certain theorists to speak in terms of 'masculinities' rather than attempt to address a singular phenomenon (Morgan, 1992; Connell, 2005; Beynon, 2002; Whitehead, 2002).

### Living In/With the Myth

Whilst heavily discursive and ostensibly 'performed', hegemonic masculinity does not include a set of instructions. Not that anyone so inclined to attain such a status would read them anyway, right? It therefore doesn't so much present us with a template for the 'alpha male' as it were. Rather it reflects a set of imperatives that have been collected through a given individual's life. Such a designation is certainly reducible from a number of the more competitive 'qualities' that the concept purveys, but hegemonies are essentially cooperative systems which depend upon collective consensus, not necessarily agreement in anything other than a tacit sense (Gramsci, 1971). The notion

of hegemonic masculinity, then, refrains from directly specifying any particular expression of subjective masculine identity. In this sense it becomes more of a yardstick against which men are measured, by themselves and by others, but not the exact, universal, specification. Such specifics remain subjectively composed, depending upon a variety of factors, internal and external, as is any other aspect of our identity. So, in contrast to Whitehead's (2002) critique that this removes the subject, I would argue that this model of 'being a man', is entirely subjectively understood by those who seek to perform or embody such an ideal.

The hegemonic male may be designated as the ideal type, but this is a container for a huge array of beliefs, practices and behaviours, each tailored to the given subject. Whilst there is no designated 'poster boy' for hegemonic masculinity, mythological and fictional constructions notwithstanding, there is a subliminal conception to which men may seek to adhere. This is informed by the environment of one's personal contact with the ideas and ideals of masculine success. One's peers and family, the choices one makes and the choice of influences, all serve to describe their ideal type. Yet, behind this, we continually find that these elements tend to seek a sense of legitimacy in relation to those 'qualities' so often promoted through myth and fiction. This then might serve as a harmful representation, both to men and women, especially where it encourages certain behaviours that emphasise risk, toughness, and taciturn strength over emotional connection and communication (Connell, 2000, 2005; Stack, 2000).

## Wrapping Up this Section: Masculinity, Suicide & Social Order

In terms of male suicide, then, we are bringing together the three main themes that these chapters have sought to address. Firstly, we have the existence of suicide as a phenomenon. The reasoning posited for this action, as drawn from both sociological and, to some extent, psychiatric literature has ranged from a personal malaise of some description, which results in a loss of normative conceptions of both situation and convention, to a 'social fact'. So, we have suicide being seen as a tragic consequence of a deranged or damaged mind, to the inevitable consequence of a decaying relationship between particular individuals and the given social order. What I have tried to argue is

that, whilst not entirely wrong, this first position is somewhat limited in its scope. Whilst it may stand to reason that someone who prefers death over life is 'not thinking straight', I think it vitally important that we critically examine and engage with this notion or normality before we start taking it as axiomatic. Part of this analysis, then, must focus upon why we view the idea of life as so protected. Here I have looked at how the social institutions responsible for framing our understanding of life, and its relative value, tend to do so out of a sense of order. Order is the foremost principle behind any kind of social organisation. The pursuance of social order then becomes the primary directive of whatever form of governance presides over it. How we live, and consequently how we die, is an integral element of such governance.

Life, then, is not so much protected for its own sake, though such a philosophy is certainly predominant within many societies, but the resultant biopower is essential for the ongoing existence of such societies (Foucault, 1977). This results in a 'duty to live', against which the presence of suicide mounts a significant challenge (Bayatrizi, 2008). The criminalisation of suicide demonstrates the degree to which the social order was willing to try and control the occurrence of voluntary self-death. The subsequent decriminalisation of the phenomenon isn't so much suggestive of a relaxing of this attitude as it is indicative of a different approach to understanding why people kill themselves. In so doing it sought to offer some potentially preventative measures. By moving suicide from a legal to a medical issue, it then fell within the same purview as other 'illnesses', each subject to the advancements of modern science in its determined colonisation of the intractable natural world. And yet social attitudes towards suicide remained hostile, with even the legal apparatus upon which such deaths could be concluded maintaining a quasi-legal aspect to its process of determination that had no actual legal basis. Similarly, this both informed, as well as described, the general social attitude towards suicide. It remained problematic and, in the eyes of many, abhorrent.

### Private Troubles *Are* Social issues

Given this position, how else might we view such an act? Whilst Durkheim's (1952) proposition of the inevitability of a certain number of suicides given the religious and

social context of a given society seems somewhat arbitrary on the surface, his further analysis of the mechanisms behind such acts bears continued reflection. Moreover, it takes a stance rarely attributed to more positivist methodologies by, almost inadvertently, giving a voice to the subjective positions of those who engage in suicidal behaviour. The focus upon the societal structure directly implies the presence of individual social actors. By tying the presence, or loss, of particular regulatory practices to these societal contexts, he is demonstrating how individual subjectivities are formed in relation to, what I will term, discursive apparatus. He specifically notes how religious practice, in his opinion, indirectly influences suicidal behaviour, with those that follow more tightly defined and controlled 'regimes' being less susceptible to suicidal death. In short, what Durkheim is providing us here with a framework that was subsequently almost entirely ignored within the very discipline he sought to establish for the better part of a century. That framework holds both the personal and the public, or social, in a direct and reciprocal relationship. Mills (1959) makes this a central tenet in his own sociological craftsmanship, yet the enforced distinction that prevented the personal and private spheres from entering into centerfield of sociological research and investigation held fast.

It was the vanguard of second-wave feminism, leading with the claim that 'the personal is political' (Hanisch, 1970: 76), which eventually brought the centrality of a private existence crashing into the public and political arena. More than a slogan, this statement fixed the site of women's oppression on the institutional discrimination that portrayed personal (female) experience as being an entirely private matter. One that, effectively, resulted from a (pathological?) disposition and which might be fixed through medical intervention (therapy) (Hanisch, 1970). It could not therefore be political since it existed entirely within the individual's private sphere, not that of the public (important). Women's unhappiness and unease was thus a matter of adjustment and should hold no implications for a shift in public policy or social organisation. The struggle to rectify this view, thus demonstrating that these social imperatives and discursive apparatus were, in fact, the origin of these women's unhappiness remains ongoing. Although from a sociological perspective, the significant rise of qualitative methodology has shifted the personal from the periphery to directly under the sociological gaze.

The same, however, cannot be said for mainstream suicidology. The description, identification and treatment of suicidal ideation and behaviour is still tightly controlled by the biomedical sciences and through biomedical discourse. A discourse that uses *the exact same reasoning it employed with respect to women's issues*, establishing suicide as a strictly personal problem, not a societal one. As a product of a tragically deranged mind, suicide remains an issue of individual pathology. By approaching this phenomenon from a much more critical perspective, and in so doing using those same tools employed by the feminists of the 1970's, we see the importance of recognising the influence of the public in the experiencing of private troubles. Thus, we can begin to trace how these public issues inform private troubles which are, in turn, reflected back into the political sphere.

By looking at the hegemonic standards that are being individually understood by men, we firstly acknowledge that these personal views are multitudinous. However, we can also note where each is somehow iterated or informed within contemporary societal practices and understandings of masculinity. Through such an acknowledgement, we can begin to focus upon some possible commonalities. Here we might look at certain negative outcomes or experiences and, whilst the specifics might vary, the underlying implications present us with a similar, dominant theme. An example of such being that of failure. Seeing oneself as having failed, or in the process of doing so, can be a difficult image to process for anyone. How much more so when one's entire sense of 'being in the world' depends upon being seen to succeed? This failure to succeed, then, becomes a strong basis for a resulting desire to take oneself out of the world as an act of (controlled) negation. Even where such desires are concealed, the combined stigmas of both failure and the consideration of suicide are of course known to the individual, perhaps compounding the desire for negation.

The combination, then, of viewing suicide as the result of personal reflection, but one which is strongly informed by the wider social environment is crucial to understanding why it occurs. The political and public processes, the discursive regimes, which dominate our subjectivities not only provide us with a baseline of expectations about our identities and value, but also generate many circumstances of adversity which challenge these perceptions. Only through an open examination of how these interact can we begin to

understand the reasonings or mechanics of how our subjective responses occur. Given that this was demonstrated over a century ago now by Durkheim's propositions, we can only assume that the pursuit of pathological 'understanding' of suicide is perhaps a case of wilful ignorance. But then, as Hanisch and her colleagues strove to point out only half a century ago, the institutional discursive regimes under which such a paradigm propagates appear less interested in recognition than they are in control.

## CHAPTER FIVE

### Down to Business: Methods

#### The Sample

##### A Problematic Age

I wanted to examine the degree to which notions of masculinity impacted upon the decisions of some men to take their own lives. I had chosen to limit the sample to men at a certain period in their lifecourse, colloquially described as ‘middle age’ (Neugarten, 1968). My interest in this group stemmed from the ONS Statistical Bulletin on suicide back in 2015. Here, not only was the figure for men within the 45-59 age bracket the highest of all age groups, but it was also the highest recorded since the implementation of age standardised rates back in 1981. This coincided with the highest suicide rate overall for males since 2001 (ONS, 2015). Suicide had become the biggest killer of men under 50 in the UK.

My initial thoughts, then, were to restrict the sample to this particular age group. However, as the early stages of the project developed, I began to question the necessity of adhering to so specific a range. The focus of the study, as outlined in the title, was always ‘middle age’. This is not an easy definition to pin down, and whilst the ONS report presented a clear standardised range, I felt that there were strong reasons to expand this range for the purposes of my research. Firstly, whilst the 45-59 age group remained the highest, the margin over the 30-44 age group since 2012 remained small. Secondly, the specifics of this range for middle age appear open to some interpretation. Lastly, there is the issue of how appropriate chronological age is in examining aspects of social life.

There are, of course, many events within the lifecourse that are defined through a chronological interval. For example, the age of sexual consent, the ability to vote, the age where we are legally permitted to purchase alcohol, and consume it on licensed

premises, as well as the defined stages of the lifecourse itself, child, youth, young adult, middle aged and elderly. However, the ages where such activities are legalised and legitimised, as well as those imposed 'stages' or 'phases' of being, serve only to provide very broad descriptions of periods of time and do little to explain the precise characteristics and practices of individuals, irrespective of how long they have been alive (Schwall, 2012). Even in terms of the discursive apparatus upon which all of these 'ages' and 'stages' are predisposed, I would argue that a subject's knowledge of each pre-exists the particular age or range where it might be considered to have come into effect. The discourses surrounding alcohol consumption and sexual activity, for example, are still operating upon those 'too young' to legally engage in such activities. Indeed, it is from within these same discursive frameworks that notions of criminality with respect to such 'underage' participation are constructed. In any case, drawing direct correlations between age and practice is problematic.

As a variable, then, particularly within qualitative study design, chronological age is of limited merit (Schwall, 2012). In the case of suicide rates, the standardised age ranges have little in common with most lifecourse events, effectively providing an arbitrary split across a theoretical lifespan. Therefore, the actual ages are not particularly important here since they do not reliably indicate the stages in a lifetime where certain experiences occur that might lead someone to consider taking their own life. It is important to recognise that aging is a process and we the sum of a number of experiences and events leading to our current point in time. With respect to this research, whilst my respondents may be middle aged, the experiences they might discuss could have happened whilst they were still young. Conversely, I may speak to older men, who wanted to talk about their experiences during middle age. The term middle age *per se* is not synonymous with suicide. Something is clearly occurring during this stage in a number of men's lives which has proven to be statistically significant, but the age range itself should not be considered a cause, nor even a *reliable* indicator, that such actions will occur at this point in any man's given lifespan. A correlation is clear, but unrefined. Thus, it felt overly restrictive to preserve such limitations when there was no rational foundation for doing so other than to stick to the figures.

## The Cohort

In light of the above considerations, I elected to expand my target group to men between the ages of 35 and 70. These would be men who had seriously considered suicide or attempted suicide and survived. In so doing I sought to cover the general gamut and include a period that, whilst not generally perceived as being 'middle aged', was close enough for the prospect to emerge on the short-term horizon. This did mean, however, that I would not be looking to recruit men under 35. Again, this is not in order to adhere to the assumptions imposed by a chronological framework, but rather to acknowledge how these assumptions may be perceived and embodied by these men as they approach and enter this stage of their lives. I mean this specifically in relation to the broader notion of masculinity, and how age impacts one's perception of self within this conception.

There is data to suggest that men in the lower socio-economic strata are at highest risk of suicide (Wyllie *et al*, 2012). However, my focus here is on perceived barriers to emotional expression and the role of 'hegemonic' masculinity in the reinforcement of such barriers. As I have described elsewhere, this notion of hegemony is neither fixed, nor constant. It applies irrespective of race, religion or social status and will likely present itself differently depending on each (Connell, 2005; Connell and Messerschmitt, 2005).

I chose to concentrate upon suicidal ideation and suicide survivors since my principal interest is on the emotional state of those men who decide upon suicide and of the personal reasons for why they feel they are/were in that state. This is obviously not information that could be accessed from successful suicides except, perhaps, from interviews with surviving relatives, relatives who may be understandably reticent to speak about such a personal matter or revisit their loss. Moreover, surviving relatives and close associates will only be able to provide their own observations and interpretations of the deceased's behaviour. This presents only a window through which to try and understand the reasons and feelings of the individual second hand, rather than interacting with the individual directly. Unfortunately, such accounts are also likely to be quite unreliable for my purposes. It is commonly reported by surviving relatives how shocked and confused they are in relation to the sudden bereavement (Ceral *et al*,

2008, Jordon, 2008). Despite some evidence to the contrary (see Bernstein, 1979), it is generally accepted that male suicidal individuals are particularly reticent to discuss their feelings or emotional states (Möller-Leimkühler, 2003). It is therefore unsurprising that those closest to the individual remain unaware of the depth of feeling and distress that the individual experienced prior to deciding to end their own life. It is precisely this experience that we need to access to understand the motivations and the events that prompt suicide in men in order to address what has been termed a 'silent epidemic' (Bilsker & White, 2011).

## Data Collection 1: The Principles

### Qualitative Approaches to Discussing Suicide

Traditionally speaking, the study of suicide has been dominated by quantitative measuring. The focus has mostly been upon rates and demographics, rather than individual reasons. Whilst the first sociological study of this phenomenon did in fact seek to provide an account of both, it did so within a particularly objective framework, attributing causes upon a societal basis, rather than an individual one (Durkheim, 1952). Although more recent analyses have turned their attentions upon the individual, they have largely retained this positivist methodology, which serves to pathologise the individual within a reductive discourse of mental health (White *et al*, 2016).

### Ethnography

Whilst originally the province of anthropological studies, the use of ethnography as a research tool within sociological enquiry is by now well established (Hammersley and Atkinson, 1995; Atkinson *et al*, 2001). Nonetheless, it is not without its problems (Hammersley, 1990, 2006, 2016). Such issues range from the overall validity of knowledge claims using ethnographic data, through the nature of such data, to the means through which that data is actually collected (Hammersley, 1990, 2006, 2016; Hine, 2000; Atkinson and Pugsley, 2005; Kozinets, 2015).

Strictly speaking, a discussion on ethnography *per se*, its advantages and limitations, should be undertaken with respect to methodology. Ethnography should not be viewed as a method in and of itself, rather it includes an array of differing methods of data collection and analysis providing, “a general approach to the exploration and understanding of social settings and social processes.” (Atkinson and Pugsley, 2005: 228). Moreover, these methods are by no means fixed and applicable to every ethnographic study. Each study will no doubt possess different requirements for which differing methods may be employed depending upon setting, subject matter and theoretical perspective. As such, what holds it all together as ethnography is a matter of some debate. However, I think it fair to use the assessment, again provided by Atkinson and Pugsley, which states that,

*“Ethnographic research is predicated on the principle that social life is meaningful. Social actors, those individuals in the particular cultural framework being studied, who have cultural knowledge and awareness, engage with one another and with the world about them in the light of their interpretations and understandings of actions, objects and communications.”*

*(2005: 229-30)*

Thus, in terms of the fieldwork employed and the interviews undertaken within the given context of my own study, I consider the methodology to be ethnographic in principle. My chosen methods of inquiry being fieldwork and interviews.

## The Interview

Interviews have long been seen as one of the defining characteristics of qualitative research (Mason, 1996; Morris, 2015; Bishoping and Gazso, 2016). The ability of the semi-structured and unstructured qualitative interview to produce rich narratives and accounts of respondent’s experiences has been well documented across many disciplines, such as anthropology (Mead, 1930), psychology (Potter and Hepburn, 2005) and medicine (DiCicco-Bloom and Crabtree, 2006). Few other methods are able to glean

such raw insights into an individual's life and experiences. The chief focus of an interview is to achieve these insights through the respondent's own words. In this manner, we receive data in the form of subjective expressions. This is in contrast to the more objectively orientated focus upon rates and types of response often required by more quantitative approaches. This is not to say that interviews do not form a part of these objective treatment pathways. Assessments are a standard practice in mental health evaluations, including those pertaining to self-harm, suicidal ideation and attempted suicide (Sommers-Flanagan and Sommers-Flanagan, 1995). However, they remain locked within the biomedical paradigm and are thus utilised within the pathologisation process, rather than operationalised as a counterpoint to it.

The purpose of the interview within this project was to allow the respondents to speak for themselves rather than being led by specific questions. To facilitate this, I designed the interviews to be open ended and as informal as possible. I had considered a semi-structured approach but quickly abandoned it. Whilst the semi-structured format would allow me to focus the respondent on certain aspects that I thought to be pertinent, it also ran the risk of forcing their attention in the direction I favoured, rather than permitting them their own freedom in choosing what they wanted to express. To this end I settled upon an unstructured approach. Following Gilligan (1982) I wanted my respondents not only to speak in their own words, but to also provide their own narrative. By this I mean that they would choose what was important for them to speak about and they would order it in the manner that they felt most comfortable doing. I wished for this study to emphasise the experiential nature of the narratives provided by the interviewees, rather having a set of questions designed to illicit specific 'data', to which they can then provide an 'answer' for me to analyse and interpret.

## Qualitatively Researching Virtual Spaces

### Sentiment Analysis

Use of the Internet for social research has seen some significant changes over the last two decades (Hine, 2000, 2005, 2015; Halfpenny & Proctor, 2015; Kozinets, 2015). The

enormous proliferation of users, and consequently the data they generate, has led to the development and increasing popularity of various ‘text mining’ methods, designed to trawl through tens of thousands of online utterances, in the form of tweets, comments, status updates etc. Here, specially developed software is employed,

*“to run pre-compiled dictionaries of known positive and negative words against a corpus in order to identify the frequency with which these words appear and the context in which they are used.”*

*(AMPOFO ET AL, 2015: 166)*

However, context here can only mean immediate online context, such as the particular thread or discussion, rather than a full social context as required for thick description (Geertz, 1973). And frequency can only be used to indicate trends, not grounded experiences. Moreover, this kind of sentiment analysis, whilst concentrating upon practice and behaviour to a certain extent in terms of a narrative, limits this to an analysis of certain constitutive “subjective elements” (Ampofo *et al*, 2015: 166). The belief behind such text mining being that “sentiment resides in smaller linguistic units” (Mejova, 2009, *quoted in* Ampofo *et al*, 2015: 166).

My belief runs in the opposite direction. I don’t seek to abstract my content through a focus upon reductive, technically determined elements, I would rather focus upon how those utterances reflect a more subjective and individual response to the wider social context. A response which can be seen to be embedded in an observable set of behaviours and practices, rather than having such inferred from subsections of the response alone. This isn’t about the frequency of certain words within a narrative, it is about the narrative, and how this offers an insight into the internal, individual, world of the participant. Indeed, I would argue that the ‘participant’ becomes effectively mute within the text-mining process, since their experiences are being reduced to small, discreet units and thus obliterated in favour of isolated ‘sentiments’. The focus, therefore, lends itself to the ‘what?’, rather than the ‘who?’, or even ‘why?’

## Netnography vs Virtual Ethnography

Certainly, the presence of 'Big Data' is an attractive lure (Burrows and Savage, 2014). Such a volume just waiting to be researched. But there is simply so much of it that it becomes increasingly difficult to interrogate it on a deep, qualitative level. Kozinets (2015) offers an approach which he terms, 'netnography'. Here he advocates a set of methods which embrace the multitudinous aspects of CMC in the 21<sup>st</sup> century and takes into account the particular artefacts that these virtual, communicative media generate.

*"Netnography is the name given to a specific set of related data collection, analysis, ethical and representational research practices, where a significant amount of the data collected and participant-observational research conducted originates in and manifests through the data shared freely on the internet."*

*(KOZINETTS, 2015: 79)*

For Kozinets, the use of wide scale text mining methods, such as sentiment analysis, are employed alongside more small scale qualitatively based methods such as computer mediated interviews, both synchronous and asynchronous, as well as observations of individual and group behaviour in an exclusively online setting. The latter might include following people on social media, and examining specific communications, such as comments on websites. Given the nature of many online sites to retain this data indefinitely, this approach allows for a retrospective longitudinal analysis also, permitting a researcher to examine conversations and documentation for past periods, something that an ethnographic approach cannot easily do. For my own purposes, such access would be of great use in perhaps identifying practices employed over time, and maybe locating specific behavioural elements pertinent to the hypothesis. Elements that, whilst influential on any present activity, would otherwise be inaccessible in an offline setting.

However, it must be recognised that the focus of netnography is entirely virtual. Essentially, it seeks to explain and understand behaviours and cultural meaning specifically through online analysis. Despite the claim that it seeks to emotionally contextualise online data (Kozinets, 2015), through a selective and more qualitative use

of sampling, for example, it nonetheless reduces people to ‘users’ and fails to fully account for how their embodied ‘offline’ existences frame their online activities. In focusing purely upon online interactions, those activities and behaviours that are demonstrated offline are effectively invisible. Whilst trends and traits certainly do cross the threshold, as it were, we would be remiss to assume that all behavioural aspects are recordable online, or that offline lives are ultimately reducible to their online presence. But then, ostensibly, netnography is a marketing tool. It seeks to learn the ‘cultural meanings’ associated with certain groups in order to better target products at them (Kozinets, 2002). In this respect it seeks to learn only enough to facilitate such a goal.

Virtual ethnography, on the other hand, understands the distinction between online and offline. In so doing it remains focused upon the actions of the users as people, rather than the data artefacts generated by the usage. Through this method, online activity is considered not as a behaviour or practice in its own right, but as an extension of an offline identity. When one uses the Internet, one does not enter this virtual space. Rather, one simply accesses its content and uses certain facilities. The Internet is a tool, and like most tools it is physically used by a real body operating in an actual space.

Kozinets (2015) engages with Hine’s (2000) notion of ‘virtual ethnography’ with respect to this definition. Hine reasons that virtual elements are not real, not really here, or not quite there (Hine, 2000). In this sense they cannot be seen as entirely occupying one place or another, essentially existing only partially anywhere. The online actions that she is concerned with are a consequence of offline activities. Kozinets (2015: 81) takes issue with this prioritisation of the real.

*“All constructions of ‘reality’ and ‘authenticity’, practicality, and even ‘adequacy’ and ‘holism’ are contextually determined, consensually maintained, collaboratively enforced, and contingent upon standards that we deem or do not deem to accept.”*

In other words, definitions of reality are discursively generated and maintained. But in this defence of his approach, I feel that Kozinets is overlooking the importance of partiality which should be a familiar concept within discussions of technologically

mediated existences, whether communicative or embodied, as Donna Haraway (1991: 151) famously postulates in her polemic, 'myth' of the cyborg.

*"The cyborg is resolutely committed to partiality, irony, intimacy, and perversity. It is oppositional, utopian, and completely without innocence. No longer structured by the polarity of public and private."*

The partial, or composite, ontology of a cyborg construct is, for Haraway, what gives it such a liberating trajectory. Unfaithful to any of its origins, the cyborg seeks to defy holism in favour of connectivity. It is progressive rather than conservative and thus sees merit in reaching forward towards new possibilities, rather than shoring up and reinforcing the established roles and routines (Haraway, 1991). Whilst not specifically discussing Internet communications, let alone virtual ethnography, the notion of a *destructuring* of the traditional division between public and private, I feel, resonates very strongly in terms of virtual spaces and communication therein. As does this idea of being without innocence. For Hine, the positioning of 'virtual ethnography' is undertaken in relation to the notion of a 'purist' standpoint. "Virtual ethnography", she states, "is adequate for the practical purpose of exploring the relations of mediated interaction, even if not quite the real thing in methodologically purist terms." (Hine, 2000: 65).

It is, I would argue, Kozinets here who is actually arguing for purism. In refusing to accept the offline aspects of the behaviours he seeks to understand, he is limiting his approach to only half the story. This may well be sufficient for his purposes, but it is entirely inadequate for mine. Virtual Ethnography, however, uses the online/offline distinction only to emphasise certain activities that take place in a virtual setting, but without prioritising it. It recognises that the online activities it concerns itself with are expressions of offline lives. It is not seeking to understand trends, but behaviours. The expression, and perhaps origin, of practices that use the Internet, but are not considered to take place entirely within it. In all, the acceptance of the online and offline elements along with the encouragement to examine both within any given setting makes this approach far more applicable for the study.

## Moderating a Pain Collective

An example of a site where the use of virtual ethnography would be highly beneficial comes from my own experience of working for a national migraine charity. One of the tasks I was entrusted with was the moderation of their forums and social media channels. Although the forums had grown fallow some time before I joined, the Facebook site they operated enjoyed a considerable amount of traffic, serving as a nexus of sorts for those experiencing the condition and enabling them to communicate with and support one another. This page, like any Facebook page, facilitated communication through 'status updates', short messages predicated on the Facebook prompt 'What's on your mind?', or 'Write something...'. These could then be commented upon, and conversations would arise through the exchange of these comments. Here people chatted regularly, often several times daily, discussing their condition and the methods they had been following in an attempt to alleviate the pain and discomfort. They complained about the treatments that were not effective; professed their expertise as 'patients' and 'sufferers' of the condition over the range of health professionals, from GPs to neurologists, that they had engaged with; and demonstrated numerous strategies for ownership and embodiment of this pervasive and debilitating condition.

For some of these individuals the presence of pain was constant, thus it permeated every aspect of their lives. Reprieve came only in the form of a lessening, rather than a negation, of this pain, so their entire modality became entangled with the condition. Here one could see the insights of Elaine Scarry (1985) writ large across post after post, detailing these physically and mentally gruelling experiences of chronic pain. The worlds these people inhabited have indeed been 'remade' by the presence of pain. The tactics of aversion employed by the majority of us become meaningless in a world where complete avoidance is impossible. The existential transformation undertaken by these individuals can be read in their historical postings and accountings of themselves, often on a daily basis. This community offered them both a connection with other people in a similar position, as well as a forum for expression. A place where they could remake themselves together.

Here we have an incredibly rich online setting which is entirely devoted to the discussion of a physical phenomenon. The detailed discussions each reflective of experiences these individuals are having in the offline world. The use of the Internet here is as a medium for support, the gathering of information and the general ability just to communicate. The debilitating and limiting nature of this condition was constantly being reinforced through the narratives provided. Yet, at the same time, it was being partially overcome by the opportunity the medium provided for people, who might otherwise be housebound, to reach out beyond their confinement and connect with others. Thinking back to this experience when designing this study, not only did I find it an inspiring example of where a virtual ethnography could take place, I also saw it as a hopeful signpost that other such sites, more in line with my needs, could exist.

## Recruitment

### Engaging with the Right Virtual Community

In light of this previous experience with online communities, I was hopeful that such a virtual space might exist which accommodated those individuals that I wished to reach. I had thus hoped to locate a group with which I could participate and learn about their experiences in this particular type of communal space. Moreover, given that I expected the social media platform to be Facebook, this would allow me to connect as a friend and access public profiles and other such communications, thus providing me with a window into their lives and experiences. In terms of my own characteristics, whilst I did not necessarily share the outlook of my cohort, I do believe myself to share some of their circumstance. I therefore fully consider this an ethnographic study since I am, as a middle-aged male, very much a participant within this generation of men. I am immersed in the same 21<sup>st</sup> century Western, British, culture that my subjects and respondents would be. I am being exposed to the same stimuli and faced with similar general pressures with respect to notions of masculinity and the personal success or failure of such. Moreover, as mentioned, the process of engaging with men across a social media environment allows me to participate directly within the same virtual space and social context within which my subjects are also engaging.

Having identified the parameters for my cohort, I was then faced with the difficult prospect of actually locating it. To this end I developed my own social media presence, both a Facebook 'fan page' and Twitter account, which I hoped to use to reach individuals who might be interested in my study. I chose this approach, rather than directly contacting mental health services or other such organisations, because I wanted to reach people who, for a number of reasons, may not have come into contact with the medical authorities or support organisations regarding their situation. In this way I was also seeking to establish a connection with those men who are perhaps finding it difficult to reach out and who are considering suicide or engaging in self-harming behaviour.

I had expected this to be a slow process, but after a few months of searching for possible groups and putting the word out across social media platforms that I was using, it became apparent that the groups I had hoped to engage with were either even more reluctant to reveal themselves than I had anticipated, or simply did not exist. Searches for private Facebook groups, whilst successful in finding groups that claimed to be supporting issues of male suicide, failed insofar as these groups were largely just loose collections of individuals with particular personal and political axes to grind, rather than true supportive networks.

I joined two such groups but quickly came to realise that they were not going to be suitable for what I had in mind. At no point during my brief association with either group did I see anything pertaining to a supportive environment for those who wished to communicate their experiences. Unless those experiences were concerning personal disenfranchisement with United States family law and paternity issues or thinly veiled, if veiled at all, misogyny. I had intended to build a rapport through the engagement with such groups, outlining my role and my intentions from the start. My introductory posts in both cases went unanswered. I decided against pushing my involvement any further. As I say, these were, ostensibly, individuals angry at circumstances which appeared to be preventing them from accessing children. Whilst the implications of this may well be associated with the sort of mindsets that I was looking to explore, I was unable to gain any ground in this regard. The posts were infrequent and ranged from off the cuff remarks about disenfranchised masculinity to tirades of invective which positioned certain elements of the US legal apparatus as unreasonably impinging upon and

violating their 'natural' rights. Where accessible, the profiles of the members were entirely outside of the range I was interested in. They were outside of the UK, to begin with, and nowhere did I either note or infer any association with suicidal ideation or behaviour, nor the support of such. Gender appeared to be the sole criteria that matched, and this was clearly insufficient for my purposes.

### Finding Someone to Talk To

Whilst searching for appropriate communities with which to engage, I was simultaneously trying to find respondents for the interviews. One hope was that such might be recruited from the online group, were I able to locate one. However, failing this, I continued to view the internet as a means of acquiring participants. To this end I periodically advertised the project via my Twitter account, ResearchGate and continued to advertise my project on the main UK websites that were focussing upon male suicide, these being CALM ([www.thecalmzone.net](http://www.thecalmzone.net)) and Andy's Man's Club ([andysmanclub.co.uk](http://andysmanclub.co.uk)). I had approached both seeking assistance, but neither had been able to help. CALM responded to my requests saying that the age range I was interested in did not fall within their remit. In effect, they only dealt with young men. Andy's Man's Club did not respond at all. So, whilst I was able to promote my project via these sites, I would not be able to find or engage with any 'communities'. A number of other sites were investigated, including forums and a subreddit. However, there were a number of issues with respect to authenticity and the correct identification of a possible cohort that limited their use.

I also explored some options with an ex-colleague who co-ordinated a local Suicide Awareness Partnership Training (SAPT) programme across Leicestershire & Rutland, Derbyshire, Nottinghamshire and Northamptonshire (<https://sapt.info>). Again, however, this avenue did not lead to any 'communities' or groups that I could access. However, there remained the potential for individuals to be contact via this route. I had deliberately elected not to seek access through any mental health services or facilities. Whilst I would likely be speaking with some people who had accessed such services, and

may still be accessing them, I did not want this project to operate through that channel or be required to navigate the extended ethics approval process.

Outside of these channels, I received only a single message from an individual seeking help for their own suicidal thoughts, to which I could only signpost them towards the proper services. I also received an email from a support worker operating in Leicester who mentioned that one of her clients expressed an interest in talking to me. I readily responded and sent across the required paperwork – the participant information sheet and the informed consent forms. The caseworker replied that she had received them and would pass them along. That was the last I heard from her. This occurred over the Christmas and New Year period. I felt it prudent to allow some time before chasing it up. Though, after a few weeks I thought better of doing so. I had accepted that the interest had waned and saw no reason to further impose.

Looking back, I wonder if I should have been a little more persistent. I don't mean to imply that I would exert any pressure, but just to check in. At the very least to enquire what the reason for the lack of a response might be. I considered whether the formal documentation might have been a deterrent to further participation. However, ultimately, I chose discretion. Given the circumstances required of my participants, I felt very uncomfortable further imposing in this way. I'm aware how this perhaps serves to maintain the culture of silence around the issue of suicide, or at least fails to counter such, and I felt considerably conflicted whilst I determined my next course of action. Whilst it is important for people to talk about this issue, it is more important that this be their unequivocal choice.

This lack of responses was disheartening, but I endeavoured to retain my online presence in the hope that, over time, it would catch someone's attention and they would respond. However, it became apparent that the timeframe within which this might happen was too uncertain for it to be my primary means of engagement or recruitment. Had I encountered support forums or networks the like of which I had initially envisioned, I understood and anticipated that a good deal of time would need to be spent in gaining the confidence of anyone involved. But I also began to consider my predicament in terms of what I was actually expecting and how that corresponded with my intentions. It wasn't just the timeframe that I began to see as problematic. My

experiences with the Facebook groups, each of which had explicitly mentioned male suicide in either their titles or the accompanying information, had very quickly demonstrated a high degree of disingenuity with respect to their actual purpose and content. I don't mean to insinuate that this was contrived, but it was nonetheless a reality.

## Abandoning the Internet

Whilst undertaking this process, a number of prescient issues began to emerge. Firstly, there was the question of authenticity. This is, of course, not an issue unique to my project alone. In most research the need for accurate data is paramount. Here my stipulations were clear in that I wanted to engage with men in the UK between the ages of 35 and 70. Male suicide in the UK was the focus, and this was the significant statistical development as outlined in the 2013 ONS bulletin that had prompted me to undertake this project.

I had, of course, harboured doubts as to my ability to verify the authenticity of any given respondent across such a medium. The 'anonymity' of internet communication has long been advocated as one of its more liberating features (Stone, 1995; Shields, 1995; Turkle, 1995; Plant, 1997). It was on this basis that I had sought to engage in previous research on male self-harm, an interest that also contributed to the development of this project. Given the stigma associated with these behaviours, the ability to protect one's real identity through anonymised exchanges, whilst still engaging in meaningful communication, I saw as providing a useful 'safe' space where personal and deeply emotional issues might be discussed in a virtual space free of any personally identifying artefacts.

The problem here, of course, was that I needed these identities to be grounded in some verifiable manner. Not only did I require subjects from the UK, who were within the designated age group, but I also needed to ensure that my participants were not currently in crisis, as much as it is possible to ensure this with anyone who has seriously considered suicide. It was on this last point that the differences between the migraine community that had inspired my approach and the situation that I then found myself in,

with respect to the emotional state of the men who I hoped to engage with, became starkly apparent. Those who communicated on the migraine charity Facebook page were all still struggling to cope or come to terms with their condition. The great majority of contributors within this community were dealing with migraine on a day-to-day basis. Some may have been a number of days, weeks, or even months free of an attack, but all knew that this could change in an instant. The strategies, treatment pathways, and medication regimes were current accounts, rather than experiences relayed in hindsight. Many of these people were almost constantly in a state of crisis, reaching out where they could, trying to find some solace in the shared accounts and reassuring words of others. The richness of these transactions, the observable practices and performances, were thus borne out of their immanent pain and distress. Even were I to find a similar group of men, by the ethical restrictions I had imposed upon myself, I would be unable to engage with it.

This realisation led me to all but abandon the internet as a medium of engagement. I retained the Twitter account, in order to still receive items of potential interest from the network I had become a part of, and also, for a time, my Facebook page. The latter I endeavoured to employ as something of an online scrapbook. Articles from around the web that interested me were added to the page, along with a comment or two. In this way the page remained 'live' and continued to operate as a potential point of contact. Whilst I received the odd comments on my posts, none of these ventured to the point of being an expression of interest in participating. I continued to maintain this site until the Cambridge Analytica scandal broke in early 2018 (Cadwalladr & Graham-Harrison, 2018; Rosenberg, Confessore & Cadwalladr, 2018). At which point I quickly decided that the ethical risk of continuing to operate the account made doing so untenable. Whilst I had not received any requests for participation, the finalising of such which would have taken place over private email rather than the FB messaging service, there had, nonetheless, been individuals who were following my content. In the interests of data safety, I therefore felt it imperative to delete the account. I consider this act to have both prudent and timely. Particularly in light of the 50 million account data breach in October that same year (Heaven, 2018), and, again, in April 2019, just a year after the Cambridge Analytica debacle. This time:

*“A total of 540 million records including users’ Facebook IDs, comments, likes, reactions and account names were found on a database uploaded by Mexican digital publisher Cultura Colectiva which was discovered on Amazon Web Service (AWS) cloud servers, a popular storage product.”*

*(MURPHY, 2019)*

Given the inability of internet giants such as Facebook to protect their own data, or their apparent propensity to profit from its illegal or unethical usage, I must seriously question the use of such in any form of social research of a sensitive nature. Where the potential leaking of such personally identifying information, I would say, unquestionably constitutes a severe breach in research ethics. This is an issue I will approach in more detail in a more appropriate discussion a little later on. Suffice it to say, it was on these grounds that I limited my online platform to a Twitter account alone.

### **An Entirely Offline Solution: Men’s Sheds**

The online approach had clearly formed a major part of my initial proposal. With it now effectively discarded I needed to shift my focus recruitment to offline. The purpose of the fieldwork was to concentrate upon how masculinity was practiced, as exhibited by men in a specific shared environment. So, it was then that I began to look at the Men’s Shed groups. These offered an interesting space that, I think, strongly resembled the characteristics of those I had sought online. Central to this are notions of liminality (van Genep, 1960) and the potential for these spaces to represent such in terms of their capacity for expression and productivity. Here was a place where men, mostly of middle and retirement age, gathered to work. But this was not a space of employment. It offered none of the regulations, procedures, or expectations of such a space. The work here was, firstly, voluntary, but also somewhat playful. Playful in the sense of a hobby or pastime. Something done for entertainment and enjoyment and where fulfilment was gauged upon these aspects, rather than on a quota basis or the correct execution of a responsibility. Which is not necessarily to say that these elements did not manifest within this informal environment, only that they were somewhat reconfigured there.

I located and contacted two local branches of the Men's Shed Association. One in Leicester City and the other based in Loughborough, a town a few miles north. My initial email received no response, so after a couple of days I decided to just call the contact number which both branches appeared to share. Receiving no response here either, I left a brief message, referencing my email for further details. It was a little surprising to receive a return call from the Loughborough co-ordinator the following day. I explained my position, that I was undertaking a research project for my Ph.D. and that I would like to attend the shed meetings in order to observe and perhaps talk to the men. I recall being anxious. My experiences in finding parties willing to assist or cooperate on the project had been rather negative, and this had begun to influence my own perceptions of the project. I had secured no interviews by this time and was feeling a growing sense of concern over whether any of my data collection endeavours were going to pan out at all. I led with the theme of the project being male suicide yet emphasised that gaining access to experiences surrounding such was not the purpose of my participation. Whilst I was open to interviewing any of the men, it would not be solicited on my part.

In truth, I expected the response to be negative, but the co-ordinator was very receptive to the idea. I was invited to undertake a brief introductory tour of the premises, where I could see the space and be shown around the various projects. This was common for new members. I didn't speak to any of the members at that point. After the tour we discussed my project at some length. He expressed no misgivings at my approach or my purpose and agreed for me to participate. I was asked to write a short introductory piece for their newsletter, something to explain my background and purpose and I was happy to comply. I didn't want the formal approach of being 'announced'. Not that I wanted my reasons for being there to remain covert, but because I wanted that information to be delivered by myself, in conversation with the men individually. The newsletter piece was informative, but not overly detailed, it explained who I was, and the reason beyond my presence. It was also, most likely, overlooked by most of the attendees since, according to the co-ordinator, they didn't really pay the newsletter too much attention. As I later learned, this was an accurate assessment.

## Finally Finding Someone to Talk To

With the fieldwork secured, there was still the problem of locating interview participants. My initial hope was that, at the very least, I would be able to recruit from the cohort with whom I would be undertaking the fieldwork. However, this was not my only option. I was still promoting the project across several networks and retained an online presence, albeit diminished, where I might be contacted. Although I did not intend to actively recruit from the Men's Shed group, I harboured a notion that a participant or two might be found there. Indeed, a couple of the men did intimate in private conversation that they would be happy to help out. Unfortunately, such promises were not fulfilled. Due to extenuating circumstances, they each stopped attending for the remainder of the period that I was there. I did not want to push this, since I had stipulated that any interviews would be purely at the individual's discretion. At the potential risk of harming the study, I did not want to violate this condition in any way.

Despite all this, my first solid contact came via a colleague. She was already in contact with someone who fulfilled my criteria and who was also engaged in work seeking to promote similar issues to those I was researching. We made contact and he was very receptive to my research and my invitation to talk. It was from this first respondent that I was put in touch with my second. I had hoped that this might again snowball into further interest from other friends and associates of my first respondent. He had suggested that he could recruit others, but unfortunately this did not occur.

Two respondents remained my final tally. A low number in relation to many qualitative studies. However, I feel this to be somewhat indicative of the extent to which the silence around suicide in general, and male suicide in particular, pervades. As I outline in the discussion of my cohort above, by all accounts, this is a difficult topic to discuss. This problem is exacerbated given the observation of men's reticence to engage on emotional issues (Hawton, 2000; Scourfield, 2005; Chandler, 2012). Thus making my own target group one of the hardest to reach. On the basis of its potentially liberating capacity, I had viewed the Internet as a viable means of overcoming this difficulty in communication. This was not without precedent, given my experiences of the migraine

‘community’, and the ongoing efforts of organisations seeking to promote the issue of male suicide as a serious concern. But the Internet offers no magical solution to this problem. Its communicative potential must still be realised through the willingness for people to communicate. With regard to certain topics, the emotional distancing which makes people hard to reach and unwilling to reach out has yet to be reduced in a significant way.

### From Virtual Space to Virtual Space: Social Media to Men’s Sheds.

The purpose of locating a suitable cohort online was to try and locate an environment where I might identify and observe certain practices of masculinity as demonstrated by the men in the cohort, particularly where they pertain to emotional expression. Where any limits and restrictions of such might be made manifest. This might be noted in behaviours perhaps, or as part of a reflexive accounting of one’s feelings and how they have emerged. I had hoped that this might be found in a community which had been generated around the acknowledgement of suicidal feelings and possible attempts and, in some respect, as a support mechanism to help deal with such. However, the focus would be on the expressive elements of these emotional lives, how they emerge and how they were addressed in terms of practice. These practices would provide the essential data for the ethnographic observations. These observations, therefore, did not necessarily require a setting specifically associated with admissions of suicidal behaviour.

In shifting to an offline site, specifically the shed, the fieldwork would still allow me to observe such behaviours in a setting where I could note their practices and their interactions. This would provide me with a series of insights with respect to male emotional expression and behaviour in this particular context. I wanted to see how these men related to one another in a particular space. Here, I would be able to view certain manifestations of masculinity as they pertained to this work environment and the practices and expressions of such between the men working there. However, whilst the shed was a place of work, it was not exactly a place of employment. Rather, it

simulated employment in a number of the practices undertaken there but did not wholly or actually represent it.

## Data Collection 2: The Process

### Fieldwork

The fieldwork itself was undertaken over a four month period, from April to July, in the summer of 2017. On my first actual day I provided my details and was signed up as a full 'shedder'. I was then largely left to my own devices. The shed operated only for only three half days a week, I endeavoured to attend as often as possible. I spent my time initially just observing and engaging the men in conversation. Later I would also begin a more active degree of participation by undertaking small projects of my own and then joining a small team who were working on renovating the yard-space into a garden area. This became a core focus of the group since it had been externally funded by a local supermarket. This allowed me to directly participate within a main group activity, rather than remain at the periphery. I took notes and photographs whilst present. These were accounts of my observations, as well as snippets of conversations that took place in the workspace. My concentration was on interactions and the degree of emotional content that might be discerned from this. I recorded a number of quite fascinating encounters which often formed the bases for my daily entries, when I wrote them up as field notes after each session. Some of these 'vignettes' proved highly informative and often rather poignant. I have included them where possible in my discussion. As stated, the fieldwork and interviews were not directly related. Whilst there remained the possibility that someone from the shed would want to talk to me, the intent was not to use this space to deliberately recruit. As mentioned previously, a couple of the men did express an interest. However, actually pinning them down to talk proved difficult. Ultimately, I elected not to push the situation and continued to focus recruitment elsewhere. As I say, that was not my purpose here.

## Interviews

The first participant lived locally and so I arranged to visit his house. He was extremely open and welcoming with a number of questions on what I wanted and how I wanted to proceed. We had a frank discussion over a cup of tea on how the session was to go and I explained the format and my expectations. Quite simply, I would provide him with the space to talk about whatever he decided. The focus was on his experiences, both his suicidal feelings and those events which he felt might have contributed to those. The format would be as open as possible. I would begin with an initial prompt, designed only to indicate that the session had begun, and then would add prompts and questions as we progressed, when and if they were required.

I employed the same process with the second participant. He lived in London but had agreed to travel up to meet me. The interview took place in a quiet office at the university. Again, we had a cup of tea and discussed the interview process beforehand. He was also keen to know what I wanted, and I was equally assuring that this was his story to tell. My job would be to listen, prompt where appropriate, and record.

In terms of my own preparation, I had no schedule or specific questions to ask. I had a notepad but took minimal notes. I did not wish to appear distracted or distant from the story being told, so I endeavoured to ensure that my focus and concentration remained on the respondent at all times. Laptops and notebooks can appear as a barrier in conversation, where the former stands between each conversationalist and the latter takes one's attention away from the other, even if for a moment. Too much scribbling and those moments add up. As outlined, my intent here was to allow the respondent to talk at their own pace and in their own words. By this I mean that I did not intend to frame the responses through the provision of a question. What they said, how they said it and what it would be in relation to, would be, as close as it was possible to be, their own choice. I say as close as possible, since these were still, "conversations with a purpose." (Atkinson and Pugsley, 2005; 231). Thus, there was a premise for it taking place and a shared understanding of that premise. In this manner, it was not without some external direction. But this is as much direction as I wanted to apply.

Both interviews were digitally voice recorded, something that each respondent was explicitly aware of and to which each had given prior agreement. During the first interview this almost became something of an obstacle due to the recorder constantly cutting out. I had set it for voice activation, and when it failed to detect a loud enough sound it stopped. Unfortunately, the couple of seconds delay before it reactivated upon detecting a voice meant that some sentences lacked a beginning. I found myself becoming overly conscious of the recorder during the interview, almost obsessing over whether or not it was on at any given time. In light of my observances on obstacles to an effective conversation, this situation would have to be near the top. I explained the problem but wasn't able to rectify it for fear of cutting off the current interview. I instead resolved to work out any issues during transcription. For the second interview I had learned from my mistake and set the recorder to an indiscriminate setting. Clearly, it behoves one to familiarise themselves totally with their equipment, and the consequences of certain settings, before using it in a live context. Another valuable lesson learned.

### The Trials of Transcription

Each interview was transcribed by myself, where the extent of the recording issues I had encountered during the first interview now became apparent. As I had hoped, whilst some data remained ambiguous due to the missing elements, the majority was sound. The breaks occurred when the recorder stopped detecting a voice, and so only a second or two was missing at the beginning of some sentences. It was a simple enough task to piece together the more obvious omissions, although I was conscious of potentially manufacturing content were I to try and 'fix' anything beyond this. I settled for authenticity and was thus obliged to cut some content where I could not work out what had been said. Given the amount of data provided, this did not impair my understanding of the account.

I learned that, when performed by yourself, transcription can also serve as an initial analysis. I found myself commenting extensively upon the transcript as I was producing it. Initially this was achieved through the use of the commentary function in Word. Here

a margin is provided which contains the extra narrative content. The specific parts of the narrative to which these comments refer is highlighted via a callout. Where a line connects the sentence or phrase to the specific comment in the margin. This all appeared to go perfectly well until I re-opened the document to continue working on it. I found, much to my dismay, that the comments had been effectively erased from the document. The margin was retained, with the indication that a single comment was present, but nothing else. This constituted a loss of a couple of thousand words at the time. Not devastating, but certainly annoying. At this point I could not determine where the problem lay.

I checked online and discovered that the file format adopted since Word 2013 (.docx) was in fact a composite. It acted as a container for several files, which were indexed in a kind of database. An error had prevented the main document from correctly referencing the comments. They still existed, but it would involve the use of third-party software to essentially hack the content out of the document. This, quite frankly, tested the limits of both my technical expertise and my patience. After an unsuccessful attempt to recover the data, I elected to start again. Only, this time, I copied all of my comments into a separate Word document in case of a similar issue arising. This proved to be a prescient decision. The error appeared to be endemic to this particular file format and I again lost all of the comments within the main document. Having the backup was useful, but still involved some work replacing the lost comments. Something I needed to do, otherwise I would find it difficult to relate the comments to the relevant part of the transcript. Eventually I took an educated guess and chose to save the transcript, along with its commentary as a different file type. Using Rich Text Format (.rtf), it turned out that I could close the document and reopen it with the commentary intact. A triumph of old school guesswork over technological innovation. The precise reasoning for such innovation, in the face of such obvious oversights, remains a mystery to me, but my project could continue without such annoying delays.

Having overcome these first two trials, I was then faced with another. This one is perhaps more familiar to anyone who has produced their own transcripts. It was far more time consuming than I could have imagined. However, given the small number of responses, this was not prohibitive, and I was also grateful for the opportunity. As

mentioned, once I had found a means to rectify the technical errors, I was making copious notes within the document as I went along. Within these I sought to draught out my initial thoughts, things that might have occurred to me in the interview and were noted, but here I could re-examine them with a little more time and entirely within the context of the narrative. I was also able to begin to apply the responses to some wider ideas, as well as see certain notions emerge from the account. In short, the self-transcription afforded me the opportunity to begin an initial analysis.

## Analysis

### Discursive Themes

It has been observed that numerous iterations and variations of discourse analysis have been employed in qualitative research, and that many may not measure up to the ideal definition (Antaki *et al*, 2002). My own preference here is Foucauldian Discourse Analysis, through which I would seek to determine how observed practice serves to demonstrate the presence and interplay of different discursive apparatus. How, for example, ideas of 'working class' and 'hegemonic masculinity' operate within the recorded behaviours. How ideas of 'employment' and 'redundancy' are made manifest and how these intersecting discourses serve to shape the subjective experiences and accounts of these men. The analysis, then, focuses not upon a simple description and iteration of the observed actions or transcribed data, but on how such practices and discussions reveal the extent of the wider social directives and imperatives that an individual identity is both immersed in and constructed through. In a sense, this is an act of translation. But I am not seeking to reveal any 'inner truths' through this approach. The status of 'objective truth' in this, or any other, process is a precarious one. Also, the notion of accessing 'inner truths' about a participant that they are otherwise unaware of, however constructed, through academic insight is equally problematic (Back, 2007). I shall speak more on each of these things shortly. For the moment, I just wish to outline what constitutes my data here and how that data is to be analysed.

As mentioned, I have adopted a dual analytic strategy which reflects the two primary theoretical approaches used within this project. Moreover, this analysis is employed with respect to two differing bodies of data. On the one hand, I wished to interrogate my own observations of the expressions and practices of a group of middle-aged men within the specialised setting of the shed. On the other I had the accounts of my participants generated through the interview process. In each case a thematic structure was developed, though the precise themes in each body of data are not identical. This was largely due to the themes being allowed to emerge from the analysis, with each context generating some differing, although related, themes in this regard.

In writing my field notes, I had already begun to organise my observations around some particular events and experiences that I had encountered during my time there. Each of these have a certain relevance to notions of masculinity and its associated practices. The accounts began to take the form of vignettes, short episodes of interactions and behaviours, which exhibited certain characteristics and could be organised around a central theme. In this way, each episode could be framed within specific contexts and linked with some wider theory. During the analysis of the field notes, such theories might be fleshed out and the initial sketch given more definition. Such a use of thematic analysis in this regard I feel corresponds with the suggestions put forward by (Braun & Clarke, 2006), following similar arguments by Boyatzis (1998) and Ryan and Bernard (2000), which propose that the thematic 'process' be an integrated part of other analytic methods, rather than a somewhat woolly catch-all for a variety of thematic approaches.

### Purposeful Conversations

With the interviews I was hoping to elicit responses that would allow me to access the personal troubles and individual circumstances of these men. Interviews have been a common method within ethnographic research since they serve to provide the kind of depth that observation and casual conversation cannot (Bishoping and Gazso, 2016). The open and unstructured approach to the interview process that I had adopted was also going to be key here and I was confident that this would generate the degree of 'richness' that I was looking for. I recognise that such a term can be an ambiguous one,

and potentially highly subjective. On what scale might we be measuring such accounts with respect to their expressive viscosity? Well, when we put it that way, Geertz's (1973) exposition of Ryle's (2009) proposition of 'thick description' appears to be an apt premise from which to begin. The importance of appropriately contextualising the events that transpired in the stories that these men provided was of considerable importance to me. As I mentioned, this had to be their experiences in their own words, so the fewer of mine that were interjected, the better. I wanted to understand their reasoning as it pertained to these events and the way in which they perceived them at the time.

These conversations, then, are intended to bring a more phenomenological aspect into the analysis. The narrative generated here would provide the important experiential dimension to the discursive themes that I was otherwise examining. The unstructured approach allowed for such a narrative to move as much as possible in a direction chosen by the respondent. Had I directed specific questions towards those aspects of the account that I felt to be important I would only have served to elicit and support only my own outside perspective. Certainly, they would still be answering in their own words and reflecting upon their own experiences, but I wanted the relationship between these experiences to also remain within their control, not mine. A question not only invites, but both frames and influences a response, so I wanted to keep any such imposition to an absolute minimum. If they happened not to speak about subjects that I had considered pertinent, then so be it.

Albeit carefully designed, I feel that a schedule runs a high risk of shaping responses around my own theories, which have, in turn, shaped the questions. Thus, the context is not entirely that of the respondent's choosing. I wanted the opposite, where that context is generated by responses, not questions. What a respondent says is then predicated upon what they have previously said. They generate their own context and thus the narrative emerges, solicited only by the commencement of the interview. Where this emphasis upon context is less prevalent, then the compartmentalisation of responses through a structured or even semi structured approach would be of greater value. But here, that context, as they understood it, was vital.

## Combining Analyses

The combined use of narrative and discourse analysis might at first seem something of an odd coupling. Each method of analysing talk might be said to have a particular focus on how the given data is to be interpreted (Bischoping and Gazso, 2016). For narrative analysis there is a strong emphasis upon standpoints and reflexivity (Hartsock, 1983; 1998; Harding, 1986). The interview, and its subsequent interpretation, are effectively a joint exercise, wherein the positions of each participant, interviewee and interviewer, are important to both recognise and acknowledge within the analysis itself. The central tenet within narrative analysis is the pursuit of meaning. On the one hand this is expressed by the interviewee through the stories they tell. These represent an understanding on the part of the respondent of specific contexts through a personal perspective. These situated ontologies are taken as given; they are understood as a truth without the need for any external corroboration. Or, at least, this is the case from within my own phenomenological standpoint.

On the other hand, there is this recognition of one's own position in relation to the narrative. As the person to whom the tale is recounted, one will have their particular perspectives on the events and situations being described, and one will undoubtedly be able to attribute their own meanings to these accounts. Whilst equally valid within an analytic context, they must not be used to supplant those of the narrator. The trick is to keep them with you but be sure that they maintain a respectful distance. Les Back (2007: 16) speaks of an 'intrusive empiricism' where the investigator considers themselves authorised to speak to the truth of a comment or situation on the basis of their learned expertise. Having an opinion on a narrative is valuable, using it to overwrite a given experience is a grave error.

Bringing discourse analysis into the mix, then, might appear as something of a contradiction. Here we are seeking to define a set of practices, and a way of thinking, that might be said to originate from beyond the individual subject. Indeed, within such an approach the subject is seen to be, not a distinct and discrete 'thing in itself' but rather a site, across which numerous discourses travel and intersect (Foucault, 1977; Rose, 1999). Here, ideas of gender (Butler, 2006), race (Fassin, 2008; Dillon, 2008),

mental health, (Foucault, 1968), psychiatry (Rose, 2018), and sexuality (Foucault, 1978) clash. Here they might be absorbed, transformed or rejected. Each a decision based upon the rejection, transformation or absorption of previous discourses, and so on. Any sense of who we are, then, is formed out of our constant negotiations with these discursive networks, past and present, negating some and embracing others, but never operating from any constant, pre-discursive core (Foucault, 1977).

## The Truth of the Matter

How then, if we are all, in fact, products of such a process, can we be said to possess any 'truth' of our own? In knowing that our experiences are only the sum of these external influences, how can we not impose such expertise upon experiential accounts? Because attempting to reveal some 'objective truth' about the content of a given account would be a mistake. In fact, the pursuit of 'objective truth' is not of any importance at all in this respect. Defining an objective reality for any given account serves no purpose. What is important is how the respondent feels about their recollection and the meanings that they are able to interpret from it. It is of no consequence whether or not I agree with their perspective, since it is their account of their experiences. My own account would most likely be very different, but this is hardly a basis upon which the veracity of either could be attested. Certainly, there could be discrepancies proven in the relating of facts but again, within this specific context, such verification would prove as impossible as it were unnecessary.

Secondly, my perspective on objective truth itself is that its existence is highly problematic. Viewing the notion from with a Foucauldian framework, as I do, renders it effectively moot. 'Truth' becomes an exercise in power (Foucault, 1978). Claims towards truth are inherently discursive. That is, they demonstrate properties that are less aligned with the defining of an objective reality than they are with coercing alignment. Demonstrations of truth within this framework are expositions on the validity and veracity of a particular set of ideas and practices that better serve a given agenda. 'Objective reality' becomes a discursive construction, in that one way of doing things is better than another. It does not seek to deny the existence of an alternative, since its

entire premise is on demonstrating dominance and one cannot dominate something that doesn't exist. Rather, it aims to prove the legitimacy of a given standpoint over another. This is not to say that alternatives are necessarily tolerated, rather they are subjected to constant marginalisation with negative association being commonplace.

Thus, for me to seek any kind of 'truth' would necessitate me subscribing to a certain power/knowledge relationship whereby my 'expertise' – a result of my knowledge – would be weighed against the 'lay' testimonial of my respondent. This I wanted to avoid. Whilst my use of discourse analysis might be seen as doing this very thing, that it not how I sought to employ it. Understanding how an action or belief might be operating within a discursive framework does not mean that the action or belief itself is automatically subsumed. By keeping this knowledge at a respectable distance, I allow it to inform my analysis, rather than dominate it. I want to hear the voices of my respondents and I want to listen to them in the context of their own narratives (Gilligan, 1982). So, when applying discourse analysis to these narratives, the voices become guides. They show me where certain discourses are dominant, and others weak. They demonstrate where resistance and complicity occur. In so doing, they tell me how a given subject has emerged, rather than me seeking to tell them where they come from. The discourses that shape us often do so in very broad strokes, we are responsible for the fine tuning. Our choices, our agency, albeit informed, is nonetheless what is exercised at every juncture. This is where our narratives emerge, and how they do so will be different with every telling.

## Ethics

### Consent and Confidentiality

Informed consent was required by each participant via a consent form that they initially signed. An explanation of the research project, and the purposes for which the data will be used, was also provided before anything was recorded. However, I think it important to recognise that consent given at the beginning of the process cannot reasonably be entirely informed, despite the best intentions of the researcher or the most informative

of consent forms (Cutcliffe and Ramcharan, 2002; Liamputtong, 2007). Emergent elements, such as one I describe below, can occur at any point and whilst respondents were free to withdraw consent at any time during the project, and for whatever reason, I was prepared to individually enquire into the extent of such consent as the project developed. Whilst a Withdrawal of Consent form was also provided and would have been validated via a signature should the respondent no longer wish to participate; I was not prepared to simply assume that a lack of such a form implied consent regardless and in all cases.

Complete anonymity was maintained throughout. All transcripts were anonymised at source with an alias being used with respect to the recording of all data. A single electronic document was maintained indicating the identity and contact details of each respondent along with their respective alias. This was password protected and thus accessible only to myself. All physical information was securely stored in a locked filing cabinet in the sociology department and handled in strict accordance with the Data Protection Act 1998.

### Recognising Risk

Qualitatively researching suicide is difficult. Successful suicide leaves only a hint of personal circumstances from which data can be obtained, often gleaned from relatives and close associates. Such data cannot really provide us with the specific insights into why such an act was undertaken, since it is coloured through the perspective of personal grief and loss, giving only a second-hand interpretation of how an individual might have actually felt and what their perspective and reasoning actually was.

Talking to survivors and those of have seriously contemplated suicide is no easier. Such an approach also represents an intrusion into a very private and personal aspect of a person's life. This is a highly sensitive issue dealing with individuals who must, in this sense, be viewed as vulnerable. The potential risk of upsetting vulnerable individuals through revisiting and exploring painful and difficult issues must therefore be acknowledged (Liamputtong, 2007; Watts, 2008; Dickson-Swift, 2009). Talking about the issues that have led someone to seriously consider taking their own life is going to

be hard. However, it does not follow that this should necessarily be traumatic or harmful (Decker *et al*, 2011). Despite the concerns and misgivings associated with research into sensitive topics (Lee and Renzetti, 1993; Seiber, 1993), there is little evidence to support the notion that the research is experienced as harmful by the respondents (Decker *et al*, 2011). The opportunity to 'open up' about such issues in an entirely non-judgemental environment has been viewed as both positive and cathartic by research participants and researchers alike (Watts, 2008; Dickson-Swift *et al*, 2009; Decker *et al*, 2011). Nonetheless, measures must be put in place to ensure the emotional and physical safety of all concerned, researcher, supervisors, and respondents (McCosker *et al*, 2001).

I have worked in a professionally supportive capacity with many men and women who were suffering from both acute and chronic emotional distress and understand the degree of sensitivity required for such engagements. This experience was invaluable, not only in the conducting of the research, but also in the design. Given the sensitivity of the subject matter, it was vital that as much control as possible be given to the participants with respect to the information they reveal. I felt that the unstructured, narrative based, interview served this purpose by making no specific outline of the information required, such as what a more structured, or even semi structured approach, may have done. Instead, the respondent was afforded the position of only divulging information that they felt comfortable with, in a context of their own making (Corbin and Morse, 2003). As it transpired, both this structure and my prior experience, became key in facilitating dialogue and generating an incredibly rich narrative.

### Managing the Unexpected

Despite these measures, it is important to also consider how this approach might cause the respondent to get a little carried away and reveal more than they might have intended (Corbin and Morse, 2003). Even in light of the strict adherence to confidentiality that was observed throughout all interactions, it was important that the respondent always be aware that they should only touch upon matters that they felt comfortable discussing. At no point should they feel an obligation to answer questions.

This necessitated a continuing sensitivity to what was being discussed and constant attention to the wellbeing of the respondent throughout.

This was of particular relevance when, at a point just over halfway through an interview, one of the respondents broke down in tears. I immediately suspended the recording and concentrated upon the individual's emotional well-being. I offered them a comforting hand and assured them that this presented no difficulties for me. I then allowed them the space to compose themselves in their own time. I was clear that we could terminate the interview at this time and reconvene later if they wished to do so. The respondent, however, was certain that they wanted to continue. The important aspect here was that their wishes were entirely respected. My experience in handling situations was of considerable benefit here. I was not embarrassed, nor was I panicked or even irritated by the interruption.

In the methodological accountings of his research into aging men's experiences, David Jackson (2016) reflexively recounts his own experiences when an interview he was conducting was abruptly interrupted. He speaks of being "surprised and put out" by what he later began to consider a "constructive challenge" to his preconceptions about the process of social research in general and interviews in particular (Jackson, 2016: 36). I dare say that my own reactions might have been similar had such challenges not formed an almost daily occurrence in my previous line of work. Such experiences then afforded me the ability to take this situation very much in my stride, shifting momentarily from interviewer to a supportive capacity, whilst maintaining the necessary professional distance. The result of this being that the respondent remained in a safe and supportive environment, even during the breakdown. There was no embarrassment or disappointment for either of us to manage, and the respondent's own needs within the situation remained paramount.

Rather than this being a challenge, it became a liberating space that these expressions were permitted to occupy. Although the recording was temporarily stopped at this point, the incident represented no actual interruption to the interview. In fact, the experience provided a reflexive moment for the respondent who, once they had regained their composure, was able to reflexively draw upon the cause of the breakdown and incorporate this into the narrative. I feel that, not only my experience,

but the format of the interview helped with this process. Had I had a schedule of questions that I had bound myself too, I might have been encouraged to treat this situation more of an aside. I don't think that any decent social researcher would entirely ignore this type of event during an interview, but they may feel uncomfortable including it as part of the narrative due to their prescribed method. Treating it instead as additional material perhaps, by way of observation, rather than as an organic part of the story being performed. This was an expression of emotional pain, a conveyance without words, which communicated rich, experiential content. This could not be directly recorded in the transcript, only noted, but it also acted as a catalyst for further reflections that were able to be captured once the recording recommenced.

### Ethics as Process

This interaction with the respondent, beyond that proscribed for the usual interview environment, I think demonstrates an ethics as process approach as advocated by Cutcliffe and Ramcharan (2002). Such an approach emphasises the role of ethics and ethical considerations as being an integral part of the entire endeavour, not just a checkbox exercise at the beginning and perhaps again at the end. As the example above serves to demonstrate, the often emergent quality of qualitative research may mean that new elements are required for which consent may not have originally been provided (Cutcliffe and Ramcharan, 2002). Simply assuming that consent remains active until withdrawn fails to recognise the complexity of the relationship between researcher and respondent. A desire to comply might temporarily obfuscate the degree to which a sensitive revelation might haunt the subject. A desire not to appear awkward or fear of causing trouble might prevent someone from expressing their unease and addressing the matter. Or it might conversely lead someone to withdraw entirely and render their entire contribution unusable. This is possible in any scenario, but perhaps more so where very sensitive information is disclosed. Despite warnings, respondents may reveal more than they feel comfortable doing so. The recording of emergent events, like the respondent breaking down, cannot be assumed to be covered by the initial provision

of consent, since the respondent cannot reasonably be expected to consent to something that exists outside of their present knowledge.

A researcher, then, has a duty of care to not only see to the wellbeing of their participants during the data gathering process, but also to recognise these issues and address them proactively. This is an ethics as process approach, where the ethical considerations, also to be understood as compassion and responsibility, remain active at all times. This are not an external process, or hurdle, to be completed or overcome, it is an integral part of both design and practice in all research. In this way, rather than simply being seen as providers of knowledge, the respondents remain arbiters of their experiences. Their contributions to the study, at any stage, remain recognisable. Studies depend upon their subjects. It should therefore be equally axiomatic that the level of care provided for them extends beyond a paper exercise. I am certain that a large number of researchers understand this. I am less certain that this can be said about institutions.

### Ethics as Obstacle

My own approach to the ethics of this project was, as I hope to have demonstrated above, thorough and progressive. Nonetheless, ethical approval took seven months to achieve. Unsurprising, one might think, given the sensitivity of the topic. And I would agree. Even having provided as rigorous a proposal as I did, I expected some thoughtful enquiries into aspects I had perhaps not emphasised thoroughly enough. However, neither topic nor method proved to be the reason for the lengthy delay.

For the first two months I received no response, other than the indication that an officer and deputy had been assigned. Once actual contact with the officers was established, I was asked to perform a number of other small, and somewhat pedantic, tasks to ensure that the documentation I had ostensibly provided was reorganised in the manner that the ethics officers deemed to be appropriate. I was also asked to provide interview schedules for unstructured interviews. I queried this but was simply rebuffed. Schedules were apparently required for a method that did not require them. No amendments or suggestions were made by the ethics officer at this point as to how to facilitate this

without simply submitting a schedule that I would never use. Lastly, it was requested that I provide the promotional materials that would accompany the project, including the introduction letters I would use and a poster. I queried how such materials were appropriate for an ethics approval, and why their inclusion was not previously outlined, but I was simply instructed to provide them, or the process could not continue. Unhappy, I complied. This process took a further two months.

At the next point of contact there finally appeared a question regarding the ethics of the project. I was required to defend my decision to use Facebook profiles as part of the ethnographic access, on the basis that such a digital footprint represented a considerable amount of data which could not be satisfactorily accommodated within a single request for consent. It was thus considered 'a big ask'. My counter to this was that any ethnographic exercise would potentially expose information that the subjects had not consented to reveal. This possibility had already been considered within the 'ethics as process' approach outlined above. This response appeared satisfactory as no further challenges were forthcoming.

However, along with this challenge came a curious request to amend a typographical error in the poster I had submitted. As a trained graphic designer, I am both comfortable and competent at producing promotional materials. With a number of years employed as a communications officer for a local branch of a national charity network, I was also professionally experienced at doing so. I was therefore surprised to be informed that such an error existed. I had thoroughly checked the document before submission and had someone else do so also. I was therefore satisfied no such errors were present. Nonetheless, despite what might be seen as better judgement, I assumed that the ethics officer must have a good reason for making such a claim, so I enquired as to the nature of the error. The response was disappointing since it simply requested that I ask someone else to look at the poster in order for the error to be ascertained.

Not only was such a response inadequate, it was also insulting. To indicate that the error was so obvious also assumed that I lacked the faculties to perceive it. It also appeared to assume that I had not already studied the document, before submission and in light of the discrepancy being pointed out, with at least three other people. None of us could determine what the ethics officer was talking about. It took another request for clarity,

and a further delay of a couple of days, now almost a week from the 'error' being pointed out, before the problem became clear. There was no typo. The issue was simply a product of poor resolution in the thumbnail images generated for the uploaded documentation. Had the ethics officer actually bothered to consider how such a glaring mistake could have gone unnoticed by several other people, rather than just assuming their own competence to be unquestionable, then the delay and considerable offense felt on my part would have been avoided. The initial oversight on their part is understandable, they went with what they saw. Their subsequent behaviour, however, is less easy to comprehend, let alone accept.

And this was all part of the initial assessment. Having been made aware of this embarrassing oversight, the officers provided no further responses. Instead, I was simply informed, six weeks later, that the submission had been escalated to committee. Although the lengthy delay was now acknowledged for the first time by the committee contact, the process was no less frustrating. Here I was asked to provide information that was clearly evident in the initial proposal, had someone actually taken the time to read it with at least some of the effort I had expended drafting it. The issue with respect to an interview schedule was, however, acknowledged at this point, and the demand reduced to a simple outline and starting questions. Equally inappropriate for the method employed, but at least something I could work with. I outlined where I had already provided the requested information and provided the requested information for the schedule. Five weeks later my proposal was approved.

The point here is that, whilst researchers must of course establish and adhere to strict and comprehensive ethical guidelines for their projects, the process by which such things are approved seems to account for this only in name. I accept that my own experience may not be representative of others, but that it happened at all demonstrates that this process is in need of a rigorous overhaul. The concerns raised by the officers only once referred to an ethical issue in my research. This challenge was met and the defence, albeit tacitly, accepted without the need for amendment. The rest of the time was spent dealing with pedantic and unnecessary bureaucracy, to which there is apparently no accountability. My project suffered delay after delay because someone's mistaken opinion outweighed their common sense. At all levels, a lack of

attention to the job at hand impeded the progression of this research. The actual ethics of which, I must restate, remain exactly as proposed in the original submission.

## CHAPTER SIX

### Methodological Reflections, Expectations and Limitations

#### Breaking the Silence

##### Finding the Words

Talking about suicide is hard, which makes qualitatively researching it a difficult prospect. Those who have successfully completed a suicidal act leave only relatives, associates, and perhaps a note. From the bereaved, only a second-hand interpretation of how an individual might have felt, what their perspective and reasoning actually was, can possibly be obtained. This will often be mixed with a great deal of anger, grief, self-blame and recrimination (Rudestam, 1977; Ceral *et al*, 2008; Jordon, 2008). Those who have lost someone to suicide may also harbour their own suicidal feelings (Mitchell *et al*, 2005). This may help us understand suicidal acts in relation to such feelings, but do not help us understand the motives of the deceased.

A note might provide us with a context and a reason and can prove valuable in discursively interpreting the final act (Galasiński, 2017). However, although the exact number of notes left in relation to suicides is somewhat contested (see Pestian *et al*, 2012a, 2012b and Parachakis *et al*, 2012), they are by no means prolific. Still, they are considerably less rare than interviews with those who have survived a suicide attempt (Galasiński, 2017). As narratives, notes might be presented as data in a similar way to interview transcripts. There are, of course, significant differences between the two in terms of context and intent, though they do offer us snapshots of a person's subjective position at the time of writing. In such a way, a note may also provide some phenomenological access to the individual through an account of their experiences leading up to the decision. However, a note remains silent. A final monologue that offers no opportunity of discussion *with* the author, only an analytical and retrospective account *of* them.

For such a discussion we must there speak to those who have felt the desire to end their own lives or survived the attempt. But this approach is also difficult because it represents an intrusion into a very private and personal aspect of an individual's life. Much of the literature discussing suicide speaks of the stigma and shame involved, which significantly limits communication on this topic (Marsh, 2010; Bergmans *et al*, 2016; Galasiński, 2017). Not just between those at risk and potential sources of help, but between people in general. The need for such initiatives as Suicide Awareness Partnership Training (SAPT), testifies to the reluctance experienced by many to communicate with one another regarding the idea of suicide. And whilst I think it fair to say that discussing such sensitive emotional issues is suitably challenging for most people, it is generally recognised that this presents a more significant problem for men (Hawton, 2000; Scourfield, 2005; Chandler, 2012). A problem which is further exacerbated, perhaps, by the prospect of doing so in response to an unsolicited invitation from a total stranger. This is not to say that such an occurrence would be impossible, but I assumed it to be quite unlikely from the outset.

I had hoped to offset this issue by approaching established suicide prevention organisations, such as CALM and Andy's Man's Club, with a view to gaining their help with facilitating access. I had considered that having the support of established third-party groups would go some way towards providing a greater sense of legitimacy to the project. Although University of Leicester approval was clearly outlined in my communications, an association with charities and support agencies working in the field would help situate the study within a context that men already engaging with such services would find familiar. In so doing I hoped to use such an association to foster an initial confidence which may lead someone to make contact. This confidence could then be built upon as the relationship progressed. Sadly, the groups I approached were simply uninterested in providing any direct help or endorsement. Whilst it was communicated by CALM that I was free to advertise the project on their respective Facebook pages, no further assistance in the promotion of the project, or in obtaining respondents, was provided.

I found it both disappointing, and curious, that organisations seeking to help individuals with respect to this topic would be so reluctant to engage. CALM told me that my target age group was too high for their demographic base. Though their site clearly states that,

*“Until 2011 CALM was aimed at men aged 15-35. By 2011 it was clear that the volume of male callers aged over 35 was becoming growing and suicide among older men was increasing. CALM consulted extensively with supporters, funders and commissioners before expanding its remit to cover all men in the UK. CALM’s memorandum and articles of association were updated in 2012 to reflect this.”*

*(CALM, 2020)*

Whilst my own definition of ‘middle age’ is lower than is perhaps generally recognised, 45 is certainly within the standard conception. Andy’s Man’s Club, on the other hand, did not respond at all. I was given to wondering what the perception of the project was that prevented any engagement from those similarly oriented. And if organisations that were working to raise awareness of male suicide were uninterested, then what hope was there for much harder to reach individuals seeing participation as a potential option?

## Words and Pictures

I do not mean to disparage the work either organisation has done. This is not a criticism of the groups or their activities. But I think these experiences serve to demonstrate exactly how difficult it is to engage in this type of project using this kind of approach. It would appear to me that the institutional associations of my project were simply not enough to engender trust in the ‘gatekeepers’ that I approached. Doing so is often a fraught affair, where those who are designated, or indeed self-designate, to such a role can often prevent access and impede progress for many reasons (Sanghera & Thapar-Björkert, 2008; Reeves, 2010). Many of these reasons will largely depend upon how those with whom one must negotiate view the research and the degree of access being proposed. Clearly, its importance in line with their own policies did not rank highly

enough, or they simply saw no benefit in assisting. Regardless, with these avenues now exhausted, I was dependent entirely upon my personal online promotions and requests for participation.

As I have accounted in the previous chapter, these ultimately proved fruitless. It was only through the assistance of a colleague, who put me in touch with my first respondent and then, via a rather small snowball, that I made contact with my second. Serendipitous, really, rather than engineered. Whilst this circumstance certainly represents a failure in method, I believe that it represents a triumph in detailing the sheer extent of this issue. Clearly, trying to recruit in the manner that I had originally intended was just too big an ask. The silence surrounding this phenomenon, whilst certainly penetrable, requires a considerable amount of effort and a particular approach in order to do so. The success of Andy's Man's Club is down to a very personable approach, which facilitates the building of initial confidence in a way that a widely distributed poster campaign simply cannot. It is not simply a question of reaching the hard to reach, with the assistance of Internet communications this is perhaps less difficult than it might once have been. The really tricky part is encouraging them to reach back. Whilst far reaching, online networks can be impersonal, lacking the reassurance of a known, grounded identity present in face-to-face conversations. Building trust, then, can be a formidable task. And at least some trust must be present before someone is likely to even engage, let alone discuss anything intimate.

Again, taking Andy's Man's Club as an example, their use of video, both in promotions and in user content, promotes a much more 'relatable' image. If a picture is worth a thousand words, then one that also talks is clearly priceless. Had I posted my appeal in such a format, on the Facebook page that I had originally set up, then the story might have been different. Without actually doing so, I cannot, of course, ascertain the accuracy of this, but it certainly seems to be working for other groups. This is the precise reason why current campaigns seeking to raise awareness of the problem, promote communication and talking as a positive practice. This is also a key focus of this study. Not just the necessity of emotional communication, but the means by which it is effectively facilitated by men. How masculinity might limit such expressions, but also how it might provide alternative avenues for it.

## My Role

### Positionality

With this project I intended to highlight potential emotional difficulties experienced specifically by middle-aged men in relation to their notions of an idealised masculinity and their perceptions of their relationship with such. This would involve a look at how this ideal form is viewed and how emotional communication is affected by it. My focus was on how a perceived failure in this relationship may lead some men towards suicidal and self-destructive behaviour.

I consider this an ethnographic study since I am, as a middle-aged male, very much a participant within this generation of men. I am immersed in the same 21<sup>st</sup> century Western, British, culture that my subjects and respondents are. In this sense I can be seen as researching very much from inside my target group. Moreover, in becoming a member of a Men's Shed group I participated in the collective endeavours that I was also observing. My personal situation, however, and my reasons for being there differed significantly, as did my personal understanding and aspirations with respect to the idea of masculinity and the degree to which I felt this impacted upon my decisions. However, I am being exposed to the same stimuli and faced with similar general pressures that accompany these notions and the personal success or failure of such. This leads to some interesting decisions being made regarding who I am, both as a man in this research and as a researcher.

This question of where I stand in relation to both my research and my participants, and thus one's access to an "insider epistemology", is both an interesting and complex one (Dwyer & Buckle, 2009: 55). On the one hand it can be argued that the possession of such confers an increased ability to recognise, appreciate and possibly share certain aspects of the subject under scrutiny (Asselin, 2003). In so doing there might be a greater identification and understanding of the subject matter or process under discussion. Moreover, gaining access to a community to which you already belong might seem a simpler task than having to gain the trust as an outsider. However, I would argue that one has to think very carefully about determining insider or outsider status simply on the basis of some shared characteristics. Sharing a gender, or an age, or a social

status does not, in its own right, confer 'insider' status to a given group any more than the sharing of a practice or ideology might. Even sharing a location and a membership to a particular group does not denote that one is necessarily or automatically part of the establishment in any more than a nominal sense. Only in very specific circumstances might such a sense of *belonging* be justified. Tight knit communities to which one has always belonged would likely demonstrate this degree of acceptance and trust. Close groups of friends and perhaps work colleagues may likewise do so. People who have endured particular experiences may show an affinity for those who have experienced the same. However, this does not necessarily mean that access is guaranteed, not that an actual affinity has been established. Even where one can be considered on the inside in one respect, they may remain an outsider in other regards, such as blue and white collar workers in the same factory, or as I was in the Men's Shed group.

The degree of 'special insight' one's insider or outsider status may or may not provide is a far from straightforward issue. As I have stated, my own embodied experiences of middle-aged masculinity may be similar to my fellow members of the Men's Shed group, as well as to my interview participants, but my own subjective responses to these, and thus to the discursive apparatus through which they have been configured, is not. It would be remiss of me to make any assumptions as to the possession of similar experiences and perspectives in this regard. Even the period of time I shared in the Men's Shed group did not convey a particular sense of belonging. I mention this in my field notes, how my own self-consciousness remained throughout this time, how I always sensed a distance between myself and my participants. I quite believe that this was largely self-imposed. But I also expect that the understanding of my role within that group *by the group* helped facilitate the separation. I do not, however, see this as a particular issue with regards to the research or in any way detrimental to the data gathering process. Irrespective of how the men felt about my presence, their actions and expressions did not appear to have been mediated or mitigated as a result. My presence did not alter the way they behaved with one another; they simply behaved a little different with me. Given that my focus was upon a discursive analysis of this behaviour, then how they behaved in any regard was valuable data. This was not about trying to preserve a microcosmic set of behaviours and beliefs, since such beliefs and

behaviours were not something I considered to be unique to the particular environment of the shed.

My role, then, can be seen to have been occupying something of a fine line. My embodied characteristics granted me a certain image and position, but not one that was essentially accepted within the particular setting. I did not seek to ingratiate myself in such a manner, since my observations did not really require it and, if I am honest, I felt a little disingenuous doing so. Not in terms of maintaining some kind of scientific neutrality. As Rose (1985: 77) comments, “There is no neutrality. There is only greater or less awareness of one’s biases.”. Rather, I did not feel comfortable trying to assume a place within the shed that I did not feel that I occupied. I was a ‘shedder’ only in terms of it being required that I sign up as a member in order to conduct my work there. I recognised that this promoted the value of the project in terms of increased membership, and I had no issues in complying in any case. However, whilst I ostensibly did what the other ‘shedders’ did while I was there, I was not there for the same reason that they were. I was there to observe them doing what they were doing whilst participating within, but not exactly belonging to, that environment. The line between researching ethnographically and existentially *being* and *acting* in a given space can be a thin one, but it is vitally important, I believe, to ensure that it remains evident at all times.

### Becoming the Subject?

In the conclusion to his recent book *Evicted*, Matthew Desmond (2016) makes a number of observations and comments with respect to the ethnographic ‘method’. Firstly, he believes that method is an inaccurate way of describing ethnography. Rather, he feels, it should be viewed more as a way of being-in-the-world. As I have just outlined, I submit that it is, in fact, both. However, I also maintain that some perceptible distance be acknowledged. Hammersley (1990) makes a similar point, that the experiences of being in the moment whilst researching that moment each form a significant part of the ethnographic process, but they are distinct and not to be seen as one and the same. In short, that there is an internal, imposed, force between them which prevents the two

from collapsing into a single subjective perspective. However, Desmond's comments appear to be suggesting that he blurs this distinction, perhaps even encouraging this collapse. Here he is talking of 'being' in the sense of essentially *becoming* his subject.

*"To me, ethnography is what you do when you try to understand people by allowing their lives to mold [sic] your own as fully and genuinely as possible. You do this by building rapport with the people you want to know better and following them over a long stretch of time, observing and experiencing what they do, working and playing alongside them, and recording as much action and interaction as you can until you begin to move like they move, talk like they talk, think like they think, and feel something like they feel."*

(DESMOND, 2016: 317-318)

Stanislavski would be proud. But in an age where boundaries are being so heavily contested, and difference policed on both sides of the divide, I find this particular claim remarkably out of touch. We currently endure a climate where demands for authentic representation and accusations of cultural appropriation are screeched from various battle lines, rapidly deployed and arrayed in a confrontational stance across multiple social media platforms, against certain claims of self-determination. The basis for these claims is a lack of some element of lived experience, some social, racial, biological or economic factor that is, or historically has been, absent from what is determined to be their own being-in-the-world.

A woman cannot self-identify as black if she lacks the biological characteristics, and thus the social repercussions, of being so from birth (Elgot, 2015). Similarly, a man is denied the experience of being a woman purely on the basis of a self-definition, albeit one that may have been reinforced through chemical and/or surgical means (Goldberg, 2014). The message is clear from certain quarters, that you cannot be what you claim to be purely on the basis of such a claim. Nor can any kind of intervention designed to align oneself with the physical characteristics of that desired social grouping legitimise such a claim.

The bases for these rejections, whilst often problematic in their own right and thus should not be seen as benefitting from any particular support on my part in this instance, are largely formed from a recognition that ‘being’ anything is far more than simply altering oneself to resemble it. Even spending some time ‘experiencing’ the role you seek to adopt does not convey the same degree of immersive reality. One’s habitus is far more than the sum of one’s physical characteristics and one’s actions, even one’s speech. And this is what we are really discussing when we speak of being-in-the world. It is not simply optional. Certainly, I can dress and act in a fashion to which I am usually unaccustomed and, through interacting with others who are otherwise unaccustomed or unfamiliar to me, I will be regarded and treated in a particular way. A way to which I am, again, unaccustomed. I can repeat this practice until the reactions become familiar, but am I what I imagine myself to be? Perhaps more importantly, am I accepted as such?

Alice Goffman (2014) makes similar claims to this notion of being-in-the-world and of belonging with respect to her associations with a black community in Philadelphia. Her interactions with the individuals which this group comprised led her to alter her mannerisms and speech, to begin to act and to think of herself as being a member of this group through shared characteristics and experiences.

*“Though I came to 6<sup>th</sup> Street as a young blonde woman, my body, speech, clothing, and general personality marked me as somewhat strange and unappealing. After spending a few months with Mike and his friends, I moved even further away from their ideals of beauty or femininity, in part as a strategy to conduct the fieldwork, and in part because I was, as a participant observer, adopting their male attitudes, dress, habits, and even language.”*

*(GOFFMAN, 2014: 242)*

The illegal activities of members of this community, and their subsequent fugitive status, posed particular issues in terms of her engagement. She anguished over the extent to which she felt it necessary to involve herself in such activities in order to somehow legitimise, or at least justify, her association. Yet she acknowledges, mostly in hindsight, that she was, on the whole, not entirely accepted as such, nor could she be.

*“It is virtually impossible for ethnographers to become members of a community not their own. It scarcely bears mentioning, then, that this was the case for me. Beyond the situations and events I never experienced, my background and identity were so different from those of the people I was observing that I couldn’t always trust my reactions to events and situations that I did experience firsthand. That is, I had to be cautious in generalizing from my reactions to the feelings or experiences of others.”*

*(GOFFMAN, 2014: 245)*

Whilst she was certainly a part of the group, sharing their experiences, her experiences remain different. She could not be-in-the-world like those with whom she was immersed. Her attempts to pass in this respect did not automatically convey the elements of belonging that she had surmised. Whilst accepted, she was not entirely included (Goffman, 2014). I find this particularly pertinent with respect to Desmond’s comments. Short of some magic trick, I fail to see how his experiences, if he is being totally honest, would deviate significantly from Goffman’s, yet there remains quite some distance between their reflections.

Returning to my own experiences, I side more heavily with Goffman than Desmond. And this is in light of that fact that I am, not unlike Desmond, in all appearances, very much akin to the community I chose to engage with. I am male and middle aged. I was born and lived most of my life in the geographical region that they now live, though their origins may differ. I am, I suppose, by definition, working class in origin and I have experienced many of the things that these people have experienced: industrial work, being made redundant, failed relationships, self-doubt, depression and existential anxiety. Yet I am not them. My personal circumstances, whilst similar, are not reflective of theirs. I am not there to be a part of the community, insofar as that is my entire aim. Rather, I am undertaking a research project. As such I am there to participate, certainly, but also to observe. And to observe in a particular fashion. As I recount in my field notes, observation, in this sense, is not my exclusive province. I note, a number of times, the observations made by members of the group, some of which are directed at myself.

Often critical, these tend to be grounded in a personal investment with respect to the situation at hand. My own, on the other hand, have a specifically detached dimension. I am not participating in order to belong, nor am I insistent, or at least hopeful, that such belonging might be inferred from my presence and my subsequent activities.

My involvement with this group of men, despite my shared experiences, did not grant me any kind of affinity. Over the three months I spent with them I came to know a great deal about them, their lives, their histories, though they came to know little about me. I participated, I observed, I recorded, I reflected. All of the actions that, as an ethnographer, indeed as a sociologist, I am accustomed to performing. These are the practices associated with my methods. My subjects did few of these things. As I say, I am conscious that they too participated and observed, possibly reflected, but they were not recording as I was. Their intentions and reasons for being there was not as mine were. Irrespective of how I performed when I joined in, and how my contributions were recognised and treated as anybody else's were, I was not really one of the 'shedders' in anything other than my membership capacity. And even the contingency of this was different. My purpose in engaging with these men, a purpose I made very clear from the outset, was not the same as theirs. It could never be since I was not in their position and did not share their motivations. In the same way that Matthew Desmond could not really count himself as being akin to his subjects in any capacity other than the imaginative. Same place, same time, different situation.

A Princeton scholar, choosing to live with a group for the purposes of researching a project, cannot experience what these people understood to be their lives. His own habitus and sociological imagination would already have separated him. Did this proximity enrich his narrative of events? Most certainly. In the same way as Alice Goffman's did, and in the same way Pearl Jephcott (1964, 1967, 1971) has practiced her ethnographic research decades before. Did it go as far as Humphreys (1970) or Foote Whyte (1981)? I suspect not. In each of these ethnographies, doubtless considered highly unethical by today's standards, the fact that in their day there was no such thing as 'ethical standards' notwithstanding, the notion of 'becoming' or 'being' is a hugely important factor in their writing.

I'm conscious that this critique may appear to be following something of an essentialist standpoint. This is neither my intention nor, I believe, the case. My point here is not to dispute difference, or those claims of belonging that are so disputed. Rather, I seek to emphasise that the identity politics under discussion here is a very complex affair and one that absolutely must be acknowledged in this regard. As a sociologist, let alone an ethnographer, it is important for us to use our sociological imaginations in order to view the world in a certain way. But where we use this imagination to view ourselves, as researchers, with entirely different motives, expectations and lived experiences to those we observe, and where our participation becomes misreclected as 'living', then I think we have a distinct failure of focus. The interpretive elements of ethnographic research are often pointed out as being fatal flaws from within a positivist tradition. The 'social distance' that often defines the relationship between researcher and subject can be seen as a sliding scale between pure observation and fully immersive participation. However, the acknowledgement of such a scale, and our relative position upon it, remains, for me, a vital element in maintaining a rigorous *research* context for our work.

### Internet Ethnography: Why? And why I chose not to.

Having earlier outlined what I had expected from the Internet and how those expectations remained unfulfilled, now I wish to expand upon this a little more in relation to the somewhat ubiquitous notion of the Internet being a kind of universal donor with respect to providing data for social research. Certainly, there are many examples of successful methodologies being developed and methods employed (Hine, 2000, 2005, 2015; Kozinets, 2002, 2015; Halfpenny & Proctor, 2015). However, it does not automatically follow that the Internet will provide the perfect setting for just any kind of research. Of particular interest to me here is the propensity to believe that the span of the Internet somehow overcomes the problem of gaining access those people traditionally determined as being hard to reach. Or that it necessarily offers a safe and expressive space for people to talk to one another about those hard to discuss topics.

## Liminal Spaces

A notion which I have always considered key to this aspect of Internet communications is that of liminality. Similar to Van Gennep's (1960) original conception of the term with respect to rites of passage, but less formally constructed or conducted. The liminal phase, where what is past is shed and what is to come is yet to be adopted, begins with the initiate crossing a threshold, both symbolic and often physical, beyond which they enter and occupy a space where the normal social conventions are suspended. For van Gennep, and for those who have followed his line of thinking such as Jung (Hall, 1991; Miller, 2004) and Turner (1967, 1969), this stage ends with the culmination of the rite of passage, where the initiate is re-aggregated into the formal, social structure but in a new role. It represents a transition from one social state to another and the experience of a liminal state in between. Liminality then, is a state where the external constraints temporarily cease to apply. They still exist, but they are noted by their absence in the present state. Within a rite of passage this is denoted by the middle stage, the point where the previous self has 'died' and the new self is yet to be adopted and recognised. It might involve a test of some description, a physical feat perhaps, the endurance of which represents a symbolic exchange through which, for example, the benefits of adulthood are then bestowed.

My focus, however, is not on the observance and completion of a rite, but on how this liminal stage can be seen to operate within the field of online communications. Certainly, 'going online' involves a threshold of sorts, a transition between the 'real' and the 'virtual'. This is not a physical transition, but then, neither is a rite of passage in that sense. With the clear exception of certain scarification rituals, the physical body that leaves the liminal space is the same as that which entered, only the symbolic context within which that body is understood has been altered. Adopting an 'online persona' allows for a similar transition. The same physical body remains at the keyboard, existing in a given state in a physical space whilst being simultaneously represented and understood within the virtual interchange. Here, the facts of one's physical existence can be hidden and revealed on a purely voluntary basis via textual exchanges. Graphical avatars can be employed to portray a 'physicality' that is purely the product of a user's imagination, rather than their actual physical being. Even video content can be altered

through filters to distort representation and/or anonymise. In a very real sense, it is a place where rules can be ignored, and new possibilities and identities embraced. This stage could be prolonged almost indefinitely and reengaged with at will. Not a phase, but a space. One that could be vacated and re-entered as often as desired. Here, then, certain limitations of face-to-face communications might be lifted. One such perhaps being the reticence of individuals to discuss sensitive matters.

I, like many others (see Stone, 1995; Shields, 1996; Leeson, 1996; Plant 1997; Bell & Kennedy, 2000), became enamoured of this transformative notion and thus became somewhat swept up in some of the interesting potential for these emergent properties. The issue here, I feel, was in viewing this phenomenon as situated purely within the context of that particular time and assuming that this nascent state would somehow persist. The Internet, at this time, was a relatively quiet place. The user groups and bulletin boards were a novel means of employing asynchronous communications on common themes across a wide scale basis (Hine, 2000). There was room to find your own niche here, and the communicative spaces seemed relatively trouble free. Though not entirely, of course, as the warning signs were already there. Long before YouTube and its notoriously toxic comments section, there was always the possibility of ‘vitriolic online exchanges’ (Dery, 1994: 1), or that someone would use such spaces for their own amusement at the expense of others (Dibbell, 1994). It was not that this went unrecognised, it was just less commonplace than it has now become. Cyberbullying existed certainly before there was such a term to describe it, though the emergence and wide scale popular uptake of the term today, I think, indicates a marked difference in both degree and severity between that early period of Bulletin Board Systems (BBS) and Internet Relay Chat (IRC) and today’s hectic and intensely combative online environment of instant messaging (IM) and ubiquitous Internet 2.0 commentary.

### There Goes the Neighbourhood

The rising popularity of the Internet has dramatically changed both the landscape and the inhabitants. Whilst each have always been socially produced spaces (Lefevre, 1991), as widespread engagement with the medium has increased, the concentration upon

‘lifestyles’ experienced in the ‘real’ and then curated in the ‘virtual’ has become increasingly mainstream. Rather than online environments representing a separate communicative environment, the practices that proliferate across the Internet are now much more reminiscent of those adopted in similar social settings or contexts in our offline reality (Hine, 2015). Actual, if not necessarily authentic, physicality has become a dominant trope within social media platforms such as Instagram, for example, where the policing of women’s beauty and acceptable appearance has become a regular occurrence in the form of body shaming (Wagner *et al*, 2016). Whilst ‘slut-shaming’ (Mendes, 2015) and, similarly, what I term ‘man-shaming’ practices constantly seek to police body grounded, gendered behaviours and sexual activity across online broadcast media such as Twitter.

On the whole, then, it might be said that such a liberating potential has not been shown to have endured. The prevalence of cyberbullying, particularly amongst young people, shows a much more oppressive space, where difference, if only of opinion, is often viciously, and sometimes quite arbitrarily, attacked, where hatred and intolerance is purveyed on an alarmingly wide scale. As Dery stated back in 1994, ‘Flame wars’ have been fairly common throughout the history of the Internet. As that history has further developed, and the number of users has increased almost exponentially, so have these negative offerings proliferated. In one of his annual letters addressing the state of the World Wide Web and offering suggestions on how we might start to fix it, Sir Tim Berners-Lee laments that,

*“while the web has created opportunity, given marginalised groups a voice, and made our daily lives easier, it has also created opportunity for scammers, given a voice to those who spread hatred, and made all kinds of crime easier to commit.”*

*(BERNERS-LEE, 2019)*

The medium was perhaps never a liberating space on its own merits, by way of it being separated from an existent, ‘real’ identity and offering a form of communication which, whilst not always anonymous, became separated from a physical entity. The liberation perhaps stemming from this disentanglement not being a property of the medium *per*

se, but an effect of how it was engaged with. Such an effect must be seen therefore as originating outside of the virtual space, since that is where the entanglement occurs, that is where we *exist*. Thus, the more of this we drag into the virtual spaces we frequent, with our constant grounding in status updates and photographic evidence of ourselves and our activities (our *embodiment*), the less opportunities we provide for ourselves to drift free.

### Who's Body is it Anyway?

In reconsidering my previous position concerning the liberating powers of anonymity within the virtual spaces that I wished to examine, I found myself facing another issue. The absence of a present body within any such communicative media brings with it a series of positions and challenges that must be carefully considered. One particular concern is that the reduction in anonymity does not automatically facilitate an increase in authenticity. That a virtual identity might be furnished with images and other such artefacts of a given life, does not mean that this is necessarily an accurate, or even a factual representation. These are not anonymous users in the sense that they cannot be linked with an actual identity at all, only insofar as their real identities are concealed. They instead fabricate and project an identity that their target audience is most receptive to.

This is a complex issue, the shadow of which falls over almost every incidence of online communication. Most topically, perhaps, we have the predatory practice of Internet 'grooming'. Where individuals disguise their true identities and natures in an attempt to coerce, mostly, young people to meet up with them in 'real life', ostensibly to engage in sexual encounters. On another level we have the deliberate dissemination of misinformation which has reportedly been used in attempts to derail careers, as well as influence national elections, whilst accusations of 'fake news' have formed a popular retort from certain world leaders when faced with disagreeable claims from the media. The flourishing of this assertion of a personal narrative over entirely credible claims to the contrary has developed into what is being dubbed a 'post truth' political environment (Tesich, 1992; Keyes, 2004). These practices, along with those of coercive

sexual exploitation and paedophilia, have long predated the existence of the Internet, of course. However, the reach and degree of obfuscation thus facilitated through Internet communication is unprecedented. Of course, this is not to suggest that any potential respondent would be engaging in such a level of deceit, or even that they might, on occasion, enjoy engaging in a little light trolling. However, the degree of certainty that any given exchange in such a mutable medium was essentially authentic was not high enough to convince me of its overall viability for the project at hand.

As I stated, the formalisation of the World Wide Web has led to the more dominant interactive spaces becoming heavily populated. Facebook, Instagram and Twitter are just three of the more obvious examples, but this also extends to discussion sites, such as Reddit and Mumsnet for example. The communities therefore become increasingly fragmented, as the need for subgroups emerge as the many different topics of interest accumulate. But even where such diffusion was occurring, almost to the point of individuation, the more personalised spaces, such as private Facebook groups, failed to offer the environments I sought. Here, the connection with a profile and a timeline that provided both a grounded identity and a documented historical context, along with a traceable “personal social network” (Kozinets, 2016: 38), whilst existent, did not correspond to my requirements. Experiences and expressions related to personal ideas of suicide was not a part of any narrative I could locate.

The Internet really cannot be seen as just another location which is then entered with the same expectations as any other setting. It has certain properties unique to itself and interactions within the virtual spaces which this vast network comprises each possess their own peculiarities. For example, how might such an ethnographic undertaking be applicable? How might a suitable ‘community’ be determined? In terms of a ‘regular’ setting, what exactly would this look like? Indeed, the whole idea of community in this sense requires some serious consideration. Moreover, were I to find a suitable group, how might I ethnographically engage with them? What would this look like? What, exactly was I expecting to find by way of practices or behaviours? What, in fact, does ‘suicidal ideation’ or ‘suicide survival’ look like in such a context?

This question concerning the validity of data with respect to how the behaviours, practices, or other such ‘artefacts of expression’ might be identified forms one of the

principal debates surrounding ethnographic research in general (Hammersley, 1990, 2006, 2016). When we factor in the certain peculiarities of both content and context within online exchanges, this issue takes on some interesting new dimensions (Hine 2000).

## Concluding Remarks

At the risk repeating myself, I don't think I can overstate the methodological challenges and difficulties that pursuing this research involved. Seeking to engage with a group for whom emotional reticence is well established on a subject around which so much silence pervades must certainly count as something of a stacked deck. I'm not saying that this is necessarily the hardest kind of research anyone can do, only that I found negotiating each of these barriers time consuming, frustrating, and emotionally difficult. My personal unease clearly got the better of me on occasion as I tried to balance my desire to fulfil the project with my sensitivity to the personal circumstances of those I wished to engage with. I cannot say that my choice of approach specifically served as a direct impediment to my progress, but I'm certain that, were I to do this again, there would be a number of different choices made. I expect that this would be true of most, if not all, projects; hindsight being such an excellent tool for research design.

However, there are also those elements that I absolutely would not change. I think the qualitative approach, with the particular use of ethnography and narrative, is absolutely the way to go when trying to examine issues such as this. So much here is wrapped up in discourse and practice that I feel these two methods offer an unparalleled insight into how such sociological apparatus operate on a personal and subjective level. The ability to observe subjects in an environment where the regulatory controls of a lifetime are demonstrated in every action taken and choice made, whether conscious or otherwise, is one that is so rarely applied to this topic. Moreover, the actual experiences, expressed in narrative form as stories and recollections, serve to solidify these discursive regimes into personal beliefs and actions.

Through these observations and accounts not only are the 'invisible hands' that guide our social life made manifest, but also how one's individual subjectivity emerges from

within such an arrangement. In examining these narratives as expressive accounts of men's personal feelings and difficulties I sought to highlight the problems middle-aged men face with regards to their identities and emotional lives. Not only in relating these problems to others, but as a rich and comprehensive account of the personal difficulties these men face. Difficulties which arise as a result of measuring their performance against certain expectations to which they feel subject, and for which they feel self-injury and suicide is their only recourse for failing to measure up.

This study thus aims to add to a currently limited body of research that qualitatively addresses the relationship between men's emotional lives and suicidal behaviour. Through the qualitative analysis of men's accounts of their emotional lives and the issues they felt to be present at this point of their lives, my intent was to bring to light the particular issues present and examine how the ideal of hegemonic masculinity is perceived by these men and frames their experiences. This approach responds, I feel, to a number of requests in recent years to a better understanding of how the role of masculinity, as understood both individually and by society, impacts upon men's emotional experiences and the means by which they seek, or fail, to express them (Scourfield, 2005; Chandler, 2012, 2021).

## CHAPTER SEVEN

### Findings & Discussion: Part One

#### A Tale Told Through Two Methods...

As discussed, the primary data collection for this project took two different, but often related, forms. Firstly, I undertook a period of ethnographic engagement with a group of men at a local Men's Shed group. The purpose of which was to experience an immersive male environment within which I hoped to identify certain aspects of 'maleness' and masculinity. Arguably, as a male, I might constantly avail myself of such an environment, and may furthermore be afforded an internal male perspective to boot. However, whilst this 'inside' perspective would be of some use with respect to my reflexive understanding of this environment, it would not suffice as a sole example of masculinity in this analytic sense. As discussed, being a man is different for all men. Each of us possess our own relationship with both hegemonic ideals and fringe experiences. It is precisely how we negotiate these positions that interests me with respect to this project. And it is how such positionality ultimately leads to a desire for self-erasure that constitutes its basis.

The second method used was that of the unstructured interview. This involved two respondents of differing ages, sexualities and social circumstances. Here, of course, the focus was upon these men's personal narratives in their own voice (Gilligan, 1985). These were glimpses into experiences that, whilst comprised of similar elements to my own perhaps, could not be known or 'accessed' by myself in any other way. The question of what it is, or might be, to be a man, and how that specific masculinity both emerges and is then negotiated, draws down to these individual accounts which could not be derived, I believe, in any other fashion.

### ... And Two Theoretical Perspectives

As previously mentioned, I am looking at this phenomena through two distinct lenses. These approaches being phenomenological and discursive. These, in my opinion, offer a joint means of operationalising my research questions, each through the application of my sociological imagination. As C. Wright Mills outlines,

*“The sociological imagination enables its possessor to understand the larger historical scene in terms of its meaning for the inner life and the external career of a variety of individuals. It enables him to take into account how individuals, in the welter of their daily experience, often become falsely conscious of their social positions. Within that welter, the framework of modern society is sought, and within that framework the psychologies of a variety of men and women are formulated.”*

(1959: 5)

Mill’s ‘larger historical scene’ is where we locate his expression of “public issues” (Mills, 1959: 5). This, and these, I have described as distinctly discursive. Here we see how the numerous discourses of health, gender, social responsibility etc. are all at play. The interpellative power of this discursive structure drives our performances within it (Butler, 1991). Here, for example, performances of masculinity, of fatherhood, of contribution, of control, all receive their cues. In interpreting how such cues have been followed, and how they have not, we must look to the wider discursive framework within which they are perceived to exist. Questions of manhood can only be addressed in relation to the external environment which gives such a sense of embodiment its meaning. But not only that. Since a body, through its practices, can be seen as both constitutive and reflective of the discursive influences within which it operates, it is also a being. By which I mean a thing also constituted through a personal engagement with these defining structures. It is the acceptance or resistance of these discourses that informs our sense of subjectivity.

Here is where a phenomenological analysis comes to the fore. This is how we gain access to the ‘inner life’ Mills mentions. The experiential and perceptive iterations of a given subject. A subject is formed, not erased, by the discursive network within which they

are enmeshed. No subject either pre-exists, or exists free of, this trap. But how they develop is never entirely dictated by it. Degrees of coercion and resistance influence any subjective response, and through this interaction the 'external career' is generated. All of it, in some way, is comprised out of the myriad discursive functions with which any given individual, or collection of individuals, engage. But, like human consciousness itself, the rules and parameters blend into something else, a *Deus ex machina* that we perceive as our *self*. Through an investigation into the experiences of the self, placed within the context of the wider, discursive, context, we can demonstrate the relationships between influence, action, and consequence. Through the employment of narrative analysis, most particularly in the interview transcripts, I hope to derive this inherently experiential content.

The difficulty I find here is not in the combination of these approaches, but in their separation. Throughout this analysis I find myself shifting somewhat between these positions. I think this is particularly so in relation to the interviews. As described previously, there are effectively two analyses being undertaken here, both narrative and discourse. I have not separated these out in terms of taking two distinct approaches, thus generating two distinct sets of findings, which I then discuss in turn. Rather, I have tried to accommodate both of these approaches in my account. I have endeavoured to identify which perspective applies where, but I submit that this may not always be wholly apparent. I accept that this may constitute a failure in discipline to a certain extent, but I felt it important to clarify that this was a choice, not an oversight. As such I mention it here, rather than later in my reflections. Forewarned is forearmed, as they say, so illustrating the potential for confusion in advance may serve to alleviate it somewhat.

## Repeating the Questions, Relating the Methods

What follows here, then, is an analysis of this data in specific relation to the research questions, which bear repeating here.

**1. *Does the dominant notion of what it is to be a man prevent the establishment of an emotional dialogue and lead men to seek alternative means of bodily expression?***

Given the notion of hegemonic masculinity previously outlined, how does this conception affect or limit men's ability to understand their emotional distress and articulate it? Also, can an alternative means of emotional expression, such as more bodily expression, lead to the same kind of catharsis generally attributed to a verbal exchange? In other words, can a more positive acknowledgment of this form of expression help these men to move away from otherwise self-destructive behaviour?

**2. *Is suicide viewed by men as a means of taking control or addressing failure?***

Following from the question above, is suicide one of these methods of bodily expression? Is it viewed as the only option for affirming control or atoning for a perceived failure? And is this a failure in personal fulfilment, or a failure in the adherence to a hegemonic masculine code?

## Part One: The Ethnography

This discussion will take place over two separate sections. This first part will involve an account of the participant observation at the Men's Shed group. The data here was collected in the form of fieldnotes, which I will reproduce here, in part, as vignettes, each focusing upon particular aspects that I identified at the time. These I will annotate by way of analysis and hopefully provide a certain overview of the 'conditions of masculinity' as performed by those I observed. As outlined in a previous section, the participants here did not comprise any of the interviewees. Indeed, the central theme of suicide was not the focus here at all. This was a means of examining the idea of masculinity, or masculinities, within a physical, practical setting. As mentioned, I was unable to locate any such setting, online or otherwise, where a shared experience of suicide and suicidal behaviour could be observed and explored in this manner. The members of the group were made aware of my project and the links to suicide, and some were open in casual conversation about their own feelings and experiences in this

regard. But, unfortunately, those so inclined to share in these informal, and unrecorded, settings proved to be difficult to engage in a full interview.

Thus, the first section relates strongly with the first question, examining this idea of masculinity and viewing how it might be exhibited in practice. The chosen setting offers some very useful dimensions for this observance. I have spoken of it previously both in terms of it being a liminal space (Turner, 1995; Van Gennep, 1960), as well as a hyperreal space (Baudrillard, 1994). This is specifically in relation to how it conforms to both a place of leisure, as well as a place of work. Unlike a formal workplace, certain regulations and conditions do not apply. Yet, as a place of recreation, it permits the conveyance of a number of tropes and practices more associated with a place of employment. Moreover, whilst emulating these practical and imagined qualities, they exist in a manner that is unique to this configuration alone, bearing only a simulated relationship to a true workspace in terms of its existential use. In essence, for the men working there, this simulated quality provides something of a familiar structure which might resemble that of their working life. Or it might not, but it does convey a sense of ‘employment’ in any sense. What I would define as the experience of the practical application of skills in service to a worthwhile endeavour. Here, however, the reward for such activity is not explicitly financial. Rather it is the maintenance, or establishment, of a sense of purpose central to their identities. The point I strive to make here, is that such identities are formed through a conception of masculinity as defined via a set of expectations, both internally and externally validated through the pursuance of particular behaviours (Connell, 2005; Robertson, 2007).

## Part Two: The Interviews

The second section details the conversations I recorded with my two respondents. Here the focus was heavily, though not exclusively, upon suicide and these men’s experiences of such in terms of both their feelings and any actual attempts. This part involves a thorough analysis of the transcripts, which I will thematically address, drawing from each interview as I progress. Here, the themes and the interpretations are, of course, mine. Though they are each drawn from the material and not otherwise imposed as a

means of fitting the responses into a predetermined taxonomy or schedule. As such, they are ostensibly derived after the fact, rather than considered or implied beforehand. The nature of these interviews was such that each respondent was entirely free to approach the conversation as they wished. Each conversation required minimal prompting, with only one or two questions being required to further elicit specific information or follow up a potential line of enquiry that might have been suggested, but not fully developed, by the narrative as it unfolded.

These, then, are frank and open discussions each almost entirely led by the respondent. I consider myself fortunate that these men demonstrated such candidness and eloquence in their delivery. Given the, often justified, preconceptions regarding men's general reticence to engage with, let alone discuss, their emotional lives I consider each of these to be privileged, and highly moving, encounters. My own emotional experiences here do not form a part of the transcripts, but they do resonate still within my own recollections of these conversations. I have endeavoured therefore to include this within the analysis. This is not an attempt to reconfigure these narratives to align with any personal perspective, nor is it an attempt to stamp my presence on, or demonstrate any authority or imposed hierarchy of 'knowing' over, what is largely another's experience (Back, 2007). My analysis here is not intended to reveal any hidden aspects of these men's personalities, not produce any transcendent insights into who they are or feel themselves to be beyond their own ontological and experiential understanding. My thematic interpretations are intended, rather, to draw these narratives alongside existent theoretical material that serves only to pursue an argument in relation to my research prerogatives, rather than provide a haughty exposition on untapped 'inner truths'.

## Right, I'm Off Down the Shed

*"The process of (male) identity formation, then, is clearly not just something achieved by individuals in isolation; it is not simply intrapsychic, occurring and being sustained within the confines of one's own mind. Rather it is intersubjective, formed and re-formed*

*through interactions in everyday life, through the movement of real bodies in real space, yet also influenced by normative bodily representations.”*

*(ROBERTSON, 2007: 83)*

This fieldwork consists of about four months of visits to one of the local Men’s Shed groups. The sessions, as it were, were largely restricted by the hours of operation observed by the group. This was three mornings a week. Full attendance throughout this period was not maintained, nor required, I feel. However, a significant amount of time was spent with these men, both observing them as they went about their projects and regular interactions, as well as participating in a large group project.

### Day One: Becoming a Shedder

My introduction to the ‘shed’ was as desired. No announcements beyond the piece I had been asked to provide in the newsletter. After a brief chat with the co-ordinator (‘Adam’), and the submission of my details, I was officially a member of the ‘shed’ and left to my own devices. In truth I had undertaken a brief introductory tour a month earlier when I had first met Adam, following my initial approach via email and a brief follow up call. I had been shown the projects the men were working on and given a general tour of the facility, as is standard with all new arrivals. I had not spoken to any of the members at that point. I didn’t want the formal approach of being ‘announced’. Not that I wanted my reasons for being there to remain covert, but because I wanted that information to be delivered by myself, in conversation with the men individually. Adam asked that I submit a piece for their newsletter, introducing myself and explaining a bit about my project. I happily complied. The piece was informative, but not overly detailed. It was also, most likely, overlooked by most of the attendees since, according to Adam, they didn’t really pay the newsletter too much attention. I remained interested to see how many actually did.

The majority of the 'shed', which is housed in a large industrial unit on a business park, is taken up by the workshop area. This contains a number of benches and powered drills, saws, and lathes. Both metal and woodwork can be accommodated here, along with a potter's wheel and space for many other activities. Currently, it is mostly woodwork being undertaken. Some items being manufactured are commission pieces, with others being made for sale in for local charity outlets and at community events, where Men in Sheds usually tend a stand. Some other pieces are personal projects. One of the men, 'Derrick', was attempting to come up with a method for adhering a printed sign to a wooden miniature wheelbarrow he is constructing. He is using the Trotter's Independent Trading motif from Only Fools and Horses, with the barrow design being reminiscent of a battered, yellow Robin Reliant. He has printed the signs and is looking into the viability of using yacht varnish as an adhesive. Derrick is formerly an archaeologist from a local university. He has retired for health reasons but misses the atmosphere and environment of employment. Particularly so since it was a job he loved. He is an accomplished metal worker, having worked on the motorcycle parts and helmets of racers Barrie Sheen and Eddie Jordan many years ago, when he undertook custom contract work in a family run business. He has also worked extensively with computer aided design (CAD) and shows considerable technical knowledge. Almost all of which is either self-taught or learnt on the job.

For Derrick, having this outlet is crucial. Whilst the shed offers no kinds of work like that which he retired from, it remains a central point of industrious distraction, if you will, from his personal issues. The work he is undertaking is for a young relative and demonstrates his desire to be a part of their lives in some capacity. Something his personal circumstances appear to make difficult. He lives alone, so this also provides one of the few opportunities to socialise whilst working. Derrick had read the newsletter article and showed an immediate interest in my topic. Whilst he seemed to hold a slight misconception as to my actual 'business' in the Shed, he was not averse to my presence and was very happy to engage me in conversation. He alluded to having had thoughts of suicide in the past, and his 'medical condition' certainly appeared to be mental health related. I had considered him a strong possibility for an interview at a later date.

However, he stopped attending only a couple of weeks after I arrived, so I lost the opportunity to mention it to him.

### “Boys and their Toys”: The ‘Train Room’

I spent my first couple of hours in what I simply termed the ‘train room’. Much of this space is occupied by a large miniature ‘train set’, in this case more accurately termed a model railway. I make the distinction since ‘train set’ does not adequately encompass the model under construction. A total of three tracks encircle an assembly of houses and landscape features, complete with model cars, park benches and people. The tracks move through cuttings and tunnels, with the whole diorama measuring around 8’ x 4’. Scale locomotive engines of different periods are arrayed around the board, though only one or two are on the tracks themselves. The locomotives are purchased, often as refurbished models, from various sellers both on and offline. The buildings and landscaping appear to be built mostly from scratch, with paper printouts of brick facings and other details being glued onto the cardboard structures. Much of it is incomplete, yet my initial impression is that completion is not the aim.

There is a loose team of men who concentrate upon this diorama exclusively. ‘Tom’ and ‘Toby’ are present in the room. Tom, a retired glazier, is keen to engage me in conversation. He expresses a passion for the railway, which is longstanding, though he has never actually worked on, or with, trains. However, he did volunteer to glaze a local station on the Great Central Railway heritage project at one point during its development. Toby is cutting out printouts of a red brick pattern that is being stuck to sections of the model in order to fashion the brickwork arches of a railway bridge. Tom has printed these out, but he is currently engaged in some internet research. He has recently acquired a DVD recorder and was dismayed to discover that a film he had recently recorded, the remake of *Dirty Dancing*, could not be played back due to a parental lock PIN that he had not set up and which did not appear to be at the default setting. Tom has Alzheimer’s, so he is actually unsure whether or not the changed PIN was his doing, but he feels certain that he would have written it down had he done so. I offer to help and examine the instruction manual he has with him. The default setting

is as he describes. An Internet forum search undertaken on the PC in the room revealed similar issues experienced by other users, with a 'factory reset' being the apparent solution.

This 'scene' was of particular interest as it alone serves to counter some of the popular misconceptions held about men in general and those of later age in particular. Whilst into his seventies, Tom demonstrates complete competence with the IT facilities and their use as a reference and research tool. He displays an equally competent engagement with digital technology, the problems he is experiencing being not of his making and largely outside of his control. He is even willing to factor in his own possible failings to recall any acts on his part that might have led to the problem occurring. In so doing he engages with his debilitating condition, but not as something that challenges his identity (Charmaz, 1995), rather it is accepted as being a part of it. Moreover, he demonstrates a liking for certain films, commonly and somewhat controversially, labelled 'chick flicks' (for example, see Radner, 2011 and Winch, 2012), and he knows how to read an instruction manual.

And all this is taking place in a room dominated, and for me determined, by the large model train set. Ostensibly a toy. Here we see a powerful aspect of 'boyhood' existing alongside the more 'adult oriented' practices of 'work'. However, I do not see this so much as an oppositional positioning as an essentially complimentary arrangement. The relationship between 'boys and their toys' has long given rise to the eponymous phrase being employed in a semi-affectionate/semi-derogatory idiomatic fashion as a means of describing, or critiquing, a man's apparent obsession with 'gadgets', devices and machines. It hearkens to the idyllic image of 'boyhood' with the young man demonstrating his technical skill and expertise through the interest and engagement with such devices (Oldenziel, 1997), as well as a genuine joy in playing with them. This is an image astutely captured by Oldenziel in her account of the role of the Fisher Body Craftsman's Guild and its promotion of a contest back in 1931.

*"At first glance, the guild invites us to view the world of boys' toys  
hidden in attics, basements, barns, and backyards as whimsical,*

*playful, and innocent, but a second reading reveals an intricate web of institutions that defined and maintained a male technical domain."*

*(OLDENZIEL, 1997: 62)*

Her 'intricate web of institutions' and the 'male technical domain' demonstrate to me the discursive apparatus which serve to assist in the construction of a hegemonic male identity. Regardless of the terminology, however, what we are seeing here are the acceptable values and practices of a particular gender role being disseminated through what, on face value, appears to be an innocent children's contest. "Intended to appeal to boys of high school and college ages between 12 and 20, the ad portrays the "Fisher boy" as fatherly: mature and responsible, ready to take a bride." (Oldenziel, 1997: 60). And it does this through the promotion of toy model making contest. The transition, then, of boys into men is here illustrated through the use of such 'toys'; the fashioning of which essentially establishes, if not a career track, then certainly a socially validated role model for boys to follow in the journey towards manhood. In so doing it cements the relationship with toys, particular those that demonstrate some degree of an industrial or engineering context, in not only their use, but, most importantly with respect to Oldenziel's argument, their manufacture. It is also worth mentioning that the array of power tools being used by the men active in the main workshop area are also often noted as being 'big boy's toys'. Most commonly in relation to another well-established masculine trope – DIY (destroy it yourself, in my case!).

That many men within this particular time period undertook occupations that continued this relationship is an important consideration when seeking to understand their approaches to masculinity. The fixation on gadgets as a component of male identity is thus established in childhood through this discursive process that seeks to introduce boys with toys that serve to act as trainers for later life. This is a process often facilitated by parents who follow what they deem to appropriate choices in plaything depending upon their child's gender (Rheingold and Cook, 1975). The same can be said of the emphasis upon dolls and other 'toys' that emulate adult domestic life for women (Francis, 2010). This relationship between toys, tools and masculinity is one very much on display throughout all areas of the Shed.

I think it useful to mention at this stage that advancing technologies, changing economic environments, as well as our conception of gender and any associative social role, has significantly, and obviously, altered over the decades since the Fisher Body Craftsman's Guild posted their ad. And, indeed, I also think it fair to say that the contents of a young person's bedroom, at least upon reaching their teens, has likely altered considerably in terms of the 'toys' that might be present since Rheingold's and Cook's (1975) investigation. Though, perhaps not so much in terms of the initial parental contributions from the outset, at least in the main. However, the main point to recognise here is that for the men I was observing, most of whom were retired, these were precisely the social conditions they experienced throughout their childhood and then through the majority of their working lives. Though none, I think, are quite old enough to have entered the Fisher Body's competition.

### *All Play and No Work...?*

In concluding this first 'vignette', then, what I mean to emphasise is how this playful enterprise slots in with the overall premise of the Shed environment, as well as how it demonstrates a continuity with the ideas of masculinity, work and identity. In so doing I will now introduce the third member of the team, 'Pete'. From the outset, Pete was the most aloof toward me. He was younger than the other two and I never discovered his reason for being either out of work or at the Shed. He was taciturn and somewhat stoic, very much the epitome of guarded masculinity. His role here was not as directly creative as the other two, but he brought a particular skillset to the table. His forte was electronics. Another member of the Shed, 'Bob', who was not involved with the model railway but shared the room with it, was an electrical engineer before he retired, and he was regularly tasked with fixing items that had broken down, either during use in the shed, or having arrived as a donation. He had a number of projects on the go that never seemed to reach completion, the non-functioning carcasses of numerous power tools and domestic appliances forming an eclectic collection, almost a cordon, around his chair. Pete, on the other hand, was focused and efficient.

Formerly an employee of a prominent, local, electrical engineering company, Pete hadn't actually received any formal training as an electrician or electrical engineer. However, he did appear to have acquired a significant accumulation of experience from his working years and possessed a considerable depth of lay knowledge. Pete is referred to by both Tom and Toby as being 'brilliant' and the technical brain behind the project. Pete quickly demonstrates this by stripping down and identifying a fault in the electronics of a newly acquired, and allegedly functional, locomotive engine which had been purchased on eBay. After some trial and error, he successfully resolves the issue, and the engine is soon running perfectly around the track. He does this without celebration, or any other outwardly apparent expression of emotion, quite in contrast to Tom and Toby's praise at this achievement. But his satisfaction in the successful completion of the task is nonetheless evident.

Pete is not only representative of the 'traditional' hegemonic male image, he also demonstrates how the playful and creative side the model railway links up with the degree of technical 'work' required to run and maintain it. Whilst many model railway enthusiasts would perhaps endeavour to individually combine creativity with technical ability, seeking to possess the knowledge required to comprehend both the technical elements of the railway system as well as the electrical systems of the scale model, here this is established through teamwork. However, the overall principle remains intact. This is both work and play, or play facilitated through the application of work. With work being characterised by the mature expression of an interest commonly seen to be associated with childhood, or childishness. Such work, and such a focus of play, are each strongly perceived as being established firmly within masculinity as the province of a "male technical domain" (Oldenziel, 1997: 62).

### Some Notes on Jokes and Storytelling: Communications in the Shed.

Expression, particularly emotional expression, is commonly seen as being an issue within many constructions of masculinity (Connell, 2005; Siedler, 1994, 1997). It is here that a number of initiatives have also focused with regards their campaigns to address male mental health issues. The idea that it is 'ok to talk', being an oft used slogan in such

endeavours. Communication, then, was something that I was interested in observing. Indeed, how, and the degree to which, emotional connections were established and maintained between these men was one of the key things that I had expected to cover. I wasn't disappointed. These men were communicating with one another all of the time. I had spent some years working in factory environments where the same kind of bantering repartee is used in a mostly inclusive fashion; the quick jibes and 'piss taking' not only being a mechanism for demonstrating an affinity to some degree, but also as a means of expressing a sense of masculinity and hierarchy (Collinson, 1988). Such jokes are not always friendly, of course, with the veneer of 'humour' perhaps being employed to deflect more serious retaliation when used to veil insults based upon prejudice and negative attitudes, such as racism in the workplace (Burawoy, 1979), and men's sexist attitudes towards women (Mallet *et al*, 2016). With the increasing number of day to day and personal communications taking place through the Internet, the proliferation of 'trolls' and 'memes' adds a further dimension to this outside of workplace 'banter', with both the term and practice being associated with harassment (Drakett *et al*, 2018).

### *"Just a Bit of Friendly Banter"*

The use of humour to test, or exceed, boundaries is perhaps familiar to us all. But this idea of being able to 'take a joke' has some interesting connotations with respect to the experience and employment of masculinity. Collinson's (1988) investigation into the various uses of shop-floor humour provides some very examples of how masculinity is essentially 'stressed' and ultimately 'tempered' through insults and banter. His analysis shows a complex system of conflict which constitutes a sort of verbal "sparring" (Collinson, 1988: 187). Like any such combat the notion is to strike at your opponent quickly, decisively, and preferably first. In so doing you seek to injure them in some capacity before they do the same to you. Of course, this is rarely a single strike scenario, with each thrust inviting a retaliation with another cutting remark. Defensively, little is offered by way of a countering strategy, with only the option to strike back being viable. Failure to do so constituting a loss of face to some extent. Although this can be mitigated to some degree by 'laughing it off'. In so doing, you are demonstrating a degree of

resilience; effectively showing you are “man enough” to take the pain of embarrassment resulting from the joke (Collinson, 1988: 187-188).

No blood is shed, but the possibility of succumbing to embarrassment forms the principal consequence of defeat. Of course, this should never be displayed even where it occurs, with the action of ‘toughing it out’ being one’s armour throughout the melee. Collinson (1988) demonstrates that this practice both expresses and reinforces a sense of masculinity, as well as a participant’s conformity to such. Clearly, the banter is essentially combative. Combat being an inclusive activity whereby the participants are not only tested, but also proven in some capacity, both positively and negatively depending upon the outcome. Successfully negotiating such an exchange, which may simply involve one’s participation regardless of victory or defeat, then grants a favourable association. ‘Taking the joke’ then, not only demonstrates one’s resilient masculinity but further denotes that a participant is one of “the lads” (Collinson, 1988: 186). As Collinson experienced first-hand, new employees are traditionally the most vulnerable to this practice, with various forms of ‘hazing’ being considered mandatory by way of one’s initiation to the environment. This appears establish not only the new arrival’s mettle, but also their place in the shop-floor hierarchy (Collinson, 1988). Practically a rite of passage for the nascent employee.

Collinson’s (1988) analysis goes further with respect to other purposes to which humour is put within this shop-floor environment, including accounts of where the ‘veneer’ slips and the true feelings underlying the banter are sometimes revealed. In these cases, hostilities escalate, and communication breaks down. With respect to these extremes, I saw no examples during my time at the shed, though it must be said that not everyone enjoyed each other’s company. Here, though, this was made manifest either in private conversation with me, where a couple of the men saw an opportunity to vent with someone they saw as having no investment, or simply by a lack of engagement with certain individuals whilst present. Such critical ‘gossip’ also serves to police a certain hierarchy within these environments (Gluckman, 1963), one’s participation effectively illustrating a given status whilst organising that of others through the association of praise and blame (Elias & Scotson, 1994). In observing this I was able to determine a rudimentary principle of organisation amongst the men in this regard.

*“All Hands on Deck(ing)!”*

Whilst banter between some of the men did follow a similar track as that described by Collinson (1988). It was not what one would call institutionally observed, occurring mainly during a collective project that was due to a commission given by a local major supermarket. They had donated a sum of money to be spent on renovating the yard area, converting it into a decked space that would be used to host a community gathering later in the year. I was involved with the project from the beginning and made it the principal focus of my own participatory activities at the Shed. Only one other member was similarly engaged. He was responsible for much of the gardening that had been going on, which was mostly restricted to growing tomatoes and chilies in a homemade greenhouse. The extent of his horticultural endeavours was increased through the construction of some large, raised beds. Four of these were built by the men and these became a welcome addition to the garden. Over the weeks that I was there I was particularly impressed with the extent to which the plants flourished. My partner and I keep a small garden ourselves, in the slabbed area commonly denoted as ‘yard space’ behind our terraced house. At no point have the growbags and planters we’ve used over the years ever delivered that degree of rampant fecundity.

Abundant yields aside, this conversion of the yard eventually provided a single common aim for all of the Shed members. Albeit one that they had to be reminded of by Adam. After a short absence the previous week, I returned to find that things had continued to progress outside. A veritable crew of the men were now working on putting down some decking. During my time at the Shed so far, this was the first time I had had the opportunity to observe a group of men working together on the same project. I had seen them working ostensibly as a team in the refitting work, but they had done so at a certain order of removal; compartmentalised, more or less, into specific tasks being undertaken by individuals and occasionally by pairs. Here, there were four men working together on the same task and depending on one another to perform the necessary work in order to complete it. Moreover, the definite hierarchy demonstrated here was not something that I had been able to recognise in any of the other work I had watched the men undertake. Here there was a single point of instruction, which was ostensibly followed, though not without resistance on occasion, though only Ian provided this. The

foundation had been constructed earlier in the week and the decking boards were beginning to be put down today. Ian, Gary and Tony were principally applying themselves to the task, with a young German man, the son of one of Martin's friends, helping out.

It was particularly interesting to see Ian and Tony, who have previously concerned themselves ostensibly with their own projects, taking the lead on this one. Tony clearly held superior experience in carpentry and was the de facto supervisor for the team. He was providing a lot of useful tips to the other men in order to overcome obstacles, as well as getting directly involved in the construction himself. Ian was working, more or less, in tandem, measuring (often unsuccessfully) and cutting the lengths of decking then aligning them and screwing them down. However, even in a team, he was mostly working by himself. Not that he wasn't communicating with the others and myself, indeed there was plenty of banter, but he was undertaking his tasks largely without assistance. The exception was with the general tactics of the undertaking, where Tony would issue instruction and offer advice on how to proceed. Watching Ian, however, suggested to me that he was not overly comfortable in taking this instruction, something that became apparent in the manner in which he followed the instructions, or sometimes didn't, and the odd interjection he would make.

There was a certain obstinacy in Ian's behaviour, generally countered by Tony's brusque dismissal of Ian's antics or his allowance of them, often with the tacit caveat that Ian would soon find out the hard way. There was no real investment in the leadership role from Tony, in that he did not seek to enforce or overly impose a hierarchy upon the proceedings, but he displayed a comfort in taking charge and providing instruction. Behaviour, or suggestions, that fell outside of the currently understood task tended not to be accommodated. Where a suggestion to include planters in the build was made by Ian, Tony simply asked how that was to be accomplished. He then dismissed Ian's vague direction saying that he needed to know exactly how the new idea was to be implemented. It was clear that Ian had not thought this through and made the suggestion off the cuff. But this was a building exercise where a certain amount, though not always the required amount, of precision and planning was necessary. Ian's ad hoc interruptions had no place in this scheme of things, and Tony clearly saw no sense in

entertaining them as possibilities. The time for plans and proposals, such as they might have been, was over.

The third man in the team was Gary. I had previously thought of him as part of the 'interior organisers' and firmly in Robert's camp. In this regard I had assumed he was an instigator, but I think this initial assessment was incorrect. I confess to not particularly observing Gary outside of the other groupings of which he was apart, with the sole exception of his storytelling at the very beginning. Watching him here, as part of this team, it is clear that his role is not a dominant one. He is good humoured and very willing to chip in with the odd comment and help out where he can, but his level of technical expertise is observably lower than both Tony and Ian, so his role here was to assist Karl, the young German, in stabilising the foundational structure and screwing down the lengths of decking once cut. He was not relegated to this task, rather it appeared to be the limit to which he was most comfortable working.

Watching this entire dynamic was fascinating. Tony's no-nonsense and experienced leadership giving the group direction. With Ian occasionally challenging this through slightly subversive activities, though not enough, nor with the intention, to sabotage the project. For example, he would machine saw wood where Tony had requested that it be hand sawn. And he would disregard certain instructions in measuring and fitting. And yet, these displays served not to demonstrate Ian's technical independence from Tony's expertise, but actually served to reinforce Tony's more knowledgeable and experienced position. The machined wood might be uneven due to the difficulties of evenly cross cutting such lengths, or the measurements would prove inaccurate, even after measuring twice. In these cases, Ian would be forced to adhere to the instructed process, thus demonstrating only a delayed complicity to an obviously superior method. Such behaviour seemed a little unusual for a soldier, though I expect, given his exit rank, that Ian had become quite accustomed to getting his own way. Gary would hover at the periphery in this, somewhat one sided, power exchange, unwilling to get overly involved. He saw his role as supportive, not directive and displayed direction only in relation to the much younger man who was assisting him. Despite these idiosyncrasies this was not an unproductive group. Were clear roles, in terms of activities, defined, it is possible that more work would be accomplished, and Ian's foibles certainly caused

small delays where jobs had to be redone, but the decking was being laid at a reasonable pace.

*“I was down the pub the other day...” And Other Tales*

On my second day I returned to the ‘train room’, which is occupied with Adam, Gary and Simon. Toby, Tom and Pete are absent and nobody else present appears to be engaged with the model railway. It would appear that, in their absence, the room becomes more of a common space. Gary is telling a story of an experience of his over the weekend. I sit in and pay attention. This practice of storytelling or ‘tearoom chat’ occupies a significant position in the process of bonding and relating within other workplaces (Boje, 1991), as they have been shown do in other areas of our conversational lives (Sacks, 1972). The stories vary, according to the individuals concerned and the values they possess or wish to convey. But these are distinct narratives, and present what I consider to be an analogue of the practice of ‘gossip’, though not in the same organising sense as that observed earlier. It is trivial chatter, perhaps, but that which still generates a relationship, as all stories do, between author and audience. Adam, Simon and I fit the role of audience as Gary’s scenario plays out.

This is not the only time I will hear this story that day. In a fresh encounter, Gary retells the tale, with largely the same narrative style and content. The same points and elements are emphasised; the scenario plays out as before. But back to the original telling.

The tale concerns a pub lunch he had with his wife over the weekend. During the lunch, another customer becomes irate over a misunderstanding with the bill. The story is largely observational, with Simon recounting his own judgements of the scene and emphasising his support of the staff of the restaurant, since the mistake was apparently entirely the fault of the customer. Ultimately, it was a matter of reading the small print, something Simon had done. The customers realisation of this, coupled with their embarrassment for it becoming a scene, appears to have fuelled their irritation. Simon’s superiority, due to his informed status, was made very evident during the tale. It was

also clear that he sought our own acknowledgement and agreement with his position. Such was reciprocally given by the gathered men.

This practice of storytelling is important to the men. I recall Toby recounting a tale from his holiday with his wife on Monday. Later, eating lunch in the yard, I hear other tales of holidays and previous working experiences. Experiences with motor vehicles and other minuetts of the men's lives. Gary talks of times spent with an ex-navy colleague; Sam speaks of his times spent working as a chef in London and Paris. All of these are defining tales; nostalgic and poignant. They recapture some of that previous experience, the joy, the excitement, the pleasure. This isn't braggadocio, or tales spun to impress or demonstrate prowess, and they are not full narratives, more reflections of these past times. However, they are shared reflections, and a connection is made in the telling. That relationship between author and audience appears to be the motivating component, not the tale itself. The information conveyed is limited, but the relationship is not so much dependent upon the precise content of the narrative, as it is upon its simple existence.

### *"Danger, (Quiet) Men at Work"*

So, the men largely go about their own business with the occasional bit of conversation and banter. The collaborative decking project demonstrates a singular incidence where this was exacerbated by the large number of participants and a much closer working relationship than usual. However, the majority of the communication I observed was less focused on the camaraderie and banter that was evident in that regard. Aside from the storytelling and socialising, many conversations are work related, with discussions on how to go about performing a certain task and such like. But there was a further aspect of communication that came to my attention during my time in the Shed

On one occasion I noted an interesting, nonverbal, interaction between two of the men. Gary was cutting a long piece of wood using a circular table saw, he is pushing the wood through the spinning blade and it is clear that the weight of the wood on the far side of the saw will be much greater than that still to be cut. The potential balancing issues that are likely to ensue could be significant as Gary would be required to exert increasing

pressure in order to prevent the length from tipping up. The potential loss of stability so close to the spinning teeth of the saw could have unpleasant consequences. At the very least, the cut may be uneven, ruining the desired result. Noticing this as he is passing, Jim simply supports the wood as it passes through the saw, ensuring that it doesn't unbalance and cause a problem. Gary pushes the last of the wood through the saw and signals his appreciation with a quick thumbs up. Jim immediately goes about his business. Not a word is spoken. The sheer practicality of this interaction strikes me. Both are concentrating on their now shared task and the saw is very noisy, making casual communication impractical. Nor is it really required.

In observing this I am struck by the similarities in this non-verbal interaction to Nancy Mandell's (2003) study of children at play. Mandell's focus is largely on how to adopt a method of observation and participation that best facilitates "entry into the children's world" (Mandell, 2003: 41). Following Mead (1938), her premise is that children experience a shared sense of meaning, which thus permits co-operative activity, but which also stands apart from the wider context of an adult understanding. What had previously been difficult to establish was a means by which these meanings could be effectively engaged with as an adult. The methodological implications of her work are not my concern here, but some of Mandell's observations whilst undertaking her fieldwork are of particular interest.

This simple interaction between Jim and Gary shares a great deal with Mandell's account of children silently co-operating on tasks, apparently with an implicit understanding of the 'rules' of the task and in a manner that becomes quickly assimilated into the ongoing activity. Jim's judgement of what was required here is, of course, based upon a technical understanding of the situation that goes far beyond children imitating one another in the pursuance of a shared action. The manner, however, in which the participation was undertaken, silently and without any overt acknowledgement until the task was complete, appeared ostensibly similar. As was the apparent satisfaction of both parties. The children in Mandell's study often showed a sense of comfort within this wordless interaction, one which was also evident in Gary and Jim's quiet interaction.

The point I wish to emphasise here is not the parallel between children and adult men in an environment where work and play, or work *as* play, is being undertaken. The equating of men with 'childishness' has already been discussed in relation to their ongoing relationship with 'toys', and there is material for making that same comparison here, but that is not my purpose. What interests me here is the value of such silent communication between these men, and perhaps by men in general. Robertson (2007) discussing this in relation to team-based activities such as playing sports. There is, of course, verbal interaction in these activities, but most communication is non-verbal due to the impracticability of trying to hold a conversation in such a hectic environment.

Foucault (1977) illustrates this capacity for quiet co-ordination in his schema for the final expression of the adoption of a regulatory regime. This being the emergence of 'tactics'. "Tactics, the art of constructing, with located bodies, coded activities and trained aptitudes, mechanisms in which the product of the various forces is increased by their calculated combination." (Foucault, 1977: 167). Commonly associated with military manoeuvres, this deployment of tactics is by no means restricted to the movements and behaviours of troops in battle. Such tactics might also be employed in any situation where implicit co-ordinated efforts are required to achieve an objective. Verbal communication may be an aspect of this, but it becomes less important for the combined action than the trained understanding of what action is required, and at what time, in a given situation. In my own example here, military training is supplanted by a practised knowledge of the environment and an understanding of the given situation. The help provided is based upon these factors, rather than a verbal request or signal for assistance.

## Conclusions

### It's Good to Talk?

The notion then that men do not easily or openly talk about themselves and their feelings would appear to be at odds with some of these observations. It might be countered that these tales are not substantial in this regard. That the expressions are

surface and perhaps abstract, rather than intimate. But I disagree. In furtherance to the perceived benefits of 'talk' I think we should also recognise that an activity or expression does not have to be framed in a therapeutic manner to have a therapeutic effect. From my own observations, the ability to express oneself comfortably in a context where, certainly in some cases, one is almost implicitly understood without the need for extensive explanation or revelation, provides a sufficient degree of emotional validation for those involved. By which I mean a sense of belonging and purpose, or the emergent recognition of any such deficit and a consequent desire for it. None of which is dependent upon a formal 'medical' process. Moreover, where there is a potentially emasculating component present, such as an indication of incompetence, decrepitude, redundancy or failure, there is a strong likelihood that men will not engage (Charmaz, 1995; Robertson, 2007).

This illustrates, I feel, an issue where such emotional talk, and the emotional work behind it, is perhaps expected to follow a particular format. The psychotherapeutic discourse of Seidler (1986, 1994, 1997) for example, largely depends upon a degree of self-realisation and reflection, where one's fractured ability to somehow 'connect' with this emotional self, sundered in the process of forming a masculine identity along normative lines, can be re-established. Not only does such an approach place the 'patient' within a certain power dynamic, specifically one of perceived impotence and dependence, it also imposes a particular ideological aim. This is not meant to be a criticism of this aim *per se*, but there is an underlying assumption that it aligns with a correct course and outcome, thus positioning the 'patient' as essentially incorrect in the current situation. Irrespective of how 'sensitive' or 'gentle' such an approach might be, this discursive pressure remains, ostensibly defining which type of connection to one's emotional self is bad, and which is good. If everything that an individual believes themselves to be is thus determined as being both constructed and encapsulated under an erroneous premise, then one's current persona, all that one has been up to now, is practically invalidated. This can be a difficult pill to swallow.

Moreover, it is suggested that moving from one to the other must be achieved through a specific practice. However, it should be understood that other potential practices have positive effects and that other opportunities exist for reconnection. One such

recognition should be the role of purposeful joint activity within men's emotional lives (Robertson, 2007). To this end, facilities might be provided that focus instead upon these more practical aspects, using them as a basis for healthy emotional expression. The Men's Shed organisation does exactly this. It provides a facility and a schedule, none of which is framed specifically in terms of mental health, but which nonetheless entirely caters to a greater sense of wellbeing.

This builds upon Robertson's recognition in that male identity is not some "intrapsychic" phenomenon but is instead learned through "intersubjective interactions" (2007: 83). Thus, being an iterative expression of self, influenced by the social environment. For Robertson (2007), these actions can form the basis for meaningful communication amongst men. The lack of verbal expression not being seen as an impediment to conveying some form of emotional content. A grin; a thumbs up; a slap or squeeze of the shoulder, all convey an explicit sense of approval. And this has emotional weight. Similarly, the enjoyment of team sports, and other such organised activities, that rely upon a tactical understanding to function effectively also provides a sense of comfort and support that can be experienced by way of friendships established through the activity. The testimonials of the men in the Shed I visited, which I was unfortunately unable to acquire copies of, as well as those posted on the national websites, all speak to the benefits the schemes provide in terms of their personal sense of happiness and self-worth.

### Silence is Golden

From a phenomenological perspective both acting out, in whatever capacity, and speaking out essentially form a similar type of expression, something that physically emerges from the body. The actions or words become vehicles for the conveyance of a meaning, the origin of which resides within the conscious, and perhaps subconscious, mind of the individual. The experiences which give rise to the need for expression are not themselves impacted by the choice of communicative method. However, a sense of available choices may initiate a sort of feedback loop where distress, for example, is exacerbated by a perceived inability to communicate it effectively (McLane, 1996). I say

communicate here, rather than express, because it is through the reciprocal element of communication that any form of validation can occur. Expression alone does not facilitate this. Even where the breath, this “body become air”, is not “killed in its cradle” (McLane, 1996: 107), unless the expression enters another’s consciousness, like the proverbial tree falling in the woods, it can communicate nothing.

The ability to control communication, to a greater or lesser extent, is perhaps best exemplified through silence. By not speaking, one’s words cannot be misinterpreted or used against you. Something epitomised by the Miranda warning given in almost every U.S. cop show (themselves often heavily masculine in tone) and enshrined in the Fifth Amendment to the Constitution of the United States. And yet we are also familiar with the phrase dictating silence as a form of consent. In truth, our ability to control communication is always subject to being compromised depending upon the context. We might view the therapeutic invasion of silence in a similar vein, as something compromising the integrity of the masculine persona. But we must be careful in assuming that silence is the preferred response and not simply the lack of an ability to adequately frame one. Where there is a disconnect between an individual and their emotional being, or where there is a pain that denies or eludes verbalisation, the ensuing silence can be an impediment to the effective communication of distress and the potential provision of assistance.

### *Masculinity’s Affinity with Silence*

The above accounts, I feel, provide a certain take on male emotional expression in that it is something that can occur non-verbally, often through action. The specifics, of course differ, as does the practicality, but the idea remains largely the same. This is not to say that all men are so reticent to talk about themselves. However, emotional intimacy is not something men are generally considered as being comfortable with. The focus upon ‘talk’, then as a means of expressing personal distress and discussing sensitive issues can have an alienating effect upon those men who find such a practice difficult to engage with (Chandler, 2021). The acknowledgement of alternative means of emotional communication is thus an important element when considering how to ‘reach’ those

men embarrassed by the idea of talking their problems out. Moreover, I think it important to consider the context within which men are expected to speak. As evidenced above, there was also a great deal of verbal communication during the interactions between the men I observed. Some of this might be considered sensitive in some regard, certainly many of the private discussions I had with some members, but all demonstrated a degree of emotional content and meaningful connection.

In determining silence as problematic, due to the clear communicative issues mentioned here, we are further stressing the relationship between men and masculinity. Both in terms of emphasis, and in the insistence on such being negative. It has become commonplace to limit discussions on masculine behaviour to only focus on those traits assumed to be harmful. As discussed, there is some value to the recognition that certain practices are potentially damaging, but we cannot assume a universality of harm in all regards. In all things there must be context. In terms of non-verbalisation, this may well be a strategy deliberately employed as a coping mechanism. Being the 'strong, silent type' may be a point of pride, something that defines that individual within their own self-realisation and self-understanding. The discursive apparatus that built this conception are the very same that now seek to demolish it. Popular convention and ideas of 'correctness', formalised into collective ideology and preferred practice. Things that some people have built their entire identities upon over decades. Even if the spirit is willing, the flesh may still not obey. This is not to say that men necessarily enjoy this situation, but the notion of 'suffering in silence', for example, may have become a badge of honour. Which, like any such medal, is bestowed as a recognition of heroic sacrifice.

Critiques of masculinity commonly emphasise the advantages of the perceived power relationships. Connells' (1995) hierarchy, for example, which seeks to illustrate not only the (hegemonic) male's dominion over women, but also over those men that are not up to code. Whilst Connell's account is actually sensitive to the problematic nuance within the imaginary conceptions of the ideal man, the basic structure is all too often taken at face value; essentially positioning men as enjoying their elevated status at the expense of those considered marginalised. I don't deny any such marginalisation, but the notion that this is always a gravy train for men requires some serious reconsideration. Much of the accurate dialogue around toxic masculinity identifies where these entrenched

practices become harmful. However, as mentioned, the appropriation of the term to include personal objections to practically anything, tends to derail the narrative and limit meaningful intervention.

That silence might be used by men to maintain a sense of who they are should not be devalued. The gendered power relations may indeed be reinforced through the continued adoption of these stereotyped behaviours (de Boise and Hearn, 2017), although I'm not convinced that attempts to deconstruct these in every case are going to be overwhelmingly beneficial. Reframing emotional dialogue within the heroic paradigm may stimulate some men to engage (Oliffe et al, 2012), but it does so through the reinforcement of the idea of courageous action as being a positive masculine trope. I'm not at all sure we can really have it both ways. And this editing of the code does not convince everyone. For some men, their stoicism will still be used as the basis for their survival. Masculinity, then, however maligned might be one of the few things keeping some men alive. Their views of who they are, developed and reified over many years are not simply things that can be reconfigured through some the employment of a snappy slogan. Behaviours change and adapt, and the acknowledgement that certain aspects of their identification have now been recognised as problematic. However, accepting this does not, and often cannot, necessarily include the complete readoption of a new regime. I feel that it is important to acknowledge this in any endeavours to encourage and coerce particular forms of expression where other, beneficial albeit perhaps unorthodox, channels of communication exist.

Some Reflections:

### *Of (Men's) Sheds and Dreams of Green Pastures*

In reflecting on the informally therapeutic properties of the Men's Shed groups, I am reminded of the aims of the Mythopoetic Men's Movement. The context of the Shed generates a space where the familiar trappings of one's previous (employed) life are reconstituted with a specific aim and purpose, facilitating the reestablishment of one's self-perception as functional, contributive and thus worthy. This has much in common with the writings of Bliss (1995a, 1995b) and Bly (1990), also advocating a reconnection

with a lost aspect of oneself. Many techniques for doing so litter these works, either through an engagement with fable and metaphor (Bly, 1990) or through a retreat into a socio-economic past, quasi-mythical in its reimagining (Bliss, 1995a, 1995b). Each of these approaches finding something of a practical and instructional outlet through the establishment of numerous men's groups (see Kauth, 2015). Seidler (1984, 1994, 1997) strongly advocates a position wherein the enlightenment duality of reason over nature forces men to consider themselves heavily in relation to the former. In so doing, their emotional and nurturing aspects are detached from their rational selves. He, like Bly, sees our contemporary society as being antagonistic towards this more emotional and nurturing male identity. He pinpoints enlightenment dualisms rather than industrialisation as the cause, but the latter can largely be seen as the result of the former.

*"In the industrial culture, our dads were not around and could not give us the day in and day out sense of responsible manhood we needed. Generally women raised us and we simply can't learn about manhood from women. We can only learn about manhood from other men, so we have got to learn manhood from each other."*

(KAUTH, 2015: 128)

Kauth is reiterating here what he believes to be Robert Bly's underlying message. Interestingly, Seidler also discusses fatherhood both in terms of an authority (1988) as well as a potentially liberating aspect of masculinity (1997). Bly's ideas, as presented here by Kauth, lack Seidler's thorough articulation in terms of Enlightenment philosophy in general and Kantian morality in particular, but each seems to recognise the importance of a father's role, albeit oppressively present or irresponsibly absent. One problem with Bly's reckonings, of course, is that it lacks logical consistency. If men are to learn from one another as surrogate 'dads' then how can they realistically achieve this sense of 'responsible manhood' when each of them, as per the statement, were raised by women? The answer, it would appear, is for one or two of them to access the wisdom of the ancients and use it to re-educate everyone else, essentially becoming the surrogate father for all. These then become 'grandfathers' and so on, re-establishing a

lineage of the transmission of these 'ways' and practices down through future generations. Regardless of the actual practicality of reimagining an otherwise non-existent ancestor for guidance, and its implications for negotiating a very real and present contemporary society, the focus upon intersubjective learning and the primacy of action again rises to the fore.

In each of these cases I think it can be argued that there is a certain retreat into a romanticised past. Moreover, each of these idyllic reimaginings are intrinsically bound up with ideas of masculine productivity. Even where a Shedder's previous working life had no relationship with an industrious practice beyond that of earning a wage, where once they were office workers; or lorry drivers; soldiers; or warehousemen, now they are craftsman of a sort, creating with tool and hand, building and providing. This taps into the very same iteration of the 'arcana mundi' that Bly, Bliss, and the agrarian movement seek to promote. An essential, archetypal, state of masculinity, that supports a productive worldview but one which eschews the competitive and toxic elements of our current social milieu. An essentially pastoral lifestyle, though in a slightly different field.

Whilst there may be perspectives on this that highlight the negative associations occurring, I think it is equally important to note the positive impacts. Bliss and Bly's Mythopoetical Men's Movement indeed seeks to break away from the hostile vicissitudes of a modern male existence. Moreover, the values and qualities appreciated and promoted through an agrarianist agenda can certainly be seen as reinforcing the type of gender relations that have become the contemporary targets of the pro-feminist challenge. The atavistic escape route offered by this kind of men's movement amounts a kind of selective edenism, where an imagined future might be built based upon an imaginary past. This is not what the Men's Shed organisation promotes. Here we have an engagement with the past, which may well also be a retreat, but this is not in search of a mythical ideological 'state', nor an abdication of any commitment to the future of gender equality *per se*. Rather, this is an example of a commitment to the future, one in which they remain both present and active.

It may be that certain values enjoy a more comfortable or tolerable presence in these pseudo-industrialised settings, reminiscent of the shop-floor banter of old. But I see no

Tommy Robsons holding court in the workshops and spaces of my 'Shed'. The storytelling expressed in the Shed communicated ideals and behaviours which were a far cry from the heroic 'piss-ups' described in Tommy's weekend antics. Instead, as noted here, I have found accounts more akin to those provided by Collinson (1988). Here private conversations revealed how the 'joking' and 'ribbing' commonly engaged in on the shop floor were not enjoyed and found to be embarrassing (precisely their intention). Yet they continued to be engaged in, and 'laughed off' since that was the expectation, and 'face' would be lost otherwise. As my accounts illustrate, this emotionally stoic façade was much less evident amongst the men I observed. Although the 'ribbing' continued, it was far less pronounced and appeared more habitual than malicious, almost comforting.

In essence, there are practices here which echo older, familiar behaviours and which exist in a setting where they are understood as affirming, not degrading. Through an immersion in these recreations, it is possible to conceive of a future presence, rather than either waiting to die, or choosing to expedite the process. This is not to say that all of these men were effectively suicidal, but they had certainly lost a major sense of structure to which they attached much of their identity. Both belonging and productivity are emphasised in the Shed, and these aspects of masculinity and emotional wellbeing, in being recaptured, are thus utilised in a strategy of coping and continuing.

### *On My Communicative Role within the Group Identity*

Something I became aware of in talking to the men, was that I appeared to have developed a greater degree of knowledge about most of the fifteen or so men that regularly attended than many of them had regarding one another. Some of the men were close and engaged in social activities outside of the shed, but only a few. On the whole, there were noticeable subgroups of the men, but these did not really constitute an entirely engaged community. Any particular reasons for the groupings never became entirely clear, though involvement in certain activities within the shed and the length of time they had been attending were probably relevant. But investigating into such

reasons was not what I wanted to do. Nonetheless, I found that my presence served to bridge these gaps in knowledge in some cases.

I wouldn't say that I facilitated any degree of greater cohesion within the overall group, but clearly my role as researcher has caused me to make a specific effort to engage with each of the men. I confess that I had anticipated that they would each know one another a little better than they apparently did and was quite surprised in this respect. It was a preconception that I was happy to see challenged. This is not to say that they avoided one another specifically, though I had learned that some actively did so, but their engagement with one another beyond these personal preferences were nonetheless selective to a degree. Moreover, there did not appear to be too much of an attempt to get to know one another beyond the general interaction they had on a day-to-day basis. Their presence in the shed was the main thing they had each in common, rather than an awareness of the individual issues that might have led them to join the group in the first place. As I say, some did know one another and were aware of some background information to a degree, but this was more of an exception than a rule. I, on the other hand, had begun to learn something about most of them.

Reflecting on this this placed me in an interesting position and facilitated a further effect of my presence beyond that of visible observer. In developing such knowledge of the men, I was able to communicate certain things in conversation with others in the group. Not in the sense of gossiping, and never anything said in confidence, but certain details about their situations could be communicated in general conversation. In so doing I was able to widen each other's awareness and understanding of each other, without them necessarily directly interacting. These were things that could no doubt be communicated directly had the opportunity arose, but I was effectively doing so by proxy. I was, and remain, uncertain how I feel about this. Whilst I never compromised anybody's confidence, I am nonetheless aware of this as a particular effect of my presence. My willingness to communicate with a much wider group than any of the other men might have tended to do certainly had an impact on how each of the men saw each other. The degree to which this might have facilitated a change in their relationship was not something I particularly observed, but I am conscious of the potential of my involvement in this regard.

## CHAPTER EIGHT

### Findings & Discussion Part Two:

#### The Interviews

Two in-depth interviews were undertaken, at two separate times and in two different places. The first took place in the respondent's own home, the second was conducted in my office at the university. Both interviews were recorded with a digital device and the recordings were then later transcribed by myself. The interviews, as discussed, were each unstructured and entirely open ended. The opportunity was provided for follow-ups to be arranged should the need arise, though this was not necessary. The first respondent, Steve, was a man in his early sixties, having built a career, experienced a marriage, which failed, and then other, subsequent relationships, one of whom took her own life. He had made a number of significant decisions after the death of his previous partner and become heavily involved in raising awareness of suicide and organising events to pursue this. He had also developed his own business consultancy. His outlook should be considered as extremely positive, often enhanced by certain well-being theories and strategies. All of which in stark contrast to his emotional health throughout much of his account. He had never actually attempted suicide, though he had often considered it to a greater and lesser degree.

The second man, Justin, was in his early forties and lived alone at the time of the interview. He is a gay man and, according to his account, had been aware and comfortable with his sexuality from a young age. He experienced regular unemployment due to his mental health condition, which was chronic depression, though he was currently enrolled on a nursing course which often saw him working with other psychiatric patients in a peer-to-peer support capacity. He had spent numerous occasions in psychiatric care, often voluntarily, though sometimes otherwise after episodes where he consumed alcohol and then went on to present a danger to himself. He had made several suicide attempts, each involving prescription medication and

alcohol. None of these had resulted in any known long-term damage, though trips to hospital to receive emergency treatment had sometimes occurred.

### Theme One: Fathers

*"I had a very difficult marriage. Looking back, and I knew at the time I was the strong one. We met, back in 1980, and got engaged very quickly. I was already in the process of buying a flat. [My wife]'s family were moving back up to where she was born, where they came from, and it suited her to move in with someone. I think that she, you know...? It was a partnership of convenience."*

(STEVE)

We begin with a description of a marriage, a 'difficult' marriage as it transpires, though details of this are yet to be forthcoming. There is a sense of unwillingness with this arrangement from the beginning, certainly a notable absence of emotional engagement. The idea of a 'partnership of convenience' suggests that there were more practical than emotional prerogatives at play. Steve goes on to admit a degree of nervousness in striking out by himself, despite feeling that he had the financial security to do so. But no such trepidation in beginning this quickly established shared journey. A fear, perhaps, of being alone.

From the very opening we also have this declaration of strength. We will see this revisited frequently as we progress. The idea of being 'strong' is a central theme here and supports a number of assertions, as does Steve's relationship with his father.

*"Quickly after that we had children. Because of my upbringing and the example that my dad had given me, that rather kind of cemented my future for quite a long time"*

(STEVE)

Steve's 'upbringing' appears to be the locus of his decision to marry and become a father himself. The question of who's 'convenience' is being accommodated in this relationship

becomes a pertinent one, but I'm more interested just now in the role of the father figure itself.

Fathering, and being fathered, has been described a central element of masculinity (Seidler, 1997; Biddulph, 1994; Kauth, 2015). The presence, or absence, of a father being seen a measure of how a man learns about and understands responsibility. For Seidler, this extends beyond a familial relationship to the institutionalised notions of patriarchy. The 'law of the father' being synonymous with the establishment and exercising of authority in general (Walby, 1990). The father figure therefore becomes a symbol of control, which moves from the paternal to the pastoral with the establishment of interconnecting regulatory systems, each ostensibly designed to manage practice and ensure general complicity in both behaviour and belief (Foucault, 1977). The loss of such a figure is often seen as denoting a crisis in the correct facilitation of this understanding, as expressed by Kauth (2015) in his summarising of Bly's personal justification for the Mythopoetic Men's Movement. Kantian morality depends upon this relationship in its exposition of duty and service to what we might term a 'greater good' (Kant, 1952; Seidler, 1994, 1995, 1997). Though the loss of 'the father' might also been seen as liberating in a self-development sense, since the ties that bind us to a life of service/devotion limit, or actively suppress, our capacity for self-expression and, ultimately, self-realisation (Nietzsche, 1969, 1990, 1996).

Justin's father also features significantly in his account. He begins with a description of his first suicide attempt

*"Ok so, erm, my first experience with a suicide attempt was when I was about 17, and that was er... I stole some of my grandma's tablets. I can't remember what they were, erm, but I took... I took an overdose erm... And all that..."*

*(JUSTIN)*

The attempt succeeded only in causing him to experience some dizziness before falling asleep. As did a number of subsequent attempts over the next couple of days using the same method. There is a clear sense of a lack of 'expertise' being demonstrated here,

which I will come back to later, but it is his reasoning for his actions that are of current interest. Such reasoning revolving around his father.

*“Er, but what had led up to that was... We’d suspected my dad was having an affair, he’d go missing for hours, like randomly. Erm... and then we’d... It was the early days of the internet, cos it was like 1997, so I managed to hack into his email account, and I found out he was having an affair, but it was with men as well. Erm, so, it was kinda like what... I was then in the position of what do I do with that information at an age of about 17-18?”*

*(JUSTIN)*

The overdoses are framed in terms of stress. But this is the result of discovering his father’s infidelity, not his sexuality. Justin was aware of his own sexuality by this time and the discovery that his dad was gay did not appear to shock him in that sense, but it did cause for some concern.

*“I’d already known that I was gay by the point I’d discovered... But, erm, finding it... It was... I don’t mean it... It didn’t really affect me, emotionally, but it put me in two minds, because... There was the mind as another gay man, that I was like, ‘Ok, he’s of a certain age. Back in his day he wouldn’t have been able to be out, he’d have had to do the... to get married.’ I totally understood that. But, then, there was the son brain, that was like, ‘How could you treat my mom like this?’ Was I... Was I just... Me and my brother just experiments, to turn him straight?”*

*(JUSTIN)*

Despite his acceptance of his father’s sexuality, and his own imposed justifications for this not being revealed earlier, there remains an existential question regarding not so much his own relationship with his father, but his father’s relationship with him. The idea that he and his brother could have been ‘experiments’ designed to test or change his father’s sexual orientation is an interesting one. No other evidence is offered in

support of this, but it is nonetheless introduced as a source of stress and unhappiness. This kind of reaction is later explained as his “emotional side” going “off on one”. Something he claims to be aware of, but powerless to control. The suicide attempt at this time is reasoned as the result of ‘sitting on’ the knowledge of his dad’s affair for two years, in addition to the guilt he was experiencing from acquiring the information in an “underhand way”. However, I think it is also implicit that these underlying, and by his own admission unreasonable, “narratives” exert significant pressure on his capacity to cope.

Steve’s father, on the other hand, is very highly regarded as a role model and ‘teacher’.

*“My dad, I’m pleased and happy to say, taught me, although not in a very deliberate way. He’s been my role model and he is a provider. He was successful, but brilliant and methodical and thoroughly ethical; thoroughly principled. Very, tremendously, kind, loving and just a beautiful, beautiful, man.”*

(STEVE)

His presence in Steve’s life is remembered as being both supportive and extremely influential. Never, as described, in an overbearing or direct way, but just in terms of the example he set through his own practice and behaviour. Steve’s dad died of natural causes in 2017. The death had a profound emotional effect on him, compounded by the significant emotional turmoil he was experiencing due to what he saw as a particularly difficult divorce which began back in 2015. Which was the same year he lost his previous partner to suicide. The loss of Justin’s father came about not as a result of death, but abandonment.

*“And, at that time, my dad up and left the home. He’d come out as gay. And I also found out that my mum had known about this thing for like the two years that I’d been keeping it quiet. And I was like, arghh!”*

(JUSTIN)

This coincided with another suicide attempt. Again, this is not so much framed in terms of his father leaving, but the discovery that the information he had been keeping about

his father's sexuality and activities was already known to the person he was seeking to protect by withholding it. His guilt and stress thus appearing to have been avoidable had he confided in his mother in the first place. The attempt, however, is not spoken of as being a result of his father leaving. It appears to come as through a culmination of events. Though, from the description, I'm struck by the sense of futility that emerges here. Where all that Justin had endured, was essentially for nothing in his eyes.

## Theme Two: Control

Ideas of control and being in charge are central to most, if not all, theories of masculinity (Connell, 2005; Harris, 1995; Edley and Wetherell, 1995, 1997; Beynon, 2002; Whitehead, 2002). The masculine role being portrayed as one which takes control of situations and exerts strength, reason and discipline in the furtherance of goals and the negotiation of day-to-day activities (Morgan, 1994; Seidler, 1994, 1997). I have previously discussed this in relation to the concept of hegemonic masculinity (Connell, 1988, 1995, 2005) and how this conception has formed the basis for a more contemporary discussion on toxic masculinity. Often, I feel, and no doubt for good reason, control is equated with domination in these discussions. Most prominently domination and subordination of women, though this can be extended to include those men who do not correspond with the hegemonic ideal (Connell, 2005). However, I think it important to recognise that a desire for control should not always be seen as essentially tyrannical and predominantly male. Egocentric, certainly, but all genders are perfectly capable of entertaining that capacity. Indeed, it might be considered as being at the heart of our self-identification and realisation as sentient beings (Freud, 1991; Lacan, 1998). The desire, then, to be in control is something we all feel, regardless of gender. The firmly stated wishes of women to regain control over their bodies and image (Wolf, 1990; Bordo, 1993; Adams, 1996) the (male) gaze (Berger, 1972; Mulvey, 1975), and one's sexual independence (Greer, 1970; MacKinnon, 1975; Dworkin, 1981; de Beauvoir, 1997) have long been at the heart of feminist theory. That much of this work focuses upon establishing such control in defiance, or simply independently, of

male power and authority, I think, here serves to adequately demonstrate both of my points.

### *Emotional Control*

Returning to notions of male control, one area where this is regularly exemplified is with regards to men's emotional lives and the exercising of control over them in pursuance of adhering to a masculine identification. I've talked about how this division between rationality and emotion defines a traditional accounting of male identity. And how this largely stems from the enlightenment dualistic proposition that men, and male minds, are dominated by reason and rationality (Seidler, 1994, 1997). Emotion is therefore seen as an unreliable means of navigating a social environment, since it does not lend itself to control. Indeed, it tends to illustrate quite the opposite, with the idea of 'getting emotional' suggesting that one has failed to contain these irrational feelings which threaten to effectively commandeer the body. Essentially, this gives rise to the notion of an 'emotional side' that requires constant vigilance in order to remain contained. Such containment being deemed as necessary to prevent adverse behaviour. A situation pretty much advocated, if not generated by Kant's moral principles (Kant, 2020).

*"And that's a big pattern in my life where I have that, erm, very much self-awareness. But my emotional side doesn't listen to that self-awareness. Erm, my emotional side goes off on one. Erm, and makes up it's own little narrative. Erm, and the worst thing is, I know it's doing it. And I know it's being unreasonable. But I still can't stop it."*

*(JUSTIN)*

That these "narratives" are both "unreasonable" and find their origin in an "emotional side" further demonstrates this compartmentalisation. Here is a description of this unruly emotional behaviour taking over. Moreover, it is literally being proposed that this emotional side is effectively making its own decisions. It "doesn't listen" to reason and makes up its own "narratives" which it then proceeds to follow, seemingly against

Justin's will. This is further conceptualised as a problem that exists within Justin's physical brain, rather than an aspect of a less reliably locatable personality.

*"Erm, I was taking part in some training and... In that training we had to do roleplays for work... erm... and someone said something... and they didn't mean anything by it at all, and I know they didn't, but my brain went off on one, and it went totally spinning on its own journey to... Stressville, erm, and I had another breakdown as a result the next day."*

(JUSTIN)

Although metaphorical, this experience is nonetheless being described in terms of a journey, but one where the rational, self-aware, persona is being carried along, unable to control the destination. Justin effectively becomes a passenger in his own brain/body, unable to influence the eventual outcome. This is often described as a symptom of dissociative disorders (American Psychiatric Association, 2013), of which this may well have been an example, but I'm less interested in any clinical definition and diagnosis as I am in the implications of this 'event'.

In acknowledging this there is a loss of control. Along with what is almost a sense of abdicating responsibility. Essentially, the body goes out of control. The suicide attempts, when viewed through this perspective, become signs of distress, certainly, but also calls for intervention. This is not so much a person seeking for others to save their lives, since these attempts are never sufficient to cause that degree of imminent danger, but to actually exert some control over it. By relinquishing themselves to the mental health services, they are directly acceding responsibility for their care to the institution. Essentially, an act of control. I don't want to suggest that this has direct implications to the loss of the actual father figure, but comparisons can be made to the assumed role of the engaged services in this regard. There is, however, a sense of the need to be cared for. Justin directly acknowledges this in his account.

*"Because that's what I feel like when I do the... when I've taken my overdose. That... I know people care, but... Logically, I know people*

*care. So, my logical and my emotional brain... So, yeah... So, you do. You just want someone there, that cares."*

*(JUSTIN)*

What is interesting is that it is not his friends that he seeks such solace from. Or, at least, he does not use the overdoses as a means of seeking their attention, either in terms of sympathy or support. The caring role is thus transferred to the health services.

*"Well... Part of me wonders if it's in a bid to try and get services to take me seriously. It's definitely not about getting attention from friends, because the last one... I didn't realise I hadn't told any of my friends when I sent one of them something the other day that said that I'd attempted it [laughs] and I was like, 'Whoops! Now you know.' So, yeah. So, I'd kept that one quiet from everyone."*

*(JUSTIN)*

Essentially these can be seen as representing, as well as officially acting as, an authority. Again, we can superimpose an otherwise absent 'father figure' into this relationship if we wish, but I would prefer just to focus on the representational aspects of this situation. I think that we can identify two related aspects in this regard. On the one hand there is a desire for legitimacy and validation, a need to be taken seriously by the authority. The authority is seen as being able to provide this, but not unconditionally. Secondly, there is a desire for the transference of responsibility for his care from himself to this authority. The overdose provides a catalyst for both of these things to occur.

### *Emotional Burdens*

This exercising of control might be further examined in relation to a decision not to involve his friends in these incidents.

*"Emotionally, I'm like, 'I don't wanna be a burden on them.' Yeah, I don't wanna be a burden on them. 'Cos, as I said before, they've got*

*their own families and stuff. So why am I going to phone them at about 2am saying I'm about to take an overdose?"*

*(JUSTIN)*

The idea of being a burden resonates strongly with suicide, both male and female. Recovered suicide notes often claim this to be a factor in the decision to take one's own life. (Galasiński, 2017). Indeed, the note written by Steve's partner before her suicide made the same claim.

*"Her suicide note was very balanced; rational. It looked like the writing and the reasoning of a rational person. And yet, what she was saying was irrational; that she was a burden to everybody, she didn't like the world anymore. Quite a long page of A4, near enough. It looked like, you know, the writing of a rational mind. Yet what she was writing was deluded, it was so wrong. And this is isolation, because her mind was telling her stuff that simply wasn't true. She was trapped, but she was measuring her life in a way that was wrong."*

*(STEVE)*

The use of suicidal acts to effect control over a deteriorating situation has previously been discussed. This is often perceived as 'delusional', by medical authorities and close associates alike, and ties into the dominant narrative of suicide as the tragic product of a deranged mind (Marsh, 2010). This, in turn, serves to compartmentalise the act as something pertaining only to an ill mind. One which, on the whole, we do not really consider ourselves as possessing. Or, at least, one that can be identified with the possibility of intervention should it somehow occur. In short, it becomes a safety mechanism which, along with similar discursive devices, serves to distinguish ourselves from the 'abnormal world' and, in so doing, reifies the framework within which such a distinction can exist (Foucault, 1967; Rose, 1999, 2019).

Steve's account, however, whilst largely maintaining the narrative of a delusional mind, also seeks to apply a degree of justification in his personal understanding of the experience.

*"I would get isolated, that's something I've not mentioned. I would get isolated; I would make myself be isolated, and that's very, very common. And when they get in that state, you'd feel ashamed and you'd feel that you'd gotta do it by yourself or you'll be a burden to people, because you're already a burden."*

(STEVE)

Steve seems very open with respect to his emotional vulnerability and the needs he has for physical comfort, and the true experience of love and being loved. This appears to stand counter to the stoicism often portrayed as being an impediment to a man's ability to access his emotional repertoire, such as that described by Seidler (1994, 1997). However, it entirely fits within the self-reflexive, psychotherapeutic, approach that Seidler advocates as a means of addressing the Cartesian dichotomy within traditional (hegemonic) masculinity. Steve has allied himself firmly with this school of thought, where a recognition of his failings and vulnerabilities allows him to 'reconnect' with a less adversarial perception of his emotional life. Still, I note how recognitions of failure remain entrenched within a self-reproachful narrative.

*"You see, there's a theme here. I want to be a provider. I want to look after my kids. But I'm a failure as a father."*

(STEVE)

He speaks of this not out of a sense of failing to provide, but more in relation to an ideal of fatherhood, modelled by his own father, which his personal recollections of a 'difficult' marriage and subsequent divorce serve to contest.

Justin also talks in terms of being a provider, though not in the sense of being a father. Rather, he views his role in this regard as a 'supporter'. As such, he sees it as his duty to be the one doing the supporting and not the other way around. Here, we can perhaps discern a similar idea of a masculine role, as protector and provider, though both imagined and experienced in different ways.

*"See, that sounds like I'm disparaging... It's my mind that's converted those friendships into... I can't approach them. Rather than... There's*

*no actual evidence that I can't approach my friends. Erm... But kind of all the way through my life I've been a supporter. Like when my dad went missing those times, I'd be the one, because my brother was not the emotional one, I'd be the one comforting my mom and I was only like 8 or 9 at the time. So, all through my life I've been the supporter. So, I guess, that also stops me asking for that support from friends."*

*(JUSTIN)*

The logical continuity between providing support and thus being able to ask for it fails to find any purchase even in Justin's own account here. He states that there is no evidence to support it, and yet feels it to be justification for his behaviour anyway. The idea of such an imperative existing, whilst providing no evidence of itself within one's direct experience, is interesting. There seems to be an almost Cartesian division at play here, with the exclusionary principles driving the assignment of gendered behavioural traits coming to the fore. But the assignment here is not so clear cut. Justin's supportive role is suggested to be one of emotional support, providing comfort because others lacked the emotional capacity to do so. This stands apart from Steve's account, where the provision is more focused upon the material. It seems apparent then that we are viewing two different aspects of this masculine notion of provision. One entirely traditional; the other, whilst encompassing a significant amount of what might be considered atypical emotional content, still displaying a familiar stoicism through a reluctance to seek assistance. Or, rather, a reluctance to ask for help. Assistance is certainly being requested through the physical act of overdosing.

### *When Gravity Fails*

Unlike Justin, Steve's suicidal thoughts did not begin to emerge until middle age, around his fifties. However, for each of them there appears to be a number of significant events which serve to unseat their sense of control over their lives, tuning them upside down. Justin claims to have had thoughts about dying since the age of five, though he didn't elaborate on this. Nonetheless, at 17, he discovered his father's infidelity and consequently his sexuality. Whilst the latter is not stated as being problematic in and of

itself, there are implications which arise in Justin's mind. This would likely constitute the 'emotional side' of himself generating one of its 'narratives', which it then follows against his apparent will. His rational awareness, then, becomes detached from the ability to influence thoughts and consequent behaviour. He 'knows' this is happening but seems unable to intervene to prevent a breakdown. This is not an uncommon feeling in these cases. With a sense of things slipping away and tumbling out of control being prevalent in similar accounts (Gray, 2006; Webb, 2010). Similarly, accounts speak of those succumbing to such emotional and mental turmoil, 'finding themselves' in situations where they engage in activities which they know to be destructive, but seem powerless to stop (Webb, 2010). Attempting suicide, of course, is one such activity. This is not a case of losing any degree of awareness or consciousness, as Justin states, "the worst thing is, I know it's doing it. And I know it's being unreasonable. But I still can't stop it."

Steve's account mentions a similar process, where he deliberately engages in activities and makes certain decisions which serve to compound the difficulties that he is experiencing.

*"Because, when [my partner] went that was all swept away, and then you have to rebuild, and if you're trying to rebuild when you're making decisions that aren't very helpful, like getting back together again and moving. And I moved again, I moved three times, I let the house still, but I actually moved three times in about 12 or 13 months. Crazy. And I lost my dad. And I'm going through a searing divorce with the top divorce lawyer in Leicestershire, who is brilliant at his job. I didn't even get a solicitor, because I was so scared about spending money, so I'm totally exposed to it all. Mad, absolutely mad. "*

*(STEVE)*

Here, Steve's partner's suicide operates essentially as a catalyst for the ensuing chaos that his life became. Her presence is pictured here as some kind of bastion against the cruel storm that then "swept away" whatever had presumably gone before. Exactly what is swept away isn't fully elucidated but I think it safe to assume that this refers to

a more stable, peaceful life that ended with his partner's death. Despite being under a great deal of stress due to a divorce, which he had inadvertently started by mentioning a serious relationship with a former partner to his estranged wife, he continued to compound the issue with problematic decisions. Each of these choices placed an extra burden on him and limited his ability to stabilise his overall situation. Grief is likely the source of many of these decisions. The control being demonstrated here, in terms of decision making, appears, like Justin's "narrative's" to be essentially without clear rationale. A certain recklessness becomes evident in the actions taken as described here, a lack of care regarding the consequences of actions.

*"Que sera, sera?"*

This idea of recklessness emerges in both accounts. Justin has taken numerous overdoses and he was both reflexive and frank about what this might suggest.

*"But then you also have the question of how serious I am about it if I'm still here after all those repeated attempts. That's another issue isn't it? That's a huge issue. [...] Yeah, I think it was more about, 'If it happens, it happens. If it doesn't, it doesn't.'"*

*(JUSTIN)*

Although he is deliberately taking the overdose, the sense here is that it is intended not to kill him, but to put him at risk. Such risk facilitates his projection into an environment of 'care'. This is both in the sense of being cared for by individuals as well as receiving care, in the form of treatment, for his actions. The actions then have definite consequences in terms of the reactions they provoke. However, the risk is real. There is a chance the overdose may be fatal, and this is accepted.

Steve demonstrates a similar relinquishing of responsibility and an acceptance of risk in certain actions taken during a particularly low point.

*"I'm driving back, August or September 2015, being diverted off the motorway in the pouring rain. I'm making the positive decision to*

*overtake these lorries on a blind, completely blind, bend, in the pouring rain; no visibility at all, spray from the lorries and I'm thinking, I don't care. And I'm very, very lucky that I didn't hurt anyone. I got back here, and I phoned Samaritans. I needed help [...] I remember coming back through the roadworks and thinking, if I get a blue light behind me I'm just going to put my foot down and go for it. So, I've not attempted, but, if it happens, then... fair enough."*

(STEVE)

I see this act as being just as deliberate as Justin's overdoses with respect to the risk potential. Whilst an overdose might be considered to possess a higher lethality potential than reckless driving, this tends to assume that knowledge of what constitutes such a 'lethal dose' is present. I cannot say in Justin's case whether this is, or is not the case, though I might assume that, given the number of incidents, a knowledge of just how far to go may have been acquired. Still, when combined with alcohol, as most of Justin's overdoses are, the ability to accurately ascertain a 'safe' or dangerous level of dosage is likely to become impaired.

This becomes a consideration when determining whether deaths by self-poisoning are intentional, and thus suicide, or accidental (Camidge *et al*, 2003; Stone *et al*, 2017). Which doesn't necessarily mean that some form of harm, and certainly risk, was not the intention behind the act. Moreover, a large number of suicides, both male and female, involve high levels of alcohol consumption (Conner & Ilgen, 2011), and alcohol consumption also figures strongly in what are considered high-risk mood disorders (Paris, 2011). Justin's own behavioural issues are pertinent in this regard due to a diagnosis of Borderline Personality Disorder, something that I will discuss shortly. One of the symptoms of this being frequent overdoses (Solof *et al*, 2000; Paris, 2011). This being said, a small number of attempters with BPD are successful (Paris, 2011).

### Theme Three: Expertise

The question of knowledge, both in relation to risk, and in the sense of one's self-awareness and understanding, makes a regular appearance throughout these accounts. This can often be seen as pertaining to elements of control, as examined above. However, I noted how the application of that knowledge was being expressed within these narratives. Control was central to this expression, but it was often being demonstrated in the form of expertise. I considered this as thematically distinct, though not separate from control because, firstly, it offered a number of interesting aspects for consideration which I could pick over in more detail. Specifically, as mentioned, in relation to the possession of knowledge. And secondly, it allowed for an investigation of how control was being sought and effected. That is, the particular practices employed in doing so. So, whilst essentially a subtheme to control, there was enough material and reasoning to investigate it as a theme unto itself.

#### *Self-Mastery*

For Steve, control was often demonstrated through this idea of being strong.

*"Looking back, and I knew at the time I was the strong one."*

(STEVE)

This was one of the first things that he mentioned, just after introducing his 'difficult marriage' and suggests that he was stronger and more capable than his wife in this relationship. Something that is reiterated through a series of observations on her troubled childhood and her lack of interest in working.

*"And I could, because I was a travelling sales manager then, I could commute very easily, you know, back in those days, and earn enough money so that [my wife] did not have to go back to work. I wanted her to; I always knew it wasn't good for her to be not working, but I didn't want to be critical of her. She'd had quite a difficult childhood and I knew that."*

(STEVE)

Although he desires for his wife to return to work, he nonetheless accepts the role of provider, a traditional masculine value. This role appears to be more of a focus for him in the narrative than the marriage itself. He talks of arguments and emotional turmoil, with his wife being placed at the centre of this, if not directly blamed. Indeed, he accepts a great deal of responsibility for ‘allowing’ her to live and behave in this way, excusing his actions through sympathy.

*“My wife had never gone back to work and I realise I had a part to play in that. I knew it was difficult for her... for her to go back to work and I made it very easy for her so avoid that. So, I’ve got a lot more sympathy now than I had previously.”*

(STEVE)

Although we might be critical of these actions, demonstrating a sense of masculine superiority within the partnership and the positioning of his wife’s behaviour as being ‘permitted’, that is neither my intention nor purpose here. What is of interest is how these events, as described, form a picture of masculinity through personal experience and perception. That Steve’s behaviour might be considered as ‘typical’ or ‘male’ or some combination thereof is of far less value to us than this self-image being portrayed and the contextual reasoning that accompanies and establishes it. I might draw parallels here with the ‘shaming’ of (male) behaviours so often seen across social media and, sadly, in some academic discourse. In so doing I would offer this as an example of looking beyond a reactionary response based upon prevailing social environments and urge a return to observational discipline. This is not a matter of excusing such behaviour; I am not here to judge, only to engage with it in what I hope to be an informative, and potentially helpful, context.

Justin’s narrative contains no mention of strength, nor any of providing or establishing any of the traditional masculine values that pepper Steve’s account. Justin’s relationships, however, do appear to be similarly fraught. He speaks of toxic exchanges

with his partner, over text, and talks of them as being contrary and argumentative. Not so different from Steve's view of his wife. For Justin, however, there is a much stronger sense of them being less interested in accommodating these behaviours. Justin's approach is to block out, literally in the case of social media, those points of view that he finds negative or oppositional. He essentially closes himself off from external influences when he becomes stressed, focusing inwards. In this way the "narratives" produced by his "emotional brain" become the driving elements of his behaviour.

In short, Justin's behaviour may appear much more selfish than Steve's, in that Steve often includes others in his self-projections. Only, these inclusions often tend to appear as enablers or reflectors of the personal qualities he is seeking to portray. Indeed, the very adversities that he sees as being so destructive to his sense of well-being, and so instrumental to his development, are cast as scenes through which he plays the reluctant protagonist. These tumultuous events are often described in terms of calamitous misfortunes reminiscent of a traditional 'hero's journey' (Campbell, 2008). This is an idea that I shall return to with the fourth theme, but it bears mentioning here in reference to the current argument. The notion of self-mastery is a common element in many myths and fables. The depiction of man as 'heroic' here takes many forms, from the conquering to the humble, but all can trace the fate of the protagonist, for good or ill, to their ability to exercise some degree of self-realisation and, ultimately, mastery over their circumstance (Campbell, 2008).

*"I'm very proud of myself for what I went through. I felt strong for coming through that. I was strong anyway, as you'll hear from anyone who knows me, but I'm even stronger now."*

(STEVE)

Such strength cannot be realised unless tested in some capacity. Even the apparent dissolution of all control, as experienced through catastrophe, serves only to reify the sense of mastery once the trial has been endured. But what is most pertinent here is how such tribulations involve approaching a precipice, a point where one's existence hinges entirely upon a decision whether to continue or not.

*“And, so, a really difficult divorce kicked in in Autumn 2015; that turned grief into serious stress. Really serious. I think that’s when I started to... Well, it is, there’s no doubt. That’s when I started to think that I don’t want to be here. I wanna die. But I can’t, because I have to keep up payments on the house. My daughter has a hair salon in the house. My son has a tattoo studio in the house. You see, there’s a theme here. I want to be a provider. I want to look after my kids.”*

*(STEVE)*

Given the state of dissolution, there needs to be a transcendent reason to turn back and continue to face the adversity, for simply making the decision not to step over the edge does not resolve the circumstances that led to this point. In Steve’s case this reasoning stems from a sense of duty to his kids. Although it remains framed through the perspective of being a provider. The picture of fatherhood, it seems, inherited from his own dad according to the earlier accounts, kept him from taking that step. In a sense then, his continuing survival was dependent upon that masculine notion of the strong provider. Although he previously admitted to viewing himself as a failure in this regard, it would appear that this is not a failure of the ideal as a provider, since he was providing for his kids, but only that he came up short in relation to the particular example he followed, that of his own father. Dying at this point, however, would constitute a failure of the ideal, and this prompts him to survive.

But this is more than just a sense of surviving. Survival alone does not generate the requisite means of self-renewal and rebirth. Certainly, it offers more potential than not choosing to live, but to grow from the experience, the experience needs to operate as a catalyst for a sense of transcendence and transition. As Steve mentions, going through what he did gave him a sense of pride and the notion that he was stronger for it. He mentions the obvious reference to Nietzsche’s (1968) aphorism himself, but he demonstrates further adherence to a Nietzschean school of thought in his articulation of how his own abyss altered and inspired him.

*“But I keep one foot and sometimes half of my body in the other world.  
Because I’m still on this roller-coaster of recovery. I’ve... I’ve touched*

*death. I've been that close, I believe. I believe I've been that close; I've not attempted... but I've been that close. And I've lived it raw for so long that it's become a part, of me and my life. In some ways I don't want to lose that. It helps me carry on and I'm proud of it, and I've always been an advocate of the Nietzsche idea and I have enormous respect for people who've been through this kind of thing. And it's something I can build into what I'm doing for the future; to tell people. When you go through this stuff it really does make you stronger. [...] But I am changed by it. Obviously. I was changed by [my partner] taking her own life. Going through what I went through has changed me forever and now having to rebuild. My whole perspective on life has changed."*

(STEVE)

Part of this change, as illustrated here, is the sense now of occupying two worlds. Or, at least, now possessing the ability to 'dance' between them.

*"Freedom to pass back and forth across the world division, from the perspective of the apparitions of time to that of the causal deep and back – not contaminating the principles of the one with those of the other, yet permitting the mind to know the one by virtue of the other – is the talent of the master."*

(CAMPBELL, 2008: 196)

This notion of mastery thus denotes the ability of 'the master' to traverse perspectives both grounded and abstract, allowing all to be perceived, whilst any given position is occupied and spoken from. Whilst a little difficult to discern through Campbell's words here, he illustrates the remark with reference to Nietzsche's idea of a "Cosmic Dancer" (Campbell, 2008: 196), which is, in turn, a slight obfuscation of Nietzsche's "dancing star" (1969: 46). Whilst not exactly a compelling argument for clarity in its own right, this metaphorical proposition extends to the notion of the 'Übermensch' or 'overman', the central conceptual figure within Nietzschean thought (LaMothe, 2003). The overman embodies, quite literally, the essence of freedom that grounds all Nietzschean

philosophy. Freedom from a constraining convention which, by Nietzsche's (1990, 1996) reckoning, stems from dogmatic adherence. To be truly free, one must overthrow the shackles of devotion, which position an actor as essentially servile. In doing so, one becomes able to create their subjectivity within themselves, as opposed to having it defined via an external dictate. In this sense, the act of autogenesis mirrors that which the ancient Greeks saw in their concept of Chaos. As a state, Chaos represents ultimate potential; whilst essentially 'nothingness', Chaos may become anything (Castoriadis, 1993). For Nietzsche, such a state is imperative for self-development. "I say unto you: one must still have chaos in oneself to be able to give birth to a dancing star." (1969: 46).

There are, of course, much wider implications to these notions, but there is, I think, a clear line to be drawn between these philosophical musings and Steve's account. He speaks of Nietzsche, sure, and his immediate thoughts align with a popular aphoristic remnant of Nietzsche's (1968) work, but there is a process of self-creation going on here too. He says it himself, with everything being "swept away", being left with nothing and having to rebuild. Not just his life, but himself. In term of mastery, then, Steve is demonstrating a clear track whereby he weathers the storm, which is essentially of his own making, and comes through the other side changed. Whilst he perceives the catalyst for change as being beyond his control, which is debatable, he certainly views the transition as being within his power. He has gained knowledge, of himself and his capacity to endure, this he sees as a strength.

*"And I say to [my current partner] 'look, I'm safer, because I understand it. Because I've lived through it so I know the signs.' Anybody... put enough onto anybody. And if anybody experiences that for the first time then they're at real serious risk. Because they don't know what's involved, they don't know what's coming to them, they won't talk to anyone. It's so difficult to get really meaningful, accessible, friendly information. Nobody wants to talk about it. They'll probably have a drink or two. They'll probably drive their car too fast. They are at really serious risk. Just like anything, when you start experiencing something for the first time, you don't know."*

(STEVE)

Having almost come full circle now, sees himself as a “role model”, a teacher or guide who can assist those less knowledgeable than himself. This is a similar perspective to that shared by Justin, in his capacity as a peer support worker. However, Justin’s knowledge is not that of himself over the patients he works with, in this regard he empathises instead, rather it is his sense of knowledge superseding that of the ‘experts’ he works under.

### *“Expert Patient”*

At the start of the millennium, the Department of Health introduced a scheme to assist those living with chronic, long-term conditions to self-manage their illness (DoH, 2001). The idea was to acknowledge the experience of the patient, who having lived with the illness for a considerable time had developed a strategy for coping with and controlling it. This appeared to be an acknowledgement by the biomedical discourse to accommodate lay experience alongside technical knowledge, thus effectively shifting the balance of expertise between the two parties. Moreover, it designated the patient as an ‘expert’ in their disease management (Tattersall, 2002). However, the degree of criticism aimed at the initiative by professional practitioners suggests that this arrangement of ‘patients’, both as and with ‘experts’, made for uneasy bedfellows (Tattersall, 2002; Shaw and Baker, 2004). For doctors, the pervasive image of a patient, fuelled by internet research, challenging their decisions from a limited and likely erroneous position, holds a particular dread (Shaw and Baker, 2004). Also, despite the trials for this approach claiming to increase efficiency in terms of how patients use a doctor’s time (Lorig *et al*, 1999, 2001), many doctors feared that a patient thus empowered may actually demand more of it (Shaw and Baker, 2004).

An analysis of the efficacy of such programmes and the degree to which the physician’s fears are borne out is largely still ongoing, though by 2007 there was some evidence to show that the scheme was achieving a mixed success (Griffiths *et al*, 2007). On the one hand, the patients were demonstrating more confidence with respect to their illnesses, but this did not reduce GP or specialist contact time nor hospital admissions (Barlow *et*

*al*, 2000; Griffiths *et al*, 2005; Buszewicz, 2006; Kennedy *et al*, 2007; Lindsay and Vrijhoef, 2009).

As identified, however, the idea that a patient felt themselves to have a better understanding of their illness was present prior to the introduction of the initiative. Moreover, it currently extends outside its official existence within a given treatment pathway (Tattersall, 2002). From my own experience in moderating a forum for those experiencing migraines, and from fielding calls from such individuals, there was a strong sense of being an 'expert' within the field from many within the community. This not only extends to managing their own symptoms but also advising others to do the same. This reaches a point where even drugs are being discussed in such an advisory capacity with regards their merits and efficacy. Many of these individuals are well informed and engage with the current research and literature on the subject. This they can place within a personal context as well as disseminate to others. But many are easily seduced by fringe ideas and misinformation. The increased confidence, however, being placed in themselves or the random internet sources they blindly follow, can lead to problematic behaviour. The same can also be said for the actual 'expert patient' programmes, where certain personalities, if leading such groups, may cause more harm than good (Tattersall, 2002).

Parallels with high profile movements such as 'anti vaxxers' logically exist here. Though I think it worth noting that the conspiracy led phenomena of which this movement forms a part are not where I want this discussion to go. The expert scepticism prominent in the underpinnings of these growing challenges to dominant discourse are largely formed out of distrust for elites and the information they provide (Hornsley *et al*, 2018). The alternative narrative may indeed result from a growing public confidence in their own opinion over empirical evidence and its system of knowledge production (Motta *et al*, 2018), which may result from the increased responsibility for self-management advocated by expert patient programmes. But the interventionist approach of 'fact checking' and the debunking of spurious claims tends to have little effect on the spread and acceptance of the misinformation. This is not a deficit of scientific knowledge, but a rejection of it (Hornsley *et al*, 2018).

The expert patient element that I observed and want to discuss here doesn't originate with a false sense of occupying an informed status entirely out of presumption and hearsay, but instead out of a position of personal entitlement through experience. This is how Justin, certainly, appears to exercise control over his situation. Justin does not try and utilise an alternative framework for this expression of control, rather he employs the psychological discourse through which much of his care has been operationalised. His lengthy relationship with this system offers him an insight on it in terms of its efficacy. Clearly, his continuing relationship with the mental services precludes any notion of them being successful in treating his condition, but that isn't really Justin's intention. Instead, he appears to just prefer being validated by it.

*"My moods had been cycling so quickly from depression to non-depression, that I was like, 'This isn't depression. This isn't your bog-standard depression. There's something else going on.' So, I asked the crisis team's psychiatrist to reassess me. And she was such a lovely lady. That was the only good point. Erm... She was so thorough, she spent about an hour and a half with me. And she ended up diagnosing me with as, rather than depression, I always thought she was going to say bipolar, but she actually said Borderline Personality Disorder. Erm, which explains a lot of my behaviours in the past like with my eating, because I binge eat, erm, it explains those thoughts when I was five years old. Because you have a lot of anger when you've got BPD. Although I'm not verbally aggressive, erm... So, it explained so much, and it explained why, at 5, I wanted to kill myself."*

(JUSTIN)

Prior to this, he had largely assumed that he was depressed. Yet there appears no official diagnosis in this regard. There is also no mention of the types of medication he possesses in his narrative. He certainly has drugs, which he uses for the overdoses, but it is not stated what these are or from where they originate. Only the mention of his grandma's pills at the very beginning provides any such information. If the drugs he is using are SSRIs, the type of drug most commonly prescribed for depressive episodes

such as those indicated in the narrative, then the likelihood of a fatal overdose is extremely low. Minor overdoses of such medication are indicated at 30x the usual dosage range. Major overdoses lead only to drowsiness, and perhaps nausea. Fatal doses are therefore extremely high, though vomiting is likely to occur long before a fatal dose is reached (Barbey and Roose, 1998).

As mentioned with respect to the migraine community, such a discussion of drugs is commonplace, with a certain hierarchy of expertise being demonstrated based upon the different types of drugs that have been used on them to treat the disorder. In this regard the knowledge demonstrated does appear to verge on that of a professional pharmacologist, at least in relation to pain regulation. However, there is no such fixation on specific medication anywhere in Justin's account. Instead, his claim to authority is based upon interpersonal attitudes and skills.

*"Two days after starting me on the medication one of the team came to see me and said, 'Right we're discharging you today. I said, 'I'm not even up to a full dose that I'm meant to be on.' Let alone any other factor. This was like 2 days after the diagnosis. I'm like, 'You've diagnosed me, you've given me new medication and you're just telling me to go home and get on with it? Because you're not just...' With BPD, in my borough, there's no... The community teams won't touch me because it's too complex. Erm, so, I have to wait for specialist services. The waiting list for specialist service is... is 8 months just to be assessed by them.*

*So, they've made the diagnosis and they've said your GP can monitor it and I'm like, 'Well, what...? You're saying that I'm too complex for community teams, but not too complex for a GP who's not a specialist in mental health?' Especially as my GP won't touch mental health. Erm, I'm like, 'How can you do that?' But, they said, that's the way it is. And then she turned 'round and said to me, 'So, how are you feeling?' I said, 'To be honest, I just want to go upstairs, take... when you're gone, and take an overdose because obviously you don't... the*

*services don't care. She turned 'round and said, 'You're putting me in a really difficult position...' And I was like... Obviously, I was but, to actually say that to me when I'm obviously in the middle of a crisis? I just flipped and I said, 'Get out of my house now!' I kicked her out of my house.*

*I went upstairs, got drunk, took and overdose. The biggest overdose I've ever taken, erm..."*

*(JUSTIN)*

This resulted in a trip to hospital, but he was drunk and decided to discharge himself and leave. Since he had been determined to be a danger to himself, he was eventually tracked down by police. But he again refused to accompany them back to the hospital, citing certain legislation in support of his decision.

*"And then I went, 'And, under the Mental Health Act, I have full capacity. I might be drunk, but I know what I'm saying. I know the repercussions are that I might drop dead because of my overdose...erm... but I'll take responsibility. I know that's a risk.' And eventually they gave in and went off. Once they left I then went upstairs and took even more of an overdose. I don't even know why at that point. I was just like, 'Pffff, what the hell?' Erm... And... then I just fell asleep."*

*(JUSTIN)*

Here, again, we have some conflicting observations on expertise. On the one hand he wishes to exercise his control over the situation by countering the police's wishes to return him to hospital by exercising his knowledge of the Mental Health Act (1983). His accuracy in this regard may be questionable, but it is not clear whether or not he was actually being held under the provision of the act. Regardless, it is his determination to employ his assumed expertise that is significant here. On the other hand, there is the issue of dosage. His largest overdose, and a subsequent second overdose, serve only to send him to sleep. Is this another miscalculation, or a very careful one? In the latter case

the conflict is resolved. He knows how much he needs to take but might still push it. Only it seems that either the medication, that remains unspecified, or the dose is still known to be insufficient to cause serious harm. It is perfectly possible that death is not the intention. He has spoken of the desire to get someone to ‘take him seriously’ and care for him and his situation, it is also possible that there is a desire just to render him insensate to his situation for a short time. This idea of taking the pain away, if only as a temporary measure, occurs in other accounts of suicide survival (Cannetto, 1995).

Returning, however, to the observation regarding personal validation and care, the quotes here illustrate a strong affiliation with the idea that the condition itself is defining. The diagnosis he receives succeeds in placing many of his previous behaviours within a cognitive framework that he completely accepts. Understanding is borne of this confirmation. Whilst it does not correspond with his own summation of his condition, it actually appears to satisfy him further. It also provides him with what corresponds to a ruleset for his ongoing actions. He, as Charmaz describes, makes his “illness an ally.” (1995: 278). Moving forward, whatever he does becomes set with this diagnosis. It effectively explains himself. In so doing it produces a form of knowledge, and consequential expertise, which he uses in his capacity as a mentor. He thus feels that he understands the patients he works with through access to that knowledge. Though, it might also be said that his observations in this regard tend to return to his initial premise with respect to why he overdoses.

*“But, you know what? I saw... I must have seen about 30 patients while I was on placement. Pretty much every single one of them said they just want somebody to care about them. And it didn’t matter whether they were men or woman. Most... a lot of the patients... Some of them were like 80-90 and saying that. And you’re like... And, they all had like different diagnosis as well, it wasn’t just depression, it was Alzheimer’s, it was psychosis. About 95% of them said that at one point when I saw them; they just wanted someone to care. And it’s not about those tick boxes. You just want to feel like someone cares. That you want someone to care.”*

(JUSTIN)

In this regard, the BPD diagnosis also cements his conviction that he needs to remain under professional care himself. His periods of stability and 'crisis' seem to strongly coincide with whether or not he is receiving ongoing supervision for the local mental health teams. Once this ends, for whatever reason, he begins a downward spiral, often resulting in an overdose.

*"So, I'm just now on the cycle where I'm with the crisis team, they make me worse, I get discharged. I pootle along for a few weeks/months and then back with the crisis team. And I'm just stuck in that cycle now. I'm like... this is really bad. And that in itself is damaging my mental health. Because I know I'm on that cycle. And, also, I know that they're not very good. So, I'm like, if I'm in crisis, would I actually go to them? In my job I've got to tell patients to go to them as well. And that's a conversation I need to have with my manager because, morally, how can I tell them to go to somewhere that made me take my biggest ever overdose? "*

(JUSTIN)

For Steve, this idea of the "expert patient" manifests outside of the biomedical paradigm. Whilst acknowledging that he might have benefitted from seeking professional help at his lowest points, he immediately justifies his refusal with the caveat both that doing so would imply some failure of self-image, a blow to his pride, and also that he is his own expert in this regard.

*"I didn't want to go to a doctor, because I'm too proud to do that, and I think in many ways that I know better than doctors. But it made things very difficult for me, especially as I didn't talk to people."*

(STEVE)

Even where medical attention appears essential, there remains a deep reluctance to accede control or authority to such professional expertise.

*"I don't go to the doctor. I did go to the doctor, interestingly. When I was living down south, I stupidly drank some river water, not realising how bad river water was. I got really, badly, ill. And that's on top of all this suicidal anxiety [laughs]. I got wiped out and [current partner] ended up taking me to A&E, and I was there all day. And I would not have the antibiotics that they wanted to give me. I wanted to beat it by myself."*

(STEVE)

However, there remains a sense of self-recrimination in this regard; that in serving his pride and self-belief he is still contravening another masculine value, one of maintaining a degree of responsibility.

*"I think that maybe I should really have just gone to a doctor and got some medication and been... been ok like a lot of other people. Maybe I should have done that. That would have been a responsible thing to do, and I wouldn't have been talking to everybody about this. So maybe I have done that wrong, I don't know."*

(STEVE)

The subsequent questioning of his actions in light of these prerogatives, I feel, highlights the demands of the hegemonic masculine condition. On the one hand you have the self-belief and self-mastery that is demanded. The reluctance to visit a doctor and thus place oneself beneath their greater expertise over the body is also a common occurrence with men, who are also far less conditioned to depend upon the health authorities than women in this regard throughout their lives. But these acts can clearly be seen as unreasonable and almost irrational when looked at in terms of potential benefit and the future reduction of harm. However, we also have the increased element of risk implied with such behaviours. Here it is not so much the successful negotiation of risk, which also demonstrates a degree of mastery, that is important, but the acceptance of it.

## Theme Four: Heroes

*To be, or not to be--that is the question:  
Whether 'tis nobler in the mind to suffer  
The slings and arrows of outrageous fortune,  
Or to take Arms against a Sea of troubles,  
And by opposing end them: to die, to sleep;  
No more; and by a sleep, to say we end  
The heart-ache, and the thousand natural shocks  
That Flesh is heir to?*

*(SHAKESPEARE, TRANS. 1987: 3.1.1-8)*

### *The Tragic Hero in Art, Life and Literature*

Oft quoted in relation to this topic, I'm sure. Shakespeare's words here, however, are not intended to add some classical literary aplomb to this section. Rather, I see them as poetically exemplifying this next theme. Using the idea of heroism with regards to suicidal behaviour is perhaps a little irregular. But, by no means antithetical. Demonstrations of the relationship between such tragic acts, both literal and figurative, are wide ranging in terms of period, medium and motive. Returning again to classical antiquity, the tale of the death of Socrates portrays a heroic, and thus acceptable, stance where the choice is to voluntarily accept death in defence of an ideal, rather than flee and thus appear to have abandoned it. The eponymous painting by Jacques-Louis David (1787) envisions this event, via his neoclassical rendering, with Socrates either proselytising to, or remonstrating with, a group of pupils or followers as he willingly takes the bowl of hemlock.

Similarly, though less dynamically, the beautiful corpse of the young Thomas Chatterton forms the subject of a famous Henry Wallis (1856) painting. The Pre-Raphaelite focus

on the ephemeral beauty of death carries through into this depiction, with the late poet seen as serene and almost sublime, set in deathly repose. Chatterton poisoned himself with arsenic in 1770 and became something of a romantic hero to many other impoverished artists (Treuhertz, 1987). Somewhat ironically, this vision of the fate of the struggling hopeful was an instant and resounding success for a hitherto unknown Wallis (Hamlin, 2004). The appeal of the fallen hopeful as a romanticised role model is further seen in the character of Werther, the protagonist of von Goethe's 1774 novel 'The Sorrow of Young Werther' (von Goethe, 1989). Rejected by his love interest, Werther shoots himself rather than face the humiliation and despair. It is claimed that this provoked a widespread 'copycat' phenomenon, with devotees not only mimicking Werther's style of dress, but also his death (Phillips, 1974, 1985). The evidence for this, however, appears largely anecdotal, with the original speculation being promoted by Goethe himself (Rose cited in Phillips, 1974). This appeared to have prompted a ban of the book in a few cities (Rose cited in Phillips, 1974) and across Italy as a whole (Gray cited in Phillips, 1974). As noted by Phillips (1974), Durkheim disregards the idea of such suggestibility in terms of widescale suicide motivation and method.

*"Are we then to imagine that, in some way, each suicide had as his initiator and teacher one of the victims of the year before and that he is something like his moral heir? ... According to this idea, each suicide would have received his tendency from some one of his predecessors and each act of suicide would be something like the echo of a preceding one. But not a fact exists to permit the assumption of such a personal filiation between each of these moral occurrences statistically registered this year, for example, and a similar event of the year before."*

*(DURKHEIM, 1952: 273)*

However, Durkheim's analysis was never really focused upon individual motivations, other than as a symptom of a larger societal issue. This then allows for the idea that someone already inclined towards ending their lives might do so in a manner inspired from another source, whether figurative or literal. It is this latter premise that provided

the focus for Philips' (1974) seminal article, which has provided the theoretical backbone for almost all of the subsequent studies that seek to establish, and sometimes claim to prove (see Schmidtke and Häfner, 1988), a causal link between depicted or described suicide, either in artistic or journalistic format, and a temporary, sometimes localised, rise in suicides utilising a similar method. As previously discussed, however, studies such as Schmidtke and Häfner's (1988) aside, most contributions to this idea are careful to couch their findings in less absolute terms (e.g. Hawton and Williams, 2002; Pirkis and Blood, 2001; Pirkis *et al*, 2002). Correlation, as we like to say, neither equates with nor necessarily proves causation.

Although such a precedent thus exists for the completion of suicide through the inspired emulation of someone else, and the number of celebrity 'influencers' in this regard are a common inclusion in such propositions (e.g see Jobes *et al*, 1996; Stack, 2002, 2005; Tousignant *et al*, 2005), my focus here is, in fact, upon the opposite. This being the notion of heroism I ostensibly find within Steve's account. I have introduced the idea earlier, in relation to the theme of self-mastery, which is a central element within Campbell's 'Monomyth', which serves as an envelope for the multiple stages of the hero's journey (2008: 1). Here I wish to elaborate on this a little, since I think it demonstrates an interesting take on the role of self-perception within certain masculine frameworks of suicidal ideation.

### *The Heroic Struggle for Survival*

It should probably be said that this is not an allusion to action heroes or superheroes, although aspects of this analysis can be found in an examination of either, particularly where they relate to masculinity. Instead, I wish to take the tragic heroes such as Hamlet, Heracles and Jason as the contemporaries to this particular conception. The trials and tribulations ("slings and arrows of outrageous fortune") serve to shape, or even forge, their character. Of course, all of these fictional figures die at the ends of their stories, though not directly by their own hands, despite allusions to this eventuality in some cases. However, it is the darkness that had descended upon all of them that I am interested in here, and how it is perhaps seen to be formative. This is not an attempt

at a direct comparison, nor have I taken to examine the particular circumstances of these classical heroes in relation to the topic at hand. Rather, this is a way of transfiguring these adversarial narratives, these stories of trial and triumph, into themes that I see reflected in the transcribed accounts of my respondents. There is a sense of parity here, particularly within Steve's account, in the way that he describes the events that have led him to his current situation. There is a sense of their enormity, both in scale and impact, filtering through Steve's recollections.

I have spoken about the false nostalgia of Shepherd Bliss (1995b); his call for a return to an anti-capitalist, agrarian existence that never truly existed also draws upon the same pantheon of deities and heroes as part of its appeal to a certain aspect of masculinity and male power. All of this I find represented in some fashion or another within these narratives. But central to this representation of the tragic hero is not an untimely end, or an escape back to a mythical origin, only a sense of perseverance and transcendence through adversity. For Steve, this begins to emerge as a theme about halfway through. We have already seen some of these calamities described above, in relation to their impact upon his sense of self-mastery and control. Here we see these effects of these catastrophic events again being described, but now also we see how he retaliates.

*"And here's when it started to bite. And it turned from grief, which was hollow and indescribable and utterly impossible to put into words how horrific it was. Even when I was in that numb stage. Absolutely horrific. I just... I just... I'd pretty much stopped drinking. I wasn't drinking much then anyway. I'd always kept myself fit. I was running quite a lot and started running more and more. So, I just ran more and more, and more. In the hills... I mean, it kind of gets you into a different space. I started eating even more cleanly. And really taking good care of myself as much as I could do."*

(STEVE)

In turning to physical activity, Steve demonstrates a strong degree of emotional expression and communication. Not with or between others, but certainly to himself. He recognises the strain and has already spoken about how his thoughts turned inwards.

He did not seek any outside help in tackling this increasing isolation, though remains reflective about how this might have been of benefit. He shows us that this is a choice, one that has been reasoned but can also be questioned. This demonstrates a sense of agency being imposed upon this situation, which stands apart from Justin's account of losing this within the decision-making process. For Justin, emotional communication comes as a result of mental detachment; as a result of his emotional side gaining control. for Steve it comes about through a focus upon exerting increasing control over his physical state. Where Justin retreats into a state of abandon, Steve fights back, resisting the impulse, if you will.

*“And I’m lucky, I think, that I recognise that there is that Rubicon that you could cross, where you get into that danger, that red zone, where that one thing could tip you over the edge, a phone call, anything. And it just tips you over the edge, and you have that moment of madness. That might have happened to [previous partner]. And I, I think it’s all very finely balanced, until somebody actually kicks the chair away, or actually lets go. It fascinates me, from a personal point of view, and I think part of the reason I’m safe is because I recognise, I think, when I’m getting close. Not to the point of being... acting on it and getting the rope but getting close to being in that danger zone where I lose control; where I might do something silly. ”*

(STEVE)

I see this as emotional expression because it is predicated, not just upon a reflexive response to a situation, but through an acknowledgement of the effect it has upon him. He does not talk this through, but acts out. But he does not distance this acting from any kind of rational framework, rather he seems to focus upon his physical fitness and wellbeing as a means of protection. He reasserts control through these actions, thus to some extent acknowledging the idea of suicide as an irrational response to adversity. On the other hand, he maintains that the decision to end one's own life can be a reasoned choice.

*“I’ve also thought, well, since [previous partner] died, that actually the decision is a quite whimsical one. Now, I don’t, not that we ever know what people are thinking, But, by all accounts... What I don’t understand is that [previous partner] had a folder about a couple... started preparing a folder, about a couple of things in her life. Now we didn’t realise the significance of this. Lots of people do this. And [previous partner] seemed to be great on the Sunday, but I believe that she had at the back of her mind the possibility that she was going to take her life. Or the decision to do it. “*

*(STEVE)*

I think this position is further supported by those suicides who leave a note. These ostensibly account for a series of failings resulting in a reasoned decision to die (Galasiński, 2020). As Steve mentions above, in the case of his own partner, this note may appear entirely rational while still demonstrating, in his eyes, evidence of complete delusion.

### *The Fate of a Hero*

The acts as described here demonstrate to me a sense of control. But where the circumstances defy such, the attention is diverted back onto the personal as a means of addressing the bigger picture. Controlling the events that transpire is not possible here but controlling how one faces them is. In this sense I am reminded of how the hero, upon acknowledging their destiny, strives to meet it in the best way possible. Through the accumulation of knowledge, the taste of defeat, and the physical honing of their body and skills (cue montage), they become much better prepared to face the inevitable (Campbell, 2008). Nobody in these tales, when having their destiny unveiled to them, goes, “oh, well. Que sera...”, before heading off to the tavern and waiting it out. Despite the destination being revealed, the journey must still be accomplished. The reasons for this often being bound up in notions of honour and the desire to make a good account of oneself. A line of reasoning Steve has consistently maintained. Outside of the stories, however, one’s assuredness of the hero’s ultimate destiny is less well pronounced.

*“You start to think are the fates conspiring against you? Ok, it’s my time then and you just feel defeated so it’s a battle to keep going. [...] I found myself thinking, a lot of then time ‘this is my time’. ‘Maybe... maybe my life is just naturally now coming to an end?’ ‘And maybe this is... this is naturally going to be the end of my life.’ Because maybe that’s kinda what happens to somebody? Now I’m physically fit, but that’s not what it’s about. Maybe... maybe I... maybe this is my sense of, not only of mortality but of, you know, my time...maybe now I should die. I have that thought quite a lot still. Have I got...how much of my life have I got left? “*

*(STEVE)*

In recognising this ‘fate’, much might be put into perspective. And here a decision arises, based upon a rational, if not perhaps a reasonable, evaluation of the circumstance. Whilst impulse certainly has a part to play in suicidal behaviour, it is also clear from Steve’s account, that this is not just a raw reaction. The continuance of a circumstance that asserts negative pressure provides an environment of risk, and certain factors might exacerbate this in term of actions. But there is also an ongoing recognition here of such risk and the potential for escalation. In all cases this remains a choice, albeit one framed within a certain perspective, as all choices are. In addition, there is the sense that one’s fate might be accomplished through such an action. Although, of course, this remains a decision. The degree to which this avoids or correlates ideas of pretermination and ‘free will’ is, however, beyond the scope of this discussion. Suffice it to say that these ideas remain present, both in the heroic tale and an individual’s capacity for self-reflection, only they must here remain untouched.

## Conclusions

### Summarising the Themes

The investigation of these themes has demonstrated a number of similarities and differences in how these men have both accommodated the events of their lives and

responded to them. For both men, then, their fathers play a significant role in their lives, but for entirely opposite reasons. Steve's relationship with his father is defined through a sense of his following in his footsteps out of a sense of love and loyalty. He also describes how his desire to successfully emulate his father, and avoid disappointing him, guided his actions. Interestingly, it was these actions that ultimately became extremely harmful to his sense of wellbeing. Justin's father is described only in terms of his absence, first temporary and then permanent. His similarity to his father is noted, but a positive relationship is never acknowledged. In each case, notions of how to be a man relative to their father's example are somewhat implied.

As might be expected, relationships also feature strongly here. There has been a great deal of unhappiness and emotional pressure shown in this regard. An array of circumstances which weave a rather arduous tapestry. These events have been described as predominantly formative, through which we can effectively establish a line of reasoning for the behaviour that we have seen illustrated. In this we have a desire for the ordering of these experiences into an instructive framework. This object lesson in causality serves something of a dual accomplishment. Firstly, it allows us to plot a discernible, transformative journey via a series of unfortunate events, almost worthy of Herculean address, towards a current, effectively transcendent, state of mind. Additionally, this purposefully legitimises the feelings of triumph and pride in both surviving, and consequently thriving from, such adversity.

This is certainly more evident in Steve's account than Justin's. However, I feel that the behaviour of Justin is still somewhat aligned here. Despite numerous overdoses, no serious harm is experienced. The 'attempts' then serve to pressure a transformation in his circumstances that better align with his desires. With Steve, a sense of self mastery is present throughout, with him taking great pride in his 'accomplishments', which are mostly due to his success in either negotiating or just surviving a series of adversities. In each case this introduces a significant element of control. On the one hand we have the traditional sense of controlling situations and maintaining a degree of acceptable order within one's life. This is a trait often associated with masculinity, the ability to exert and maintain control over a situation being a sign of leadership and strength, with the inverse being perceived as a demonstrable failure or overall weakness. As such this

is a key aspect of my analysis. The role of masculinity in determining each man's sense of success and failure with respect to the amount of control he can establish over his circumstances, both imminent and long term. For Steve, this takes a very traditional course. The desire to be seen as a strong, capable provider. Able to create and keep a family. It is clearly a major concern and is heavily reflected upon throughout his account. Moreover, it is also seen as his greatest failure.

Justin's control is evidenced through his behavioural patterns. As mentioned, the use of the overdoses serves to alter events in his favour. Where that appears to be self-destructive, it is actually self-affirming. It provides a framework through which his presence is constantly reified as central and, most importantly, cared for. Where that feeling threatens to slip, another incident is soon enacted. This negative reinforcement, however, does not provide Justin with a level of self-determinism that transcends the discursive frameworks within which he is able to realise himself. He becomes entrenched in a system through which he is able to demonstrate expertise, both in his self-reflexive accounting of himself as a 'patient', as well as his ability to manipulate events through this system to serve his ends. In this light, Justin's masculinity becomes subordinated to a constraining medical discourse. His identity is pinned to this through his diagnosis. His expressive agency becomes a symptom of his condition. Whilst BPD would essentially appear as a marginalising condition, in its deviation from a 'normal' mental health schema, it remains a product of the 'psy' disciplines, thus a part of the overall regulatory discursive regime (Foucault, 1967). Nonetheless, this does not erase Justin's masculinity, it simply offers certain parameters of its expression. Similarly, Steve's devotion to his father, and the framing of his activities in line with his imagined expectations provide another 'cage' within which his expressions of masculinity are limited. They emerge upon much more traditional lines than Justin's, of course, with the duties of being a father and husband defining his relative success and revealing his undisputed failures.

## Failed Masculinities

*“Nowadays men often feel that their private lives are a series of traps. They sense that within their everyday worlds, they cannot overcome their troubles, and in this feeling, they are often quite correct.”*

*(MILLS, 1959: 3)*

Questions of failure have been mentioned previously with regards to whether suicide might be seen as a consequence to such. Restricting my observations to these interviews alone, I can certainly say that failure forms a recognisable aspect of these men’s considerations of self. However, I would be hard pushed to say that it is a definitive catalyst for suicidal behaviour. Failures form a significant part of both narratives, and they seem focused around the experience of relationships. For Justin, however, the failures do not appear to be addressed in terms of necessarily being his own. There is recognition, certainly, of his behaviours leading to particular difficulties, but the framing of these issue leads us more towards the view that this is perceived as failures in external systems. Specifically, those systems which are thought of as care providing. The failures of his father to perform that role, his brother to emotionally connect and his mother to provide the required assistance at a certain point in his life, are constitutive of an unsupportive context which has served to necessitate his engagement with the health services and their responsibility to take an interventionist stance in his self-abusive behaviour. These services’ subsequent failure to adequately fulfil his desire for them to ‘take care of him’, serves to provoke a response which he knows will again cause the system to re-engage. Only to eventually disappoint and thus the cycle continues.

The failure in masculinity, then, would appear to be a failure to mature with a sense of self-reliance and the strength to independently self-determine. However, this image of self-assured masculinity is flawed. It’s a nice picture to inspire self-confidence, but it fails to recognise the complex web of dependencies that are inherent both in the concept of masculinity, as well as the lived experience. The very existence of a hegemonic ideal depends upon subordinate and complicit positions. These act as both counterpoints and enablers. As Hegel’s 1806 thought experiment goes to show (Hegel, 2018), there cannot be a dominant position without the existence of subordinates. In seeking to move

beyond a dualistic approach, Hegel sought to demonstrate that only through an understanding and acceptance of equilibrium in this regard could self-realisation be properly achieved, and through such, a sense of complete self-mastery. But no man stands alone, so any such achievement can be argued as failing to account for the necessary inter-relationships through which any sense of self must be negotiated. Similar criticism, I think, can be aimed at notions of reflexive modernity (Giddens, 1990; Beck, 1991), where the question arises of precisely who's reflexivity is seen to count. Whilst not specifically couched in terms of masculinity, I find the notion of hegemony here to be implicit.

So, the idea of a man alone already presents us with an unrealistic vision of self. The inability to cope without help is then conceived of as a weakness, despite such relationships being an intrinsic property of social existence. The need for someone else in one's life becomes an ever-present urge, with impediments to this, self-imposed or otherwise, serving as sources for considerable anxiety. As Steve states: *"I was really desperate, you know, to find someone."* This was in the face of a failing marriage where his wife was already engaging in other relationships. He accepts these, unreservedly, as being his fault due to his immersion in another masculine pursuit, that of work.

*"Anyway, she found somebody else. Because I'm a bit of a workaholic and I was simply not around, you know?"*

(STEVE)

But I sense that the justification for the infidelity is being tacitly challenged by the admission that it was his desire to provide, through 'work', that led to the rift. He is clear in his account that he is the sole provider, which he acknowledges as an essential responsibility of a husband and father. Even so, the failure to maintain a marriage whilst endeavouring to undertake such a responsibility represents a net failure as it was something that his father managed to achieve.

What these examples serve to demonstrate, I feel, is the practical impossibility of serving the masculine 'code' adequately. Ideas of hegemony aside, since this is not an attempt to establish hierarchies in relation to the respective responsibilities mentioned, the images of masculine 'success' that we cultivate do not accurately depict how

challenges to this outcome might be negotiated. This, in itself, is less a fault of 'masculinity' itself as it is a normal case of not taking everything into account. The fault in masculinity here is that there is an expectation that everything must be accomplished by oneself that leads to this misrecognition. There is more than a single individual in any relationship. The error in judgement in Steve's recollection, for example, is that not only did he feel solely responsible for making the marriage work, but that he saw his attempts to do that as the divisive factors. He made no real attempt to understand his wife's position, he simply assumed it on his knowledge of her childhood and her feelings towards his absence. In relating his feelings about his father and his desire to emulate him, no mention was made of his mother, or any acknowledgement of how she contributed to the 'perfect' marriage and upbringing.

In being unable to develop a loving relationship with his wife. Despite his assertion that they, *"made good children; strong children"* Steve saw this relationship as difficult and harmful.

*"I was living in quite a stressful way, and my wife was too, because I was the wrong man for her. I think we made the marriage work but there was stress and conflict. It was dysfunctional."*

(STEVE)

Some sense of responsibility for the dysfunction is certainly evident. However, by being "the wrong man" it is suggested that the entire package of being a given type of man is at the root of the problem. It doesn't exactly ignore the capacity to change, and the account certainly describes an attempt to make the marriage work, but this becomes more of a trial against an incontrovertible adversity. Something that, despite his best efforts, was doomed to fail. It is as if engaging in this fateful enterprise, and knowing the eventual outcome, was a necessary step in his personal journey. And yet, the inability to hold a marriage together and provide an ongoing family environment for his children continues to be a point of rancour.

## Keep On Keeping On

*"I can't see where you comin' from*

*But I know just what you runnin' from*

*And what matters ain't the, who's baddest but*

*The ones who stop you fallin' from your ladder"*

*THE HEAVY – "SHORT CHANGE HERO" (ELLUL, TAYLOR, SWABY & PAGE, 2009)*

Each of these narratives, along with the observations drawn from my time in the Shed, have something in common. Each, in their own way, demonstrate certain strategies for coping. All of the people involved in this study have, at the time of writing, survived. Not a suicide attempt *per se*, though that is true in Justin's case, but have managed to continue to live. Commenting that they have 'survived life' maybe something of a cliched aphorism, but, crudely speaking, it has some weight. Those in the Shed, for whom their working lives are ostensibly over, see a return to a productive environment that allows for a reconnection with the social world, albeit in a curated form. The establishment of a productive life is commonly understood to be an important element in a masculine identity. As discussed, the reestablishment of this structural quality provides a major contribution to the lives of the men who frequent the Men's Sheds projects. I have argued that this is more than a case of filling time with a pleasurable diversion. Whilst hobbyist activities do form a part of the Shed's repertoire, these, as illustrated, also serve to provide important points of contact for the men involved. Not just socially, though this is important, but also in terms of a practical context. Contributions from the men in the 'Train Room' involved areas of technical expertise, in addition to the general fun of the exercise. Elsewhere in the shed, more technical expertise met neophyte craftsmanship in the development and improvement of new skills. Collaborative efforts and solo endeavours all combining within this liminal environment, self-perpetuating the sense of inclusion and wilful continuation.

Similarly with the two respondents. Each here deliver a narrative shot through with coping strategies. For Steve, his masculinity, expressed through ideas of strength and provision, through fatherhood and his relationships, becomes a means of addressing both his failures and his triumphs. He recognises where he has not lived up to certain expectations, often couched around the image of his father as a successful family man. Yet his determination not to give up, to fulfil his responsibilities, has provided him with a reason to go on. A focus upon a healthy lifestyle, fitness, and leadership all sit within a strong, dare I say hegemonic, masculine framework. The struggles he has endured are seen very much in a formative light, strengthening him through experience. He feels pride in his accomplishments and uses the shame of his previous failures to educate, instead of vilify. Essentially, he is proud of his survival.

For Justin, the emphasis is on control. His actions do not speak to the nominal masculine ideals in the way Steve's do. His frequent overdoses tell a different story. Justin's desire to feel worthy echoes a common masculine fear. That of redundancy, either in employment or the fear of being replaced in a relationship. It appears to stand in opposition to the strong, self-reliant stereotype of the hegemonic male, but the need to be cared for remains a powerful, if often obfuscated, component of a male identity. Justin often spoke of his brain having an agency beyond his control, and of it taking him to dangerous places. This tended to happen where certain expectations were not met. Whilst not always, these episodes tended to cumulate with an overdose. After which he would be subject to elevated supervision and medical care. The intensity of this experience appears to satisfy him in the short term, before it relaxes into the perceived indifference that again leads to the failures in expectation. Justin's suicidality here is not so much an effort to end his existence, rather he uses these incidents to infuse it with meaning. Like Steve, he has arrived at a point where the potential for ending one's life has coalesced into a tangible form. Each have faced this as a distinct possibility and stepped away from the brink. Yet each now live with the realisation of that possibility inside them. It becomes an option that rests only a decision away. Knowing this, and knowing that this decision is wholly theirs, they endeavour to proceed with their own specific practices of survival.

As unconventional as they may sound, these strategies for survival are important to consider in the experiences of suicidality. Whilst we might direct our concerns to the dangers of certain traits and behaviours, we must remain open to the specific perceptions that drive them. If a man's ideals of strength and resilience are what allows him to cope with adversity, then what do we risk in trying to disabuse him of such? As Chandler (2021) describes, stoicism may provide a measure of protection. This should not be misunderstood necessarily as an impediment, but perhaps as a strategy. Seidler's (1994, 1997) account of a schism between men's emotional lives and the vocabulary required to express them does not appear to accommodate the notion that this is less an inability to form the words, but a conscious, rational, decision not to. As I have argued, whilst the cartesian man is noted for the suppression of his emotional life, this is a highly selective premise from the outset. Certain emotions have long been prioritised in the conception of masculinity. That these priorities have changed, does not immediately emancipate men from any prior constructions. The idea that men will just sit, dumbstruck, when asked to engage with their feelings is not borne out by the evidence. Chandler's (2021) subjects were perfectly able to discuss their emotional selves, as were mine. They may have done so with varying degrees of discomfort, but this only emphasises the point. The fact that someone finds something difficult, does not automatically deny them the ability to articulate or engage with it.

It is this recognition that, I think, needs to gain more traction in our perceptions of certain behaviours. It is all too easy to follow the discursive line in accepting particular practices as bad without critically examining how that relationship is constructed. There is no 'one practice fits all' solution to this, if there is a 'solution' at all. Rather we need to try and accommodate alternatives within our interventionist paradigm. Clearly, even as coping strategies, cycles of self-medication, self-harm, and violence, are somewhat problematic. This is not an attempt to normalise such behaviour, but I am calling for a less proscriptive line of investigation and address. Pathologising such behaviour has become the stock response within the biomedical approach, which only serves to legitimise one treatment pathway over another. However, this is a deliberately conformist attitude that, ultimately, serves to reify its own continuation over an individual's actual needs. By acknowledging what need these behaviours are addressing

we might seek to accommodate them through the introduction of less harmful practices, rather than institutionally invalidating them. In this way we might expand our understanding of suicide and suicidal behaviour beyond that of a purely preventive standpoint.

### The Many Mirrors of Masculinity

Within each of these analyses I have endeavoured to provide some examples, and perhaps some insights, into what we might think of as the condition of masculinity. Or to be a little more terminologically accurate perhaps, a masculinity 'syndrome'. Whilst not speaking strictly in terms of an ailment or affliction, gender roles have defined properties and generate observable 'symptoms' in accordance with such. In terms of their performativity, gender roles can be understood only through the repetition of gender roles. Each, of course, within a specific context. This contextual reiteration serves to provide an observable series of behaviours, each reifying their gendered source (Butler, 1990, 1993) So, 'boys will be boys', if you will. Similarly, somebody diagnosed with BPD has been so determined due to the behaviours they exhibit. Thus, such behaviours become reified within that particular spectrum. I choose this example since BPD is not considered to have a single cause, and instead is acknowledged purely on an emotive/ behavioural basis (Chapman, 2019). Which, in a performative sense, is precisely how we recognise gender and define gendered practice. However, I must stress that I am not attempting to compare the two on any other grounds.

Essentially, then, I am looking at the practice/performance/ syndrome of masculinity as a collection of behaviours, all with different sources and motivations. And all expressed within different experiential frameworks. But I am also looking at how these reifications operate in guiding as well as limiting that very behaviour. In this sense, masculinities, obviously plural, also act as mirrors. There is no innate sense of how to act in any given context. It is something that must be learned every single time. And whilst there appear to be certain guiding principles, there is no single method of employment. The idea of masculinity, as understood and generally expressed in a given context may serve to set a behavioural standard. This may be broad, such as 'manning up'. Or it might be specific

- 'real men don't cry.' Importantly, the adherence and maintenance of such a standard is both an individual and collective effort. In a collective sense, there is a particular investment in what, to use Goffman's term, might be called a 'primary framework' (1974: 21). Goffman doesn't care to stipulate where he feels gender might be placed in relation to his 'natural' and 'social' primary frameworks. Indeed, he only really addresses gender at all in relation to advertising (Goffman, 1979). However, the scope of this analysis serves my point well, with advertisements and other such directed promotions occupying a significant place in the 'frame', which operates as both signpost and mirror when determining gender performance.

Staying with Goffman a moment, his ideas on impression management (Goffman, 1959) are also significant here. Of particular interest in this regard is the sense of 'the definition of the situation' (Thomas, 1967, 2002). This, of course, has far reaching implications with respect to our accumulation of practices which serve to generate a sense of identity and self. We effectively create what is real through our interpretation of appropriate, and inappropriate, behaviours within a given context, be it temporal, spacial, or commonly both. With such an environment established, consequences for adherence and non-adherence come into play. The communal maintenance of such an environment is built into this system of punishment and reward. Where one acts appropriately, one is accepted, or at least acceptable. Otherwise, one may experience privation and discrimination. The precise form this might take varies according to the circumstance. We can look back at Collinson's (1988) account of working-class masculinities in an industrial workplace and how pranks and jokes are used as benchmarks for inclusion as 'one o' the lads'. In this case, however, the intent is not to avoid embarrassment in others, but to inflict it. A competitive environment, then, which perpetuates the enforcement of essentially negative values as the basis for inclusive communal action. At any point these men could stop, and instead insist upon a supportive relationship based upon positive encouragement. But they do not. This 'definition of the situation' goes much further than any individual and exceeds the specific 'shop-floor' environment. It also transcends any given workplace to become a signifier of working-class masculinity in general, epitomised by working class 'heroes' like Tommy Robson (Nichols and Beynon, 1977).

Vestiges of such behaviour linger on with the men I observed but scaled down now to be almost imperceptible. Only where there was sufficient communal endeavour did the banter arise, with just the odd friendly jibe thrown about otherwise. The co-operative elements instead came to the fore. These men appeared to be creating a community that seemed much more aware of its need for one another. Placed in the context of individual livelihood, the competitive aspect of these masculinities sharing a common space for personal goal is often expressed through the scrutiny of each other's behaviour. This is demonstrated in the degree of contempt held for those who appear to be 'work-shy'. Nicknames and verbal abuse become common ways of trying to police this behaviour (Collinson, 1988). Whilst one man's endeavour has no direct influence on another's, a sense of someone doing less for the same rewards rankles and serves to defy the definition of the situation. In the Shed, however, both the situation and the definition were established on entirely different lines. Whilst I still felt a sense of disapproval from time to time, for example when the guys in the train room were discussed by those in the workshop, each other's personal contribution appeared to be weighed less heavily in terms of productivity. Here it was more about establishing a sense of self-validation. A continuing reason to exist. Couched, of course, in terms of productivity and labour, the context here must also be looked at in terms of lifecourse. For many, the sense of 'gainful employment' remained important, but not as a means of providing for a family, a traditional masculine objective, but now in terms of caring for the self.

Self-care is not something that traditional masculine values tend to reflect. Indeed, the lack of such attention, in terms of the harm one's practices might be inflicting, is often cited as a common issue (Gough and Robertson, 2010). Engagement in high-risk activities and a 'work hard – play hard' mentality serve to promote a situation where any inordinate attention on protection and safety appears to constitute a failure of concept. Though this is not to say that all such activities are necessarily considered as 'unhealthy', albeit the focus may still fail to acknowledge that the pursuance of a 'healthy lifestyle' is the aim (Sloan *et al*, 2010). And capitulation to medical oversight appears equally taboo (Courtenay, 2000; White, 2006). Mastery, including self-mastery, and expertise form a part of this relationship. Allowing for an application of such to

offset one's concern in a given activity. But there also remains a notion of putting these to the test through the pushing of limits, both personal and technological.

At least, to a point, and that point has a lot to do with age. Aging masculinities place an extra pressure on one's conception of self (Jackson, 2016). As one's physical image in a literal mirror changes through time, one's relationship with one's situation faces a similar transformation. The psychological urge to hold onto one's youth and associated vitality/virility through a flawed reconnection with one's past may be a subject of some derision, but it demonstrates the difficulties experienced when one's situation changes in such a manner. Much of this is, of course, influenced by the wider societal situation which might place its emphasis upon any given age group, but has, in terms of our 'Western' cultural values, sought to promote youth as an ideal state. Older age groups have been shifted from a place of reverence to one of ridicule and, ultimately, abandonment. On the one hand, this might side-line those of advancing age as younger individuals are given, or promoted into, positions, and where the 'values' of youth and youthfulness become predominant. Yet these increasing demands may also have another effect. The 'status' of age is less easy to define than the 'state'. What, for example, does it mean to be 40? Or 50? Or 75?

*"I was going to say that I've read... I've read somewhere that mid-life for men is particularly risky, because your father probably dies; you have this sense of mortality. You're beginning to lose your powers, well, you're beginning to lose your powers from like your teenage years in truth, or from your thirties, certainly in terms of your strength and the like. You're very aware of your loss of powers and decline is beginning in your 50's. And you become susceptible to suicidal thoughts."*

(STEVE)

Barring incident, reaching a certain age is unavoidable. But how that age is configured within any given social environment at any given time is by no means fixed. What it was to reach a certain age in the past is not necessarily the same now. The things Steve mentions are not universal, the likelihood may vary due to a number of different

circumstances. The closer you are in age to your parents, the longer they are likely to be in your life. Again, barring incident and ill health, of course. But ill-health shouldn't necessarily be seen as inevitable. Lifestyle choices play a large part of how healthy you remain as you age. Congenital disorders aside, one can stay reasonably fit into very advanced age. Moreover, we have advancing medical technologies allowing us to survive serious health issues, and increasing knowledge about our health, if we are willing to accept it, informing practices that might sustain a longer lifespan. And thus, presenting us with visions of future viability that entirely outpace those of our forebears. As Steve states,

*"I think I could do an enormous amount of good into my seventies, even my eighties and I joke with [my current partner] that we're going to live for 900 years."*

(STEVE)

This inevitable track, I would argue, is one strongly adhered to within certain conceptions of masculinity. Most of these being formed in the past. Accepting death and decrepitude would appear to form a perverse part of this conception. With lifestyle choices being geared towards the demonstration of strength and vitality, rather than the preservation of it. High risk activities, taciturn resilience, and aversion to medical attention being seen as exemplary, whilst offering the greatest chance of physical, and mental, failure. However, a look at a more contemporary version of hegemonic masculinity and we see men's health, in terms of fitness and physique, being highly influential. Diet and lifestyle promote a significant focus upon self-care, one which extends into practices of self-examination and self-reporting to medical authorities with respect to less visible ailments. And we have the increasing attention on men's mental health, both in terms of self-maintenance and intervention. All becoming common sources of media content and conversation. Discourses of disability are destabilised both through technological innovation and challenges to expectation. For example, who expected a centenarian ex-soldier to capture so many hearts and minds through a feat considered implausible by most for a man of his age? Captain Tom's subsequent death from COVID-19 adding a bittersweet pique to his tale of heroic achievement, whilst

demonstrating that some circumstances still exist beyond our individual or collective control.

Essentially, there is no single notion of what constitutes such a hegemony. There is no contradiction here, there is nothing to say that there cannot be multiple hegemonies, it simply depends on the context. The same rules of inclusivity and exclusivity apply but shifts in the conception do serve to reorder the membership in different times and places. Certain working-class masculinities, such as 12 pints a night Tommy Robson, for example, would not align with these changing circumstances. But there remains a collective consensus where he would still be considered a hero. As Connell and Messerschmidt (2005) acknowledge, their original concept of hegemonic masculinity was flawed on a number of levels. As an ordering of masculinities, it did not accommodate the existence of multiple hegemonies, each specific to certain situations. Indeed, each 'category' may possess such a hierarchy of its own in this regard. Black masculinities possess such, (Hope, 2010), as do gay masculinities (Demetriou, 2001). And this is not to assume that the categories of 'black' or 'gay' are themselves homogeneous or exhaustive in this regard. Indeed, the very notion of a 'metahegemony' of masculinity becomes increasingly problematic the more in touch with lived reality it becomes. It may well be argued that each of these possess characteristics of such an overall hegemonic apparatus but, as mentioned, I see such correspondence as the symptoms one expects with a given syndrome.

The masculinities on display here each correspond with one or another of these observations. Moreover, due to the age of the participants, I feel that they also exemplify some of the shifts and transformations that I have mentioned. The behaviours of the men in the Shed exhibit a combination of their more youthful exuberance in terms of workplace banter, whilst also accommodating their changed circumstances. Such as a recognition that retirement and ill-health, and what this represents, has served to create the space that attendance at the Shed temporarily fills. Although this does not naturally follow the idiom that older is necessarily wiser, as the proliferation of a number of less risk-averse practices within the workplace often demonstrated. A lack of safety awareness and appropriate protective gear being a significant issue across the workshop. Which, I think, goes to show how these transitions are by no means entire.

The point being that each and all of these hegemonies are not exactly recognised or followed as such. It isn't a case of following instructions, which would be something of a contradiction if the old adage were to hold, but of negotiating a sense of self in relation to a general perception of expectation in the given situation. The knowledge of the primary frame is by no means expert. It is a combination of different discursive contexts, overlapping with individual knowledge and experience, generating an ad-hoc response. A change in any of these variables will likely alter that response, but the configuration remains the same.

Connell positions the role of hegemonic masculinity as an ideal type (1995, 2005). Something that nobody attains, but most strive towards. I have now positioned it as something slightly different. It remains a reflection of certain ideals and traits, but it only occupies such a role in a purely theoretical framework. Similarly to how we would view a medical syndrome, we have a number of behaviours (symptoms) that correspond with a general conception of the issue. Through this analogy I feel we are better able to recognise the relationship. I have stated that hegemonic masculinity is not a template or blueprint for a type of man, since every man, every person, is atypical. However, there will be certain practices that correspond with this central theme. Through iterative practices, over time, this theme appears to solidify into something real. But it has no substance beyond that being drawn and redrawn in every action taken by those whose actions are repeated out of a belief that the pattern of such is the most appropriate for their sense of identity. But the essence of this belief is by no means homogeneous. When the above contexts and experiences are factored in, it bears a resemblance to the whole, whilst being personally adjusted. Changes in each of these factors readjusts the iterative practices. Who one is, in any capacity, is a product of this process in relation to the given 'frame', each frame informed by the wider regulatory field (Bourdieu, 1993) or discursive regime (Foucault, 1977). As such, all ideas of masculinity become reflections. In the wider context they reflect dominant notions and ideological positions, whilst also being the personal reflections of one's current sense of self. Related, but individually adjusted.

## Of Discourse and Experience

Lastly here, I want to reflect upon some of the theoretical and practical decisions that I have made in the process of thinking through suicide and in the reading of these accounts. My main analytic focus has involved both an examination of the various discursive environments through which suicidal behaviour is framed, as well as an attempt to reach the experiential sphere of those individuals who engage in such behaviour. Following Mill's (1959) assertion, the ability to view any given social phenomenon from both a private and public perspective becomes a crucial component of any sociological investigation. The acceptance that any given experience exists within a wider social context is central to our ability to understand them both. Mills, however, does not offer any particular theoretical direction with respect to how we might conceptualise these.

For me, the discursive model appears to be the best placed to think through how ideas within the wider, public, domain are structured. Crucially, it also describes how these ideas become 'inscribed' (Butler, 1989; Foucault, 1977) upon the body through the iterative practices that result from the coercions of the wider discursive environment. If our bodies, in this sense, are constructed through a process of intersecting discourses, then our internal lives are also constitutive of such. This is a contentious positioning when viewed from a certain perspective. Central to this formulation is that the body cannot exist either prior to or outside of discourse. Yet the pre discursive body must be allowed to exist for there to be a medium for any such description (Butler, 1989). But, like patterns described by parabolic curves emerging from straight lines, it might also be said that the body, that is the subject, is instead the product of these 'lines' of discourse themselves.

It becomes a question of focus, I suppose, and this is not a question from which I am here seeking to extrapolate any definitive answers. Nor am I looking to defend my position within the neat logic of a philosophical disposition. My choices, then, are less focused upon demonstrating any theoretical accuracy beyond the application of these ideas in line with my investigative premise. It was enough for me to acknowledge both the existence of the chicken and the egg, without overly concerning myself with which

was the other's original predecessor. Not because I find any such aetiological discussion uninformative, but because it bears little consequence to the subjective experiences of those I have aimed to study. The discursive environment, in this philosophical sense, is not a perceived structure within the lives of my participants. However, each may reflect upon it through references to the notional perspectives that I have identified as analytic themes, and it is in relation to these themes that I have attempted to access their inner, experiential, worlds.

I strongly feel that it is only through such access that any meaningful insights might be achieved. The subject is the point where discourse becomes realised. The body, through its conceptualisation and its practice, becomes the site where the given regime becomes visible. Ideas become manifest in the actions and behaviours of our bodies. Whether we support or resist the coercive structures within which we are enmeshed, we reify them through our reactions to them. Foucault's (1977) 'biopower' describes this inextricable relationship between our private and public worlds, and how each depends upon the other for the formation and furtherance of our social existence. We can identify and analyse these discursive apparatus or 'dispositif' as they exist in our societies, indeed almost all sociological work does exactly that, and we abstractly describe their relationships.

*"What I'm trying to pick out with this term is, firstly, a thoroughly heterogenous ensemble consisting of discourses, institutions, architectural forms, regulatory decisions, laws, administrative measures, scientific statements, philosophical, moral and philanthropic propositions—in short, the said as much as the unsaid. Such are the elements of the apparatus. The apparatus itself is the system of relations that can be established between these elements."*

*(FOUCAULT, 1980: 194)*

However, this is not how a given individual is likely to experience 'discourse' or a 'discursive apparatus'. Instead, we encounter opaque systems of diverse and often competing interests, false or questionable promises and assertions, financial constraints, moral impositions, institutional regulations, and existential fears. Our

reactions, both rational and irrational, to all of the above become the experiential bases from which a given opinion or practice is commonly formed and subsequently expressed.

When looking at something like suicide, it is vital that these different worlds are each engaged with. So, whilst on the one hand we can utilise notions of discourse and discursive apparatus as a means of situating any given experience within a wider coercive framework, we must also employ theoretical and methodological strategies to account for these experiences ontologically. The phenomenological approach allows for this through its investigation of experience as a personal, bodily, phenomenon. How people account for their own feelings and how they understand and actualise and describe the wider influences of the public environment is central to this form of analysis. Chandler (2019) proposes a ‘critical phenomenology’ which addresses what she describes as the intersectional aspects of any given experiential standpoint. This is crucial, I think, and it entirely conforms with my own application of discourse in this regard. The intersectional presence of a subject describes their existence across numerous social dimensions; described in terms of gender, sexuality, class, ethnicity, to name just some top-level designations. Each of these ‘sections’ are produced through, and typical of, the ‘heterogeneous elements’ comprising Foucault’s discursive apparatus, and each are understood phenomenologically by the individual subject not as public issues, but as personal troubles.

## CHAPTER NINE

### Wrapping Up: Conclusions and Reflections

#### Collecting My Thoughts

The aim of this project was to examine the role of masculinity in the phenomenon of middle-aged male suicide. From the outset I had a pre-conception, that ideas and practices of masculinity would have some impact on the propensity for some men in middle age to choose to end their own lives. As established, the rate of men to women who successfully undertake suicide is at least 3 to 1, so it is virtually a given that there is something particular in men's experiences which leads to this behaviour. Exactly what this might be, however, has been difficult to discern. We can say that men's opinion of their relative status and the pursuit of impossible ideas in terms of self-identity, as well as their changing relationships to these as they age, contains certain 'crisis points', leading to such a decision. Though we remain hard pressed to explain why more men don't end their lives this way. We would also be challenged on the matter of female suicide. If more women ideate, but do not follow through, or *do not succeed*, then where does this significant difference exist? Clearly there is a point of no return, but this is no, clearly defined, 'event horizon'. Rather, from what I have discerned here, it is a process. This process would seem to be the same for everybody. Not in the specifics, of course, but in the general journey. Depressive states are often experienced, whether clinically diagnosed or just otherwise present. A nagging sense of inadequacy, perhaps. Leading to a building of guilt with respect to one's capacity and contribution. Such is identifiable from many notes and explanations by men (Galasiński, 2017) and women (Leenaars, 1988, Lester & Heim, 1992). The same has been corroborated in the accounts here. The contents, however, are largely the same between the genders, with notions of failure and 'falling short' being common (Lester & Leenaars, 2016; Galasiński, 2017). This is often around family, for those in relationships, or friends, as in Justin's account, where they are not. Financial obligations are also common (Shioiri *et al*, 2005). However, only

a minority of people leave notes, and studies suggest there are significant differences between those who do and those who do not (Shioiri *et al*, 2005; Callanan & Davis, 2009; Paraschakis, 2012), leading to rather a complex meta-analysis across nationality, social status, age, gender, etc. Clearly, such an analysis is beyond the scope of this project, let alone these concluding remarks, but I seek only to demonstrate the level of variety here, which makes definitive conclusions somewhat ambitious.

This leaves an advantageous opening to be exploited by the biomedical paradigm and the psy professions. Where these social factors become increasingly compounded, we can cut through the whole Gordian knot with the proclamation that the patient is pathological. I don't mean to make this sound overly simplistic, but then I'm not really the one overly simplifying here. There is an acknowledgement within the psychiatric approach that social circumstances are significant in understanding suicidal behaviour, but these are seen as catalysts for the real problem, which is behavioural/psychological and thus treatable through behaviour altering medication. However, in viewing a suicidal person as a set of symptoms, one fails to see them as a social being, and suicide, as Durkheim (1952) has long been telling us, as a social issue. The social existence of normalcy is a contended space (Foucault, 1969). It is governed by a directed consensus and can only be defined in line with the hegemonic strictures of the period. We have seen these shift over the centuries, with each iteration condemning the previous for its barbarism and short sightedness. This instance is no different, relying upon technological and epistemological supremacy to illuminate the failures of earlier epochs, with exponents failing to consider within their current paradigm how future exponents might look to judge them. Perhaps my judgement here is unfair, but I base this criticism on the evidence before me.

That some suicidal individuals also exhibit significant mental health issues, some quite possibly pathological, does not make these necessarily gateway conditions, or suicide a contagious, phenomenon. As Durkheim (1952) suggested, the coincidence of severe mental health problems with suicidal ideation does not make suicide itself a pathological behaviour. It certainly stands out as one unfavoured by the discursive regimes which seek to constrain our behaviour in the preservation of our social order. Our 'duty to live' is, of course, compromised through such a decision (Batayrizi, 2008).

But the pledge to uphold this duty is made by proxy, long before our births. Little wonder, then, in this age of increasing self-determinism, that people become outraged when they are not permitted to die on their own terms and in their own time. Such is the prohibition in this regard that, even though the legal impediments have been removed, other institutional forces feel obliged to intervene on the basis of keeping us safe. Not simply the biomedical professions with their classifications and treatment pathways; their restraining orders and chemical controls, operating upon those who's will to baulk against their prescribed destiny defies all regulatory reason, but also those responsible for facilitating the communication of such a condition. The consensus towards obfuscation across most media outlets in the reporting of suicide also stands to highlight the fear encountered by the current paradigm with the expression of individual will over the enforced collective consensus in this regard. A practice not at all dissimilar to that of the protective parent, wishing to shield their offspring from the potential disturbance of wider social life. That the assumption of such authority is largely unquestioned by the dominant social body, and is often in fact lauded, serves to illustrate that the removal of a legal mechanism has done nothing to abate the underlying adherence to the original regimen. This is not so much a fear of the phenomenon itself but, rather, a fear of it spreading, becoming commonplace. Death is as common an occurrence as you can get. But the wilful renouncement of the duty to live? That must be contained (Bayatrizi, 2008). The regimental manner of such containment, however, speaks as plainly as a frank, first-hand account. The language of obfuscation being easily understood by those versed in its structure and grammar.

Issues of censorship aside, insights into why only some people choose this option whilst others, in similar situations and circumstances do not, remain largely elusive and inconclusive. I would say the nuance of these decisions rely upon factors perhaps unknown to those in such a position. Degrees of resilience that cannot be broadly pinned down. Durkheim (1952) spoke of social cohesion through religious observance being a mitigating consideration. His wider perspective may have illustrated this in his data, but it was by no means absolute. Having a support network around you is only ultimately advantageous if one is prepared to accept it. As these accounts, and many others, have illustrated, the choice to end one's life is so often preceded by a withdrawal

from these supportive environments. Their presence becomes another motivating factor, with the narratives carrying feelings of burdening those around them with their personal problems. So many notes are written as apologies.

But, as an address to failure, there seems little by way of distinction between the genders. At least in relation to the relatively small number of notes and survivor accounts. The role of masculinity, then, must reach a point of predominance with regards to something else. A more impulsive disposition, access to means, and a tendency for more violent methods are often cited (Hawton, 2000). This shifts the statistical potential for success more towards a 'point of no return' conclusion. The most common methods for suicide do differ by gender, with men choosing first hanging and then firearms, with overdoses being tertiary choices on the whole (Spicer and Miller, 2000; University of Oxford Centre for Suicide Research, 2013; Serdarevic *et al*, 2017). Women tend towards less violent means. However, as my own accounts serve to illustrate, some women also hang themselves, and some men choose to overdose. Reckless behaviour must also be considered. Again, as my accounts demonstrate, although actual completion is not unfavoured, it might not always be directly approached.

Dangerous behaviour is a common component within conceptions of masculine behaviour, both at work (see Stergiou-Kita *et al*, 2015) and at play (see Moran, 2011). Each of which finding a place within the formation of hegemonic masculinities (Connell, 2005). The degree to which this is due to a sense of self-mastery, or is, in fact, an invitation for self-destruction, is not possible to adequately determine in every case. The notion certainly remains a cause for deliberation in coroner's conclusions. In each of my accounts such abandonment to the fickle whims of fate is a recurring theme. It might represent a desire for the relinquishment of responsibility, or for a form of post-mortem absolution. Not specifically in a religious sense, since surely God would know the truth, but in leaving enough room for the wilful intent to be obscured in any findings. A hearkening back to the ensuing stigma and the consequentially spoiled identities (Goffman, 1963) that a suicidal act once invoked. And, in some cases, still does. Such courting of risk would appear less indicative of intent in male, rather than female, behaviours. However, incidences are not restricted to either.

The tying of masculinity to productivity has a resonance here. With the stage of middle age representing a transition point between the virile and fiercely productive younger man, and the encroaching sedentariness of the retiree (Neugarten, 1968). Children leave, redundancy looms. I think that this provides us with a set of circumstances which might give someone pause. This might generate a space for reflection, and accounting, if you will. In terms of one's association, one way or another, with hegemonic ideals, and one's own internal conversation with such, this stage of life stretches the relationship. Perhaps those that hold most strenuously to the tenets of the hegemonic code rage hardest against their perceptions of failing it; choosing to 'die like a man', rather than face the ignominy of their twilight years, But I'm not really convinced. Suicide is personal, and one's relationship with ideas of masculinity, hegemonic or otherwise, is also a personal one, so I don't see a clear-cut relationship between individual men and an adherence to a more collective ideological construct. What I do see is that those men who have spoken of their survival, or those who have communicated their reasons for ending their lives in a note, often rely upon a trope that positions their experiences in relation to a more hegemonic framework. Only, as previously discussed, the same tropes are regularly expressed in notes left by women. Identification of failure, or worthlessness, of being a burden, stand alongside expressions of love and the absolution of any third-party blame. It is perhaps too easy, speaking again of male suicide, for us to view these expressions within this hegemonic framework. To associate these personal accounts of failure within a wider conception of masculine traits and propensities.

This last point may appear to stand in contradiction to my entire premise. But it does not. I have endeavoured to determine the role of masculinity in middle aged male suicide, not directly confirm its influence. From the accounts in this study, I have certainly seen how an adherence to certain preconceptions have led to a sense of personal failure. An accumulation of such failures serves to generate an environment where a positive perception of self becomes difficult to establish, let alone maintain. Continued association with such a negative conception will most likely, over time, create a space where the consideration of suicide might occur. I have also seen, however, where these same associations have provided a reason to live. Steve's devotion to his

role as a provider, whilst leading to his self-derision on the one hand, also served to reinforce his decision to live. His vision of his children's future in his absence becomes a very strong anchor to life. It is worth mentioning that both of his 'kids' are adults with their own lives and careers. They pursued these occupations in a house that Steve owned at the time and were there during the period where things for Steve were at their worst. Keeping up this property perhaps formed the basis for his belief, but I also think his more abstract conception of fatherhood, informed by his perceptions of his own father, contributed to this feeling. If so, and his account appears to collaborate this, then it is indeed a hegemonic construction of a strong, providing father, that curtailed any ambition towards ending his own life.

In terms of a specific role, though, I would have to say that my findings are inconclusive. I know, not exactly what is expected from a conclusion, but I feel that attempting to confirm either a positive or negative association, certainly on a broader scale than two interviews, would clearly constitute confirmation bias. Even when considering the numerous arguments that position (traditional) masculinity as inhibitive by way of emotional access and expression (Seidler, 1994, 1997), I am not comfortable attributing it as a predominant cause. After all, if the ability to emotionally connect in a meaningful way, as is so often ascribed to women's behaviour, were so definite an impediment to suicidal ideation, then why, as Canetto (1995) suggests, do more women potentially consider suicide? Perhaps I am looking at this the wrong way. Maybe these women do feel similarly inhibited in their emotional expression. Maybe it isn't simply a matter of looking at emotional expression in such an abstract, homogenised, and decontextualised fashion. Again, we draw back to the personal. An individual woman's experiences of failure in her ability to both self and externally validate herself; to assume control of her life and her situation, bears little relevance to a general gendered conception of emotional resilience and freedom, and offers no consolation at all to her imminent predicament. Perhaps this is why the suicide notes of men and women appear so similar. These are not intended to accommodate contemporary theories of gendered identity; they are the last expressive accounts of a person who perhaps feels unable to otherwise connect and is unwilling to continue to live with the consequences of such.

Recognising this, however, offers us some instructive gain in addressing the issues that might lead someone towards a state of self-conception that precludes their continuation. The idea of being open about one's feelings and emotions is not necessarily a bad one. But the assumption that it is a universal address to suicidality certainly becomes so. For those men and women who feel trapped by their inability to express themselves thus, the premise that this is their only hope makes for an entirely hopeless situation. I understand, of course, that this is far from the intent, but I see little actually being done outside of the critical suicidology approach (see White *et al*, 2016; Button & Marsh, 2020) to accommodate alternatives. Robertson's (2007) acknowledgement of how some men respond better to physical activities where emotional content is present, but tacitly accommodated, is very helpful in this regard. As are, I think, organisations like the Men's Shed Association. Here we have a supportive and familiar environment, which grants a sense of productivity and contribution. Nobody is really fooling themselves that things haven't changed in their lives and nor do these men use these outlets as distractions from such self-perception. But they are given an environment which encourages a focus upon what might still be achieved, rather than what has been forever lost to time.

The heroic narrative that I have alluded to is also highly unforgiving of advancing age and impending decrepitude. Heroism is a young man's game. And whilst the hero's journey often culminates in an older and wiser protagonist, one who has benefitted from their trials and the experiences of both themselves and others in the accomplishment of their victory, the ultimate end of these figures is frequently tragic. Many are murdered by younger men, often as acts of retribution for one or another of their heroic deeds. Jason is a notable exception, though no less forlorn, crushed to death beneath the collapsing wreck of the Argo. As symbolic a depiction of the weight of our histories, and the fate of us all once our time has passed, as any.

## A Long and Winding Road: My Own Journey

This has been a difficult project, looking back, and not simply due to the subject matter. This was the terrain that I sought to traverse, though I could not have predicted what I

would encounter there. The nature of my quest, I suppose, was twofold. I was on a journey of discovery, as is the nature of a thesis, and an element of any adventurous tale. But the essential discovery here, as with the myths and fables, is what one really learns about themselves. And I have learned a great deal, as a researcher, as an academic, and as a man. As a researcher I have learned considerably about process. How things come together, and how they can also so easily fall apart. I have learned how to let go when holding on only serves to hold you back. I have learned how a project can take its own shape, irrespective and sometimes, it seems, infuriatingly defiant of what might have been intended. The lesson here, I think, is that attempting to stay in absolute control of a project may be less beneficial than simply acknowledging that you are always in command of it. You make the decisions, but you cannot, and I would say should not, always determine the outcome. Indeed, where would be the fun in already knowing what your decisions were intended to discover? Accepting mistakes is key to this. Errors are always instructive, of course. They don't necessarily provide us with a solution, but they certainly inform us that we need to look further towards that aim. And, in so doing, we may stretch ourselves and reveal things that we had hitherto been outside our consideration and would perhaps otherwise remain so. My mistakes here, my failures in imagination, allowed me to experience a number of things which, I feel, only served to enrich this project. I would never have considered the Men's Shed as a site for my ethnography, and thus never have undertaken those valuable observations. Through these I was able to form new ideas and develop further insights. Something that I don't think would have been possible had my initial plans come to fruition as I had originally hoped. Letting the project grow in this way, whilst still making the relevant decisions, was crucial to how it finally turned out.

As an academic, I have come to understand a lot about how the tools I use, the theories, methodologies and methods, really operate. Not only in the field, but in relation to the data I gathered there. I realise that this is part of the purpose of a doctoral project, along with an understanding of the process, but this is a recognition of how such intent manifests in practice. Specifically, my practice. I still find myself wondering at the parity involved in the research process. The relative benefits to each side. Perhaps the very terminology of 'sides' I use here is part of that issue. But I can't really view it otherwise,

given the significant difference in the relative impact this and similar projects have on the lives of the authors and the participants. Though benefits, of course, may manifest in different ways in accordance with differing priorities. I'm not seeking to discount potential long-term benefits either, though we must all recognise that these are far from certain. Still, the experience of putting ideas into practice and using them in furtherance of investigations in the 'real world', and I use the term unapologetically, by way of making a contribution to academia, is an exceptional one.

As a man, I have been fascinated by those reflections of masculinity which I have encountered along the way; from the immersive, and often emotive, experiences of the Shed, to the moving candour of the interviews. To say that these are untypical would be to misrepresent the amount and the degree of emotional communication that can, and does, occur between men. And whilst I recognise that these circumstances, particularly the interviews, serve to frame and thus emphasise such communication, they do not fabricate it. In terms of my own experience, I feel my emotions *all of the time*. Often I communicate them. Sometimes this helps me with dealing with a situation, sometimes it doesn't. Talking about my problems certainly doesn't necessarily alleviate them and knowing there is someone nearby is not always a comfort. My temper is often short, and my anger pronounced. I use it as a response to many things, and I saw it employed on many occasions during the completion of this project. It came as a result of anxiety and of frustration. Sometimes it was directed appropriately, at myself for example, and sometimes not. But I always knew it for what it was. I cannot speak for all men, but I can say that any theory which seeks to homogenise men's, or anyone's, experiences in this regard lacks in requisite rigour. But I feel that I can, to a certain extent, speak for those men who helped with the completion of this project through their contributions. From these men I saw further examples of how their emotions were both experienced and processed. The accounts so documented here serve as testimony to this, I believe, and I am indebted to all of them for allowing me the opportunity to observe and record such.

“And now the end is here...”

And so the journey reaches its conclusion. As I say, it was quite the task. Ending it comes with relief, but not exactly satisfaction. I am pleased with the result, but I remain uncertain as to whether or not I fulfilled my objectives. But then, looking at it another way, it is perhaps hubris to expect that I would be able to do this given the nature of the topic. Either way, I find comfort in the fact that I certainly did it my way.

With this project I intended to highlight potential emotional difficulties experienced specifically by middle-aged men in relation to their notions of an idealised masculinity and their perceptions of their relationship with such. In so doing I looked at how this ideal form might be viewed and how emotional communication is affected by it. In short, my focus was largely upon how a perceived failure in this relationship could lead some men towards suicidal and self-destructive behaviour.

This study aimed to add to a currently limited body of research that qualitatively addresses the relationship between men’s emotional lives and suicidal behaviour. Through the qualitative analysis of men’s accounts of their emotional lives and the issues they felt to be present at this point of their lives, I hoped to bring to light any present issues and examine how the ideal of hegemonic masculinity was perceived by these men and how it might have framed their experiences. This approach responds, I feel, to a number of requests in recent years to a better understanding of how the role of masculinity, as understood both individually and by society, impacts upon men’s emotional experiences and the means by which they seek, or fail, to express them (Scourfield, 2005; Chandler, 2012, 2021).

As I have stated, there is also a significant personal dimension to this which, with all the requisite application external factors, remains difficult to effectively discern. My concentration upon survivors and those who have seriously considered, though not attempted, suicide was an attempt to gain a glimpse of what might motivate a particular individual towards such a course of action. My ability to generalise beyond this is, obviously, significantly limited. However, I strongly feel that this accounting does have something to offer. In its exploration of masculinity and, perhaps most significantly, the social dimension of suicide in a contemporary context, I feel confident that I have

contributed in some capacity to the steadily growing body of knowledge that seeks alternative ways of understanding suicide. My approach to our current paradigm of suicide prevention is critical. But this does not mean that I necessarily oppose all of the efforts made to assist those in crisis. I do, however, feel that the imposition of labels and categories in the name and furtherance of medical discourse is more a detriment than a benefit to those in most need. And it becomes little more than an exercise in self-validation for those who are truly determined.

## APPENDIX I

### Participant Information and Informed Consent Form.

#### **Participant No:**

PhD Research Project: The role of masculinity within suicidal ideation in middle aged men: Project Information and Informed Consent Form (Interview Participation)

#### Section 1: Project Information Sheet (KEEP THIS SECTION)

This is a PhD research project being undertaken within the Department of Sociology at the University of Leicester. The purpose of this study is to examine the recent rise in suicide rates for middle aged men. This rise has been documented over the last few years and can be seen in the figures released by the Office of National Statistics (ONS). What these statistics do not show, however, is the reason why these men choose to take their own lives. The aim of this research is to try and help us all understand those reasons. This research project seeks to question, and critically examine, not individual behaviour, but rather the overall notions of what it means to be a man in contemporary British society, and how thoughts of suicide might be individually understood in this context. It is hoped that, through gaining such an understanding, further progress may be made in providing help and support to individuals experiencing these issues, with a view to reversing this trend and saving lives.

You have been contacted in relation to this study because you have expressed an interest in participating. You will have experienced at a point in your life an issue or number of issues that have led you to consider suicide. Or, you may have attempted to take your own life and survived. You now feel that you are in a position to discuss these issues in a confidential and supportive setting with an aim to furthering our understanding of male suicidal behavior. In agreeing to participate in this study, you will have expressed an interest in talking about your experiences. You therefore agree for the researcher to conduct an interview with you at a time and place to be arranged at your convenience. Any further interviews will require your continued agreement which will be sought should the need arise.

Participation in this study is entirely voluntary and withdrawal is possible at any time. Should you wish to continue to participate, it is important to emphasise a number of things with respect to what this research is and what it is not.

1. It is not an exercise in counselling. There is no deliberate therapeutic intent behind the interview process. Rather, it is an opportunity for participants to express themselves in a safe and non-judgemental context. In agreeing to participate you are confirming that you understand that the interviews are neither clinically psychiatric nor otherwise psychotherapeutic sessions.
2. The interviews will be unstructured and open ended. This means that you are given free reign over what it is that you wish to discuss and how you wish to do so. However, such a format allows for a certain amount of digression and may lead to you divulging more than you intend. Whilst no judgement nor action will be taken with regards any information given, you should be cautious that you only talk about those issues that you are confident you wish to discuss.
3. The interviews will be conducted at a place both convenient and comfortable for you. The interview may be conducted via computer mediated communication (such as Skype) should this be preferred. The interview will be recorded, either via an audio or audio/visual device, in order to facilitate accurate transcription. Notes may also be taken by the researcher during the session. You are asked to commit to a single session. Should a follow up interview be required, your consent will again be requested. You should not feel obligated to participate in any more than a single session. Due to the nature of the interview the length is not predetermined, rather it will last as long as you feel comfortable and are willing to remain engaged.
4. Under no circumstances will you either be expected or encouraged to divulge information against your will. Due to the nature of the subject matter, it is expected that remembering and expressing certain experiences may be distressing and possibly even traumatic. Should, at any point, you decide that you are unable or unwilling to continue, you should feel free to take a break or even terminate the engagement.
5. This study is designed to be an interactive exercise. In addition to the interview(s), participants are encouraged and invited to maintain contact, ask questions and generally involve themselves in the project as it progresses.
6. Online correspondence may be recorded and used in support of this research. Exceptions to this can be made upon request on a case by case basis. Should you withdraw, all associated correspondence will be subject to the same process as interview recordings and transcripts.
7. Complete confidentiality will be maintained throughout. (See section 2 for details.)

8. Unfortunately, access to professional counselling or support services cannot be facilitated by the university. However, information pertaining to national services and advisory groups will be made available upon request. Information on local services will also be provided where possible. It must again be stressed that neither the researcher nor the university are able to arrange appointments or make referrals to professional support services, either privately or via the NHS.
9. Participants are entitled to disengage from the study at any point. Should you wish to do so then you will be required to sign the section on the Informed Consent form that confirms your wish to withdraw. Once withdrawn, you will have no further contact from the researcher or the university in relation to the study. Any information gained from your participation will either be returned or destroyed, according to your wishes. You are under no obligation to give a reason for your wish to withdraw.

## Section 2: Data Protection and Further Information (KEEP THIS SECTION)

All data collected during this study, in any form, will be treated in the strictest confidence.

In order to protect your privacy and preserve anonymity, participant numbers will be used instead of names in all official correspondence. Moreover, these numbers will be used to replace any names in all recorded and stored materials. Any other personally identifying information will be stripped from any such data prior to storage, either physical or electronic. No names or personally identifying information will be published. Transcripts and physical notes, including physical recordings of online correspondence, will be secured in a locked facility on University of Leicester premises. Electronic data will be stored on an encrypted drive on University of Leicester servers, to which only the principle researcher will have access. Emails, private messages and other forms of discreet electronic communications will be archived electronically and secured in the same manner. A single, encrypted, file will hold all personally identifying information along with the associated participant numbers. This file will be accessible only to the lead researcher and securely stored on a discreet device, separate from the network.

The University of Leicester will be responsible for ensuring that this data is treated in accordance with the Data Protection Act 1998. To this effect, this data will be used and processed only in relation to this study. It will not be shared with third parties either external or internal to the institution. A copy of the University of Leicester data protection regulations can be found at <http://www2.le.ac.uk/offices/ias/dp>.

The rights to all data ownership and intellectual properties resides with the lead researcher. Once the study is complete, all personally identifying information will be destroyed within 6 months. Participants will be given access to all transcripts pertaining to them upon request.

This study has received University of Leicester Ethical Committee approval. For more information regarding the study or on any matters pertaining to privacy, confidentiality, or access to data, please contact:

### **Lead Researcher**

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### Section 3: Informed Consent and Withdrawal

#### **(SIGN AND RETURN THIS SECTION TO THE ADDRESS IN SECTION 2)**

This section concerns the explicit permissions given or withdrawn by yourself with respect to your participation in the study. The consent form must only be signed once you are satisfied that all of your questions have been answered and that you are both knowledgeable and comfortable about your role within the study. No participation in the study is possible without this form being signed.

After signing, should you wish to withdraw or any reason, then the withdrawal form must be signed and returned to the the lead researcher. Please indicate how you would like any transcripts of materials pertaining to you handled. The lead researcher will confirm their acknowledgement and acceptance of the withdrawal and a copy of this form will be sent to you for your records.

**Participant No:**

**Informed Consent**

Having read the project information overleaf and the data protection and further information section above, I confirm that I understand the nature of this study and my role within it. I further confirm that I understand what expectations I should maintain throughout this project. Lastly, I confirm that I understand and agree to how my data is to be held and used and hereby give my consent to be a participant.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

**Confirmation of Withdrawal (SIGN THIS ONLY IF WISHING TO WITHDRAW FROM THE STUDY)**

I hereby wish to withdraw from this study. In so doing I understand that I will no longer be contacted by either the researcher or the university in relation to this study. Moreover, I wish any materials gained through my participation to be:

Returned to me ☐

OR

Destroyed ☐

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

I, Steve Holmes, lead researcher, acknowledge receipt and acceptance of this request to withdraw.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

## APPENDIX II

### Ethics Review Report



Title	Die Like a Man! - The role of masculinity within suicidal ideation in middle aged men.
Application	6616-sh660-sociology
Created	25/04/2016 15:46:38
Updated	09/11/2016 15:04:19
Status	Complete
State	Approved

### Applicant Details

Lead Applicant: Holmes, Steven

Principal Investigator: Holmes, Steven

Co-researcher(s)/co-applicant(s) Names: -

Status: Postgraduate Research (e.g. PhD, DSocSci, DClínPsy, EdD) PhD

Department: Sociology

Email address(es): [sh660@leicester.ac.uk](mailto:sh660@leicester.ac.uk)

Supervisor's name: Goodwin, John D. (Prof.)

## Research

Does the study require NHS REC approval? No

Has your project already been approved by an ethics committee in another institution?  
No

## Project

Is your project funded? No

### Project aims and research questions

*Male suicide is at its highest rate in the last 14 years, with more men in the 45-59 age range killing themselves since 1981 (ONS Feb 2015). Of all suicides in 2013, 78% of them were men (ONS Feb 2015). Nearly four times as many men as women are killing themselves and most are now doing it in middle age. Suicide is now the biggest killer of men under 50 in the UK.*

*This research aims to engage with men within the 35-59 age bracket (what can generally be considered as 'middle age') who have seriously contemplated, or survived, a suicide attempt. The purpose of this is to ask why these men wished to end their lives. My intent is to examine the extent to which the notion of masculinity, as understood by the participants, influenced their sense of success or failure relative to 'being a man'. By so doing I wish to highlight potential emotional difficulties experienced, in this case specifically, by middle-aged men in relation to their notions of an idealised masculinity and their perceptions of their relationship with such (Seidler 1989, 1994, 1997, Connell 1995, Whitehead 2002). It will look at how this ideal form is viewed and how emotional communication is effected by it. My focus is upon how a perceived failure in this relationship and may lead some men towards suicidal and self-destructive behaviour (Scourfield 2005, Chandler 2012).*

*This study will add to a currently limited body of research that qualitatively addresses the relationship between men's emotional lives and suicidal behaviour. Through the qualitative analysis of men's accounts of their emotional lives and the issues they felt to be present at this point of their lives, I seek to bring to light the particular issues present and examine how the ideal of hegemonic masculinity is perceived by these men and frames their experiences (Connell 1995). This approach responds, I feel, to a number of requests in recent years to a better understanding of how the role of masculinity, as understood both individually and by society, impacts upon men's emotional experiences*

*and the means by which they seek, or fail, to express them (Hawton 2000, Scourfield 2005, Chandler 2012).*

## Research Questions

To what extent does the idea of masculinity limit the expression of emotion for middle-aged men?

Is suicide viewed by men as a means of taking control or addressing failure?

Does access to online social networks affect middle-aged men's self esteem?

## Proposed methods/protocol

Interviews (details would include whether these are face-to-face, online or group interviews, e.g. focus groups)

Observations (this would include participant observation/ethnography etc)

Review of documents (could include primary or secondary sources, but which might have 'human participant' implications)

Who are the 'human participants' in this research? Men between the ages of 35 and 59.

Will your research involve the use of human tissue? No

Clearly describe how you intend to identify, approach and recruit participants.

*Respondents shall be recruited through their own stated willingness to talk about their experiences, either through personal correspondence through the various social networks I will be using, or through contact with third party organisations with a vested interest in addressing the issue of male suicide. Organisations I have identified, both locally and nationally, with whom I intend to make contact are the Leicester Suicide Awareness Partnership Training (SAPT) initiative and the charity Campaign Against Living Miserably (CALM). It will be made clear that these organisations are not to gain access to any data gathered without express permission from any respondents. Under no circumstances will the identities of any respondents be revealed by myself to these organisations, with or without the specific individual's permission. Where identities are already known by such organisations they will be requested not to reveal any such information in the interests of confidentiality.*

Enter the number of participants: 20

Start date: 05/10/2015

Die Like a Man!

End date: 02/10/2018

In which country will the study take place? UK

Where will the study take place? UK

If the study is to be conducted outside the researcher's home country/place of permanent domicile, what steps are being taken to ensure that the necessary research/ethical/other permissions are secured, and that the researcher is aware of and respectful of any political and cultural sensitivities in that place? N/A

Will the research described in this application require you to travel outside the UK? No

Does this research entail more than a minimal risk of disturbance to the environment?  
No

## Permissions

Are there any legal, cultural, religious or other implications to conducting the study and if so, how will these issues be addressed? None.

How will you gain permission to carry out this research (e.g. obtain data, access to sites etc)?

*Permission to participate will be gained directly from the respondents. There is no requirement to seek permission from organisations in order to carry out the research. Certain organisations may be approached and offered the opportunity to advertise the study amongst individuals with whom they are in contact, though they will have no authority to deny access to interested parties. These organisations will be contacted via email. To be clear, I will not be requesting access to membership databases or any other sites of restricted information.*

What is the evidence you will provide to gain the necessary permissions?

*Recruitment assistance email attached. Where outside organisations are being approached it is with an aim for them to help identify potential participants. The organisations are not gatekeepers in the sense that permission is required from them to continue, I simply wish for them to act as additional distribution nodes. Should they not wish, or be unable, to cooperate then recruitment can and will continue without them.*

Will the study require the co-operation of a gatekeeper for initial access to the groups or individuals to be recruited? (e.g. students at school, members of self-help group, residents of nursing home) No

Does the research involve administrative or secure data that requires permission from the appropriate authorities before use? No

## Informed Consent / Data Protection

Will all participants be provided with a participant information sheet and an informed consent form? Yes

Is consent being sought for the data collected to be used for future research projects and/or with a view to archiving data and making it available and re-usable by other researchers? No

Will you be accessing non-anonymised data without consent? No

Will the study involve participants who are vulnerable? (e.g. people under the age of 18, people who may lack mental capacity or people who are in institutional settings, such as prisons) No

Does the research activity proposed require a criminal record check? No

Does the research involve observing participants without their knowledge? No

How will the confidentiality and privacy of participants be maintained?

*Informed consent will be required by each participant and this shall be achieved via a consent form that they will initially sign. An explanation of the research project, and the purposes for which the data will be used, will be given before anything is recorded and complete anonymity will be maintained throughout. All transcripts will be anonymised at source with an alias being used with respect to the recording of all data. A single electronic document will be maintained indicating the identity and contact details of each respondent along with their respective alias. This will be password protected and thus accessible only to myself.*

*Respondents can withdraw consent at any time during the project. Consent will be indicated through the application of a signature to a printed consent form which will be securely kept in a file appropriate to each participant. A further, Withdrawal of Consent form will also be provided and validated via the application of a signature should the respondent no longer wish to participate. This too will be kept on file and shall supersede any other consent given. All such physical information will be securely stored in a locked filing cabinet in the sociology department and handled in strict accordance with the Data Protection Act 1998. Only myself and my supervisors will have access to this material. All administrative materials (consent forms etc), physical transcripts (both verbal and written) and all raw electronic data will be securely destroyed/erased 6 months after project completion.*

Will the study involve discussion of sensitive topics (e.g. victimisations, sexual activity, drug use)? Yes

Give details and describe the approach taken in recognition of this sensitivity:

*The interviews will be unstructured and interactive, with the aim of letting the respondents speak for themselves rather than being led by specific questions. This study seeks to emphasise the experiential nature of the narratives provided by the interviewees rather than simply providing an intellectualised interpretation of their accounts (Gilligan 1982). Given the sensitivity of the subject matter, I feel it vital that as much control as possible be given to the participants with respect to the information they reveal. I feel that the unstructured, interactive interview facilitates this by making no specific outline of the information required as a more structured, or even semi structured approach, may do. The respondent is instead placed in the position of only divulging information that they feel comfortable with in a context of their own making (Corbin and Morse 2003). It is intended for this approach to encourage dialogue and generate a much richer narrative. One important consideration with this approach is the tendency perhaps of the respondent to reveal more than they might have intended (Corbin and Morse 2003). Despite the strict adherence to confidentiality that will be observed throughout all interactions, the respondent will be informed that they should only touch upon matters that they feel comfortable discussing and should not feel an obligation to answer questions. It will also be clearly outlined that this is an interview with the sole purpose of eliciting information from the respondent. This is neither a counselling nor a befriending session and so professional boundaries, such as refraining from divulging personal information on my part, will be observed and the respondents will be asked to respect these. Written transcripts will be provided for the respondent to review to determine if there is anything therein that they are unhappy with.*

*This interaction with respondents, beyond that of the specific interview environment, I feel follows the notion of an ethics as process approach as advocated by Cutcliffe and Ramcharan (2002). This emphasises the role of ethics and ethical considerations as being an integral part of the entire process, not just a checkbox exercise at the beginning and perhaps again at the end. To this end, the participants are kept involved in the project throughout. Rather than simply being seen as providers of knowledge, the respondents remain arbiters of their experiences and are free to comment and contribute to the study at every stage. This will allow the respondents to maintain an active presence in the research beyond the interview stage and can help facilitate a satisfactory ending to the relationship upon the completion of the project. In a very real sense they become principle contributors to the project, not just participants or subjects.*

Will research involve the use of the internet or other visual/vocal methods where respondents may be identified? Yes

Give details about particular issues this raises and the decisions taken as a result:

*The observational data shall be collected through interaction with online social media; accessing Facebook pages, support groups and individual blogging sites. I have set up a*

*Facebook Community Site which encourages interested individuals to submit information to its timeline. This information is moderated by myself prior to appearing in the public domain to ensure that any attempt at trolling is thwarted. Submission to this page does not constitute consent to use any of the information. This site is secured through the native privacy settings to prevent access to any personal information pertaining to myself. Moreover, friend lists will be secured and restricted from being viewed by anyone but myself. No personal information will be requested in any of the public areas of the site. No personal information will be stored on the site. Any personally identifying details will be removed from any submissions prior to approval. Personal messages will be transcribed where appropriate and then deleted.*

Are there financial inducements (other than reasonable expenses and compensation for time) to be offered to participants? No

Are you processing personally identifiable data (i.e. anything that would identify an individual such as date of birth, gender, contact information, ethnicity etc)? No

## Procedures

Are drugs, placebos or other substances (e.g. food substances, vitamins) to be administered to the study participants or will the study involve invasive, intrusive or potentially harmful procedures of any kind? No

Will blood, tissue or any other biological samples be obtained from participants? No

Is pain or more than mild discomfort likely to result from the study? No

Could the study induce psychological stress or anxiety or negative consequences? Yes

Outline the rationale for this and state how you will ensure these outcomes are mitigated.

*The potential risk of upsetting vulnerable individuals through revisiting and exploring painful and difficult issues must be acknowledged (Liamputtong 2007, Watts 2008, Dickson-Swift 2009). Talking about the issues that have led someone to seriously consider taking their own life is going to be hard. However, it does not follow that this should necessarily be traumatic or harmful (Decker et al 2011). Despite the concerns and misgivings associated with research into sensitive topics (Lee and Renzetti 1993, Seiber 1993), there is little evidence to support the notion that the research is experienced as harmful by the respondents (Decker et al 2011). The opportunity to 'open up' about such issues in an entirely non-judgemental environment has been viewed as both positive and cathartic by research participants and researchers alike (Watts 2008, Dickson-Swift et al 2009, Decker et al 2011). Nonetheless, measures must be put in place to ensure the emotional and physical safety of all concerned, researcher, supervisors, and respondents (McCosker, Barnard and Gerber 2001). Access to the university counsellor will be available for myself should any issues arise that require professional support. Specific*

*courses on sensitive qualitative research will also be sourced and attended prior to engaging in any fieldwork. This, in addition to my previous professional experience in this area will serve to ensure that all necessary steps are taken to provide a safe, constructive environment.*

Will the study involve prolonged or repetitive testing? No

Are there any other ethical issues that you think might be raised in the research? Yes

Explain what these issues are and outline the rationale for them:

*Qualitatively researching suicide is a difficult prospect. Successful suicide leaves only relatives and associates and an overview of personal circumstances from which data can be obtained. This gives only a second hand interpretation of how an individual might have actually felt; what their perspective and reasoning actually was. Quantitative data sets can provide us with statistical evidence of certain circumstances from which can attempt to extrapolate meaning and reasoning, but this can only be a process of interpretation and will lack the essentially personal characteristics that I believe to be a crucial element of understanding this aspect of male behaviour.*

*But this approach is also difficult because it represents an intrusion into a very private and personal aspect of a person's life. This problem is exacerbated given the observation of men's reticence to engage on emotional issues (Hawton 2000, Scourfield 2005, Chandler 2012). This is a highly sensitive issue dealing with individuals who must, in this sense, be viewed as vulnerable. Conducting the interviews will require a skilled approach, one that I have developed, having accumulated several years of experience working with individuals in crisis. I have worked in a professionally supportive capacity with many men and women who were suffering from both acute and chronic emotional distress and understand the degree of sensitivity required for such engagements.*

## Declaration

I have read the Research Ethics Code of Practice, University of Leicester. Yes

The information in the form is accurate to the best of my knowledge and belief and I take full responsibility for it. Yes

I understand that all conditions apply to any co-applicants and researchers involved in the study, and it is my responsibility to ensure they abide by them. Yes

I understand that any significant change to the question, design, methodology or conduct over the course of the research should be submitted as amendment to the original application for reapproval. Departmental Ethics Officers can provide guidance on what is a significant change. Yes

I understand that at the end of my research I am required to complete a Monitoring Form. Yes

I understand that further approvals for my research may be necessary beyond ethical approval, including for example the need to complete and have approved a risk assessment and to obtain insurance through the University, and there is a mandatory requirement to obtain University Travel Insurance if I'm travelling abroad to undertake approved research. Yes.

If you are a member of staff and travelling in relation to your research, please go to this link:

<https://www2.le.ac.uk/offices/insurance/documents/travel-single-trip>.

If you are a student and travelling in relation to your research, please go to this link:

<https://www2.le.ac.uk/offices/insurance/documents/travel-student>.

## APPENDIX III

### Recruitment Materials

#### Recruitment Poster (Online and Print)

**MALE SUICIDE** IS A SOCIAL PROBLEM THAT WE NEED TO KEEP WORKING ON.  
**MEN IN THE UK ARE THE HIGHEST RATE OF SUICIDE IS OVER THREE TIMES AMONGST MEN AGED 45-59. THIS MORE LIKELY TO DIE BY SUICIDE THAN WOMEN. REACHED RECORD LEVELS IN 2013\*. SUICIDE REMAINS THE BIGGEST KILLER OF MEN UNDER 50!**


This is a call for men between the ages of 35 and 59, who have previously been troubled by suicidal thoughts, or have survived a suicide attempt, and are now in a position where they feel able to talk about it.

Interested? Then you are invited to participate in a doctoral research project being undertaken at the University of Leicester. The project is looking at the phenomenon of middle aged male suicide and requires a number of men to discuss their experiences in a relaxed, informal environment. These discussions will be in the form of individual, recorded interviews; to take place at a time and place of your own convenience. The interviews will be unstructured and open ended, allowing the participant to talk about what they wish and in the manner that they are most comfortable.

Still interested? Then please contact the lead researcher Steve Holmes ([sh660@leicester.ac.uk](mailto:sh660@leicester.ac.uk)) for further information. You can also get in touch via Facebook [www.facebook.com/MiddleAgedMaleSuicide/](https://www.facebook.com/MiddleAgedMaleSuicide/)

All correspondence, including enquiries, will be treated in the strictest confidence.

\*Source: Office of National Statistics, Statistical Bulletin: Suicides in the United Kingdom 2014 ([www.ons.gov.uk](http://www.ons.gov.uk)).

 UNIVERSITY OF LEICESTER

## APPENDIX IV

### Interview Guide

PhD Research Project: The role of masculinity within suicidal ideation in middle aged men.

#### Interview Guide

The project proposes to use unstructured interviews, thus there are no predefined questions. The progress of the interview is generated by the specific one-to-one environment of each session. The aim is to let the respondents speak for themselves rather than being led by specific questions. This study seeks to emphasise the experiential nature of the narratives provided by the interviewees rather than simply providing an intellectualised interpretation of their accounts (Gilligan 1984). Given the sensitivity of the subject matter, I feel it vital that as much control as possible be given to the participants with respect to the information they reveal. I feel that the unstructured, interactive interview facilitates this by making no specific outline of the information required as a more structured, or even semi structured approach, may do. The respondent is instead placed in the position of only divulging information that they feel comfortable with in a context of their own making (Corbin & Morse, 2003). It is intended for this approach to encourage dialogue and generate a much richer narrative.

The interview will begin with an introduction by way of a reminder about the process and their consent to participate. It will emphasise that continued consent is not obligatory and they are free to suspend or terminate the interview at any time. The interviewee will be advised that, despite the strict adherence to confidentiality that will be observed throughout all interactions, they should only touch upon matters that they feel comfortable discussing and should not feel an obligation to provide information that distresses them. It will also be clearly outlined that this is an interview with the sole purpose of eliciting information from the respondent. This is neither a counselling nor a befriending session and so professional boundaries, such as refraining from divulging personal information on the interviewer's part, will be observed and the respondents will be asked to respect these boundaries.

Whilst there are no specific questions, a leading prompt will be used to emphasise that the interview proper has begun and to provide a starting point for the interviewee. This will take the form of a very open question, such as: "So, could you tell me something of

the thoughts, feelings and experiences that perhaps prompted you to consider taking your own life?”

Due to the unstructured nature of the process, it is important that the interviewee is neither coerced or prompted into providing specific information. Beyond being asked to talk about their experiences in relation to their thoughts of or attempt at suicide, it is not intended that any further, specific questions will be employed. Neutral prompts may be used to reassure the interviewee to continue and to provide an active listening context for the interaction. Moreover, probing questions may be asked as a means of eliciting further information of a topic engaged in by the interviewee or to reinitialise dialogue should a hiatus occur. The exact form these questions take, however, will be specific to the situation and cannot be known beforehand.

The respondent will be informed that written transcripts will be made available for them to review and determine if there is anything therein that they are unhappy with. It is important that participants are kept involved in the project throughout. Rather than simply being seen as providers of knowledge, the respondents remain arbiters of their experiences and are free to comment and contribute to the study at every stage. This will allow the respondents to maintain an active presence in the research beyond the interview stage and can help facilitate a satisfactory ending to the relationship upon the completion of the project. In a very real sense, they become principle contributors to the project, not just participants or subjects.

## APPENDIX V

### Interview Transcripts

#### Transcript 1 - Steve

[Preamble explaining the scope and context of the interview. Participant had thoroughly read the information provided and demonstrated a sound understanding of both the process and my intent. As will be evident from the transcription, very little prompting was required throughout the 2-hour session.]

[All names have been anonymised at source and exist only in the audio recording.]

I had a very difficult marriage. Looking back, and I knew at the time I was the strong one. We met, back in 1980, and got engaged very quickly. I was already in the process of buying a flat. [My wife]'s family were moving back up to where she was born, where they came from, and it suited her to move in with someone. I think that she, you know...? It was a partnership of convenience. I would have been ok, I think. I could afford a mortgage by myself, but I was probably a bit nervous taking that step.

That caused us to get together. Quickly after that we had children. Because of my upbringing and the example that my dad had given me, that rather kind of cemented my future for quite a long time. And I realise, looking back, that I was living in quite a stressful way, and my wife was too, because I was the wrong man for her. I think we made the marriage work but there was stress and conflict. It was dysfunctional.

We would argue every week. Every week there would be a serious argument. We could manage it, but the only really good times we had together were when we were drinking. I was fortunate that I could always do a job and again I followed my dad's example.

This is actually very germane to what ended up causing me my problem and still causes problems. My self-image as a strong provider... man. [My wife] is a very bright woman and could have worked and should have carried on working but when we made our first move which was only about a year after moving into the flat, we moved down to the south coast, to Brighton, which was fabulous. And I could, because I was a travelling sales manager then, I could commute very easily, you know, back in those days, and earn enough money so that [my wife] did not have to go back to work. I wanted her to; I always knew it wasn't good for her to be not working, but I didn't want to be critical of her. She'd had quite a difficult childhood and I knew that. So, I kind of... So I saw it as my duty to provide for her; look after her and soak up some of the angst, a lot, well, all of the angst. I'd lose my temper at times, especially as a young man. So, we had this

fractious relationship until she was 50, by which time our children were grown up and moved away.

I bought this house where, significantly, [my daughter] had a hair salon.

My wife had never gone back to work and I realise I had a part to play in that. I knew it was difficult for her... for her to go back to work and I made it very easy for her so avoid that. So, I've got a lot more sympathy now than I had previously. Anyway, she found somebody else. Because I'm a bit of a workaholic and I was simply not around, you know? We got together but we were not really very compatible, and we drifted apart. By the time she got to 50 I think she realised she wanted something else. She met this other man online and he lived in Cornwall. So, she went down to visit him and I carried on working then, and I wasn't really bothered that she was in a relationship with somebody else. And this carried on for about three years, where she would go away, down to Cornwall, and see her 'friend'. For all that time she would say to me that it was just platonic, but I wasn't stupid, and I knew that she was in love with him. But I didn't care, she'd go down to see him then come back here and it got to the point where she was kind of living half down there and half here. And I'm... [laughs] I'm paying for it all as well but then, you know, there's this economic relationship, which was unhealthy, and that I understood about, but understanding it doesn't mean to say that you can do anything about it.

Now I'm grateful now that she found somebody else because that began my relationship with [new partner]. Now, 2007 is when she found her partner, she's not with that partner anymore, and 2010 is when I found [new partner]. Or rather [new partner] found me. I was really desperate, you know, to find someone. I made the first step of actually not coming home here one night, I think it was September 2010, and I think my [wife] then thought, 'blimey, this relationship is really in trouble'. I think a lot of the time she wanted attention, I don't think she seriously wanted to end the relationship. It was scary for her to lose the security and to start what would end up being quite a difficult divorce. So, I met [new partner]. [She] had lost her youngest daughter to bone cancer at age 11 in 2009, 18 months before [she] found me, as it were, I met her singing in a choir. And [she] immediately changed me. I remember lying in bed with her and sobbing like a baby, 'cos, I had all this stuff to come out. I used to... I used to bite the inside of my mouth. All of my life, well, all my life with [my wife], I remember doing it. It's kind of a displacement stress, instead of biting nails, I think. From the moment I split with [wife] I stopped biting the inside of my mouth and I've never bitten it again. Even when I went into terrible anxiety.

Was there something you wanted to ask me?

*[What do you think was the kind of catalyst for that? From the bottling things up previously? The different release for the stress?]*

Oh, being hugged and held by [new partner] and being with someone who was really loving. And [my wife] wasn't, I mean in 30 years with [wife] or whatever it was, I dunno, 1980 to 2011... We stopped having sex in September 2009, I remember because it was

my birthday [laughs] and she said, “I think it’s about time you moved out and got your own room”, and I moved upstairs. A pattern lots of people go through, I’m sure. Well, they do. (My wife) found it very difficult to be open and vulnerable, because of the difficult childhood she’d had she would never say sorry. She never said sorry to me in the 30 years we were together. I don’t blame her for that, I felt really sorry for her.

[New partner] was the absolute opposite of [my wife]. [She] was very, very vulnerable; extraordinarily strong, as somebody becomes when something like that happens to them. She brought her daughter home to die and nursed her. [She] was already very strong and fragile in other ways. And [she] was extraordinary in so many other ways. She was a singer and I was an amateur guitarist. [She] was a very good amateur singer so we did start making music together. It was like a dream. I can remember saying to people, “this is like a dream”. You know? I found someone... We loved doing so much together, we had true compatibility. In some ways there was ‘of sorts’ with [my wife], I mean we had made good children, strong children. Other than that... But with [new partner] there was a real spiritual connection in so many ways.

Anyway [my partner] was, we know now because, after [she] took her life in 2015, [her] family... I didn’t marry [her] and we never moved in together, [her] family got hold of some notes that she had left, and there was quite a big inquest, and they discovered that [she] was the architect of her own... demise, as it were. Because she bottled everything up. She was so ashamed and that taught me a lot about dealing with my problems when they hit me.

Now, I... When {my partner}... I knew [she] was ill but I didn’t know that she was going to kill herself. You don’t... you don’t believe it. Now... Yeah, it’s interesting, because I keep... It would be very easy to get taken off course onto things way from the story... [How you’re feeling is equally important...]

Oh, ok. What’s very interesting about this is that I keep... I revisit it, these experiences, all the time, you know? I was lying on that bed when I got the phone call at 11 o’clock at night from [partner’s] mum saying what had happened. I knew then, I knew. She said, “It’s [partner’s mum]. I’ve got bad news, I’m afraid”. And I said, “Oh, no, Not [partner]”, and I sobbed straight away because I knew what it would be and I said, I can remember, I said “Oh, no. She’s killed herself”. But I [snaps fingers] snapped out of it. I had a quick discussion with her, I knew she would have more phone calls to make. I wanted to go to the house. I wanted to go see [my partner]. That’s all I could think about. So, I went over there and I felt like I was in a Woody Allen film. I was sorry I didn’t find her, it was her mum that found her, she hanged herself in their garage.

But the point I’m making is that I revisit these things. This space, like the room next door. 25 years of not having been decorated and my wife having got all of her stuff out, having got her own place. Because I re-mortgaged... This is back to the main story, about what happened with my kind of... So, is that...? So, I... I’ll bring you back to the story.

I met [my partner]; we had this extraordinary 5 years together. For amateur musicians we did very, very well. We wrote songs. [My partner] wrote the words and I wrote the

melodies and this was her catharsis for losing her daughter. She wrote songs about dealing with recovery and meeting me. It was a creative, expressive outlet, which I understand now. Processing and so forth. And, I learned a lot from [my partner] that has helped me enormously. Probably saved my life. Although I didn't know I was learning it at the time. I would have been ok, and I don't think I would have become suicidal, had it not been for some other things that had then happened.

Because, my wife and I came to a financial settlement which fixed most of the finances. I had re-mortgaged this house to help her buy her own home outright, which left me with a huge mortgage here. Still in joint names with my wife, giving her some security on a few loans, and there were some unresolved things, but she was happy to kind of leave it. And I think that, bizarrely, what screwed it up was that after [my partner] died I felt compelled to find [my previous partner], who was my first love. I first saw her in 1978, and then we first started going out in 1979 and then I left her. [My previous partner] was too young to settle down; I was too young to settle down. I left her for [my wife]. I was buying my own flat by myself, I didn't want to get married!

Anyway, [my previous partner] was the only woman, apart from [my last partner], that I had real feelings for. I had never truly loved [my wife]. I was desperate. It sounds odd, when you lose someone who means so much to you. But I know, I understand that, for the first time in my life, about going to bed with a woman and feeling safe. To lose that... It's difficult to get used to that and I needed somebody to love me and somebody I could love. I had no idea where [my previous partner] was, or even if she was single. But, incredibly, I found her and we got back together again in July 2015. Fell in love again by email. She was still down south.

I told [my wife] about this. She knew I was struggling but she never really understood. How can you? What I was going through. I think, and she knew [my previous partner] from 35 years ago [laughs], I think... I can remember having a discussion with [my wife], because I said to [my wife], "I'm just letting you know that I'm getting engaged". Because I was mad by that stage [laughs], not thinking straight, though I probably will marry [my previous partner]. [My previous partner] is extraordinary. There's a number of people. If you remove them from the equation, then I probably wouldn't be here. So, about the end of 2015. Autumn 2015. In conversation with [my wife], I said, "I'm just letting you know I've reconnected with [my previous partner]. I'm telling you this, so you don't find out any other way." I was on reasonable terms with [my wife] then still. Still paying £500 a month, you know, for doing nothing. And it scared me, what she could do through divorce if she took me to court. I was scared of everything after I lost [my partner].

And here's when it started to bite. And it turned from grief, which was hollow and indescribable and utterly impossible to put into words how horrific it was. Even when I was in that numb stage. Absolutely horrific. I just... I just... I'd pretty much stopped drinking. I wasn't drinking much then anyway. I'd always kept myself fit. I was running quite a lot and started running more and more. So, I just ran more and more, and more. In the hills... I mean, it kind of gets you into a different space. I started eating even more cleanly. And really taking good care of myself as much as I could do. I wasn't getting

much sleep, and work became very difficult indeed. At one point she came and visited me, which would have been at the end of summer 2015. Here's when it bit, and she said, "I can't be married to somebody who is engaged to be married to somebody else." I don't quite know what lay beneath that yet. Whether it was jealousy or simple pragmatism. I'm getting engaged to someone and I haven't finished my divorce. And then she started this... We were going to do a DIY divorce first of all and then it just kind of disintegrated. Because I was paralyzed by not being able to do anything because I was depressed. Gradually the pressure built to the point where I thought I'm going to lose my business. Because way, way back, in 1993 or something, because [my wife] didn't work, I made her a partner in the business. She didn't really do anything in the business. She used to do the bookwork then I'd have to go over and correct all of it, so I, I think she'd admit that she didn't really do anything in the business. I'd created a website, [my wife] was downstairs watching the soaps, which I'd never wanted to do, being a workaholic, and I developed a business with some value. Nothing like the value which [my wife] and her solicitor said it had. But that's how divorce works.

And, so, a really difficult divorce kicked in in Autumn 2015; that turned grief into serious stress. Really serious. I think that's when I started to... Well, it is, there's no doubt. That's when I started to think that I don't want to be here. I wanna die. But I can't, because I have keep up payments on the house. My daughter has a hair salon in the house. My son has a tattoo studio in the house. You see, there's a theme here. I want to be a provider. I want to look after my kids. But I'm a failure as a father. Here's my wife, trying to rip me to pieces. And my wife's solicitor, who's only doing his job. But these are soulless, soulless people. I would think, at times, if I'm going to kill myself, then I'm going to take him out as well. I can easily see how suicide trips into homicide. I came very close to hurting someone. Driving down to see [my new partner] at the weekend, and it became most weekends. That was very difficult and stressful, because she, it was, and is still in a cohabiting relationship with her husband. She split with him 8 years ago, maybe longer ago than that. He has another partner; [my new partner] has me. I'd go down into this bizarre situation where there's [my new partner] still living in the same house as him and he's still treating her like a cook and a cleaner.

I'm driving back, August or September 2015, being diverted off the motorway in the pouring rain. I'm making the positive decision to overtake these lorries on a blind, completely blind, bend, in the pouring rain; no visibility at all, spray from the lorries and I'm thinking, I don't care. And I'm very, very lucky that I didn't hurt anyone. I got back here, and I phoned Samaritans. I needed help [laughs].

So, the divorce was becoming even more difficult by then, got a lot more difficult, and ratcheted up. And I made a lot of ridiculous choices. They weren't ridiculous; I did what I thought were the right things, and good came out of it. But [my new partner] was saying, get yourself safe. Get away from there. I couldn't keep driving down there. I was a danger to myself and to other people, in the car. That autumn I had a really difficult phone call with [my wife], when she called to say she needed to fix her roof. Her new boyfriend, who she is now living with, who is very wealthy [laughs], had said to her that the roof needs fixing, and she wanted me to pay for it. I mean, what the hell? And I

ranted to her on the phone. And then I spoke to Samaritans and said I needed to talk to you because I wanted to end my life.

And then I moved down to... I've lived in this farmhouse that I absolutely loved since 1991. So it, it all comes back to these things of stress... Oh, there's some other stuff that I wanted to add to the mix because, I moved... It's not good; that's another major stressful thing. I took on a big expensive rent down in Ainesford. Soon after I moved, in 2016, to look after my dad who had early to mid-stage Alzheimer's. he got an infection and went downhill very quickly, and I looked after him. And at the time I was doing that I was training for the London marathon that I'd entered. And so I was getting not enough sleep. I wasn't eating enough; training for a marathon. I was visiting my dad, with the rest of the family. My two brothers were helping as well. I brought my dad home for 8 days and cared for him at home. You know? Did all the stuff. I was definitely... I just wanted to die then. This classic feeling of being trapped. You can't die; you can't go and leave; walk away from your responsibilities. Though I knew I was at serious risk.

I didn't want to go to a doctor, because I'm too proud to do that, and I think in many ways that I know better than doctors. But it made things very difficult for me, especially as I didn't talk to people. But I did talk to some survivors of bereavement by suicide and that was helpful. Quite a few times I talked to them. And I learned that I should really be doing that; talking to people who had supervision and support rather than anyone else. I remember talking to my mum about it when my dad was dying [laughs] and that was reckless of me. But I couldn't help it, I couldn't help it, and we're not taught to deal with these feelings, or what you should be doing. Particularly talking therapies; talking to people who are trained. And this went on and I call it 'standing in the fire'. I think I stood in the fire until the divorce was finished. Though in April 2017 I had to threaten to take my wife back to court because she kept asking for more money, even though the court, you know, the thing was done.

My wife had ripped me, well I think, ripped me to pieces, I was left with nothing except this beautiful house. I haven't got nothing but what I've had to give up, or lose, which I would have wanted to have for a raining day or for my kids, I've not got that now. My wife has that with her partner. They now have three houses. I mean, what the hell! I don't care because I don't need money, but I wish that I had that for my kids. Because I provide for my kids. I've got about £3000 left. [Laughs] I've got a bit more than that because I've come to an arrangement with my business partner; with an organisation which has enabled me to kind of restructure my finances over the next few months because I've taken on this ridiculous, it's not ridiculous; this festival that I'm doing and that's part of life. Because, when [my partner] went that was all swept away, and then you have to rebuild, and if you're trying to rebuild when you're making decisions that aren't very helpful, like getting back together again and moving. And I moved again, I moved three times, I let the house still, but I actually moved three times in about 12 or 13 months. Crazy. And I lost my dad. And I'm going through a searing divorce with the top divorce lawyer in Leicestershire, who is brilliant at his job. I didn't even get a solicitor, because I was so scared about spending money, so I'm totally exposed to it all. Mad, absolutely mad.

I'm very proud of myself for what I went through. I felt strong for coming through that. I was strong anyway, as you'll hear from anyone who knows me, but I'm even stronger now. But, I keep one foot and sometimes half of my body in the other world. Because I'm still on this roller-coaster of recovery. I've... I've touched death. I've been that close, I believe. I believe I've been that close, I've not attempted... but I've been that close. And I've lived it raw for so long that it's become a part, of me and my life. In some ways I don't want to lose that. It helps me carry on and I'm proud of it, and I've always been an advocate of the Nietzsche idea and I have enormous respect for people who've been through this kind of thing. And it's something I can build into what I'm doing for the future; to tell people. When you go through this stuff it really does make you stronger. You can be a role model for other people who are just starting their journey, whatever that may be. And I've read, I've read a lot and come to understand a lot about suicide. This book taught me a lot about suicide and mental illness. I don't think I was mentally ill, but that depends, the definitions can be very sweeping. I had... I had a lot going on. I was overloaded. You do that to anybody they'll [laughs] they'll not want to live anymore. So that's kind of what happened; it's what happened to me.

But, I am changed by it. Obviously. I was changed by [my partner] taking her own life. Going through what I went through has changed me forever and now having to rebuild. My whole perspective on life has changed. So, I look at a homeless person and actually at, at times, empathise. They have nothing. They have nothing to lose. They're not answerable to anyone, really. They have a dog, maybe. They can... they can get by. I quite like the idea of living rough. I run in the hills for three, four, even five hours. It took me six hours to get around beachy head in October. And I'll do it again next year. So, I... this mental experience I liken to what Ralph Fiennes does and those people that go and sail around the world. Only I'm doing it in my head. And if I drank, I'd be at serious risk. Or if I took drugs, mind altering drugs... Or perhaps if I had a gun I'd be at serious risk. I keep myself safe, but I'm on the edge, I'm still on the edge now and there is a battle going on. I've got lots of work to do and I like working hard. I quite like the thrill of all of it and I want to make the most of what I've learned. It's a fine balance, I think being alive, versus being dead. I'm ambivalent I would say. I think that's how I feel. People criticise that because that's close to... There are times when I get over-loaded.

I was going to say that I've read... I've read somewhere that mid-life for men is particularly risky, because your father probably dies; you have this sense of mortality. You're beginning to lose your powers, well, you're beginning to lose your powers from like your teenage years in truth, or from your thirties, certainly in terms of your strength and the like. You're very aware of your loss of powers and decline is beginning in your 50's. And you become susceptible to suicidal thoughts. Well, all of that's a really difficult cocktail. So, a lot of the... I found myself thinking, a lot of then time 'this is my time'. 'Maybe... maybe my life is just naturally now coming to an end?' 'And maybe this is... this is naturally going to be the end of my life.' Because maybe that's kinda what happens to somebody? Now I'm physically fit, but that's not what it's about. Maybe... maybe I... maybe this is my sense of, not only of mortality but of, you know, my time... maybe now I should die. I have that thought quite a lot still. Have I got... how much of my life have I got left?

I don't have a problem with it now, I feel very lucky that I do... I'd be very sad, I know that it leaves a mess when you die and there's this festival to get started and I'd still love to get the music that I made with [my partner] out there. So there's jobs that I think I could do. I think I could do an enormous amount of good into my seventies, even my eighties and I joke with [my current partner] that we're going to live for 900 years. And I really would do, but I... I do struggle at times. I don't... I don't really want to wake up in the morning. But, the other thing I'd add to this is that I constantly question my own judgement and beat myself up in that state and I was right in the fire for those periods. And, yeah... I think that maybe I should really have just gone to a doctor and got some medication and been... been ok like a lot of other people. Maybe I should have done that. That would have been a responsible thing to do and I wouldn't have been talking to everybody about this. So maybe I have done that wrong, I don't know.

So, there we are. I'm not out... I'm not out of the woods yet. But nobody ever is and, oddly, when [my current partner] gets worried about me, which she does, she worries a lot... it helps. It's getting better now because of the... the time is increasing now when she's known me to be strong and normal, rather than suicidal [laughs]. And I say to [my current partner] 'look, I'm safer, because I understand it. Because I've lived through it so I know the signs.' Anybody... put enough onto anybody. And if anybody experiences that for the first time then they're at real serious risk. Because they don't know what's involved, they don't know what's coming to them, they won't talk to anyone. It's so difficult to get really meaningful, accessible, friendly information. Nobody wants to talk about it. They'll probably have a drink or two. They'll probably drive their car too fast. They are at really serious risk. Just like anything, when you start experiencing something for the first time, you don't know. It's like climbing rocks, big rocks for the first time you're at risk for falling off. I've climbed a few rocks and I've been up there. I know what it's like and I know how to keep safe. So, these people who have been through all this, and there's lots, they've got as lot to share and teach others. I feel safer, even though I live in that world a lot of the time and I'm proud of it, I love it. I love this feeling of rawness, of looking at life and feeling life that is not quite as intense as it was when I was really, you know...? But I love the relationship that I have with life now. That no-one would ever out-bid me, because I would die. There's no point in betting with someone who is suicidal or has been suicidal because they'll die before [laughs]... before anything else, so... Well, not before anything else but they would ultimately die. And I would do, I would ultimately risk my life for anything because I kinda doesn't... it doesn't value it anymore. It has no value or meaning to me other than it's important I stay alive to look after my kids. But they'll be ok. I'm much more comfortable with losing the house now and I'm actually at risk of losing the house. Well, as much as I was when I was going through the divorce trial. The business has kind of collapsed, although it's rebuilding... but yeah, I'm safer than most, I think.

I don't think I'm a typical or, well, no-one's typical, but from what I understand I don't think I'm typical because I came into this with no real history of... I would get stressed at work, but I could always handle it. I suppose I've been a bit obsessive about certain things: work, I'm a bit of a workaholic. I take things very seriously I... I'm very determined. I have delusions of grandeur. I have no limits, I believe that I can do anything. I'm a ridiculous optimist. I'll take on anything and start loads of things. That's

maybe a kind of mental illness. And, of course, there are authorities around the world who can't agree on what mental disorders are. And whether grief is a mental disorder and whether murder; a murderous state, a murderous state of mind is a mental illness or not. And in some case... obviously some people are clearly mentally ill, but is a man who loses his temper after he's got drunk and goes home; is he at the time that he does that mentally ill?

It's the human condition, and it's made worse every generation and even between generations it's progressively made more potent by the development of civilisation and technology in particular so, you know...? [laughs].

In olden days... This is nothing to do with... Well, it is, it is everything to me because it kind of explains this human condition and what... why it's such a huge thing these days is because society and technology have become so huge and potent. You know, back thousands of years, if someone had an argument, the worst thing they could do is find a lump of wood and bash someone over the head with it. You know, just a lump of wood. And then they invented knives, and then they invented guns. So that's a bit more dangerous, then you can take two or three people down with that. And then they invent a cannon or whatever next, and then there's a bomb, right? So that's a bit more serious. And then they have bigger bombs and then they invent... well, what has happened is that we've got flying bombs as well; aeroplanes, you see? And we invent technology that enables people who are "mentally ill", because that's how we would define a jihadist or someone distorting religion... And people have been distorting religion for causes for, you know? For thousands of years and Blair and Bush did to justify the Iraq war so, what the hell? But, you know, someone who is suffering from a human condition extreme can do so much more harm these days than before. Now that's not their fault, that's the way that society and civilisation has evolved. And technology. So, someone now, you know, someone, could bring down all of the world couldn't they now, because they get out of the bed on the wrong side in the morning [laughs]. And that's nobody's fault, it's just the way that we've evolved. But it needs fixing.

I'm trying to think if there's anything else that would be helpful to you. Anything else that I can say about my position. I suppose it was confirmation that what you read about now as being essentially good for you has been very central for me. So, I'd be much, much worse if I wasn't eating properly; much, much worse if I wasn't socially engaged, if I wasn't talking to people. That's really, really very significant because that's something... I would get isolated, that's something I've not mentioned. I would get isolated; I would make myself be isolated, and that's very, very common. And when they get in that state, you'd feel ashamed and you'd feel that you'd gotta do it by yourself or you'll be a burden to people, because you're already a burden. It's so difficult to explain things, you get tired and fed up trying to explain things, questioning your own sanity all the time. It's just so much easier to curl up into a ball, put the covers over your head and stay there. Of course, people start worrying about you and it's all more pressure, more pressure. You get into this vicious cycle. People wanna help, but that makes you feel worse because people are trying to help you and you don't wanna be helped. You want to get back on your own two feet and... distraction is so important and that's the counter to isolation. Isolation. And you can be with people, but still isolated in your

head, certainly. Isolation when you... when it's late at night and you're under stress. And then at times in the small hours when you wake and your mind will tell you things that simply are not true and you create your own reality, don't you? Your mind will think, and how you're reconditioning yourself; you're creating a new reality for yourself. And that's what I am doing. I'm trying, I believe that I'm correcting a lot of what I've done or that has been done to me by what I've gone through.

The loneliness and the isolation that was very significant for me. Although a lot of the time this is a busy place, but the times where, you know, at night-time, it didn't take long if I was feeling bad, but if there were one or two things in combination together, the stress and then being isolated, and then worrying that [my current partner] doesn't want me anymore, or this isn't going to work. They're all like sliders. I think of them like sliders on a mixer, you know? You've got, you know, your food. You've got diet. You've got exercising. You've got work and feeling productive. You've got various things and then your authentic self and being in touch with yourself as a creative, expressive outlet; avoiding stresses and these are all sliders, individual sliders, and the more of these sliders the more at risk you are. If you've got virtually all of them up, over the half way, you can quite easily deal with one of them being down, you know? Everything is perfectly ok but you've got a terrible diet. But because all their sliders are up it's not a problem at all to them. But when there's enough of them down, you're at real risk. And you only need one thing, it's this little, final straw what breaks, and I've definitely been there, where one thing, you know? You drop something on the floor, or something, you know? And you think, 'oh, god. That's it!' [laughs].

It's not rational, but that's... it's a cumulative thing.

*[You mentioned your dad quite a few times. He seemed quite a pivotal figure in this and, as you mentioned right at the beginning, about his involvement. Did you want to say more about, kind of, not so much the relationship with him, but about what you feel he imparted to you? How... because you mentioned right at the start about, with respect to being a good father, he was very, kind of, instrumental figure.]*

Yes. That is a very good question and it is very pertinent. My dad, I'm pleased and happy to say, taught me, although not in a very deliberate way. He's been my role model and he is a provider. He was successful, but brilliant and methodical and thoroughly ethical; thoroughly principled. Very, tremendously, kind, loving and just a beautiful, beautiful, man. But, as I say, a very strong; much better provider than I am. He would really think carefully about his future. A real, you know, head of the family. Dad, he was... he had a younger sister. So, dad was the oldest child of two, quite significant. He had been poor and knew austerity and the value of things. And lovely. Everything about my dad was fantastic. Although my dad was very shy and quite isolated, for his own good, but if you ask me what is the ultimate dad? That's my dad. That's how I try to live my... to live so that my dad would be proud. That's very meaningful to me, really. Because I feel myself on the edge of tears right as I'm saying this. But I would want, so much, for my dad to be proud of me. Yeah. And my dad was very proud. I'd want to live as well, if not better, certainly not worse than my dad did, not that you can do now, but ethical and, you know, that...? That is really, really, big in me. To the point I have these discussions with

[my current partner]. I won't let her pay for meals. She's actually got a bit more money than me now so she can do but I don't like doing that. I don't charge my kids full rent. I'll happily look after anybody. It's my ridiculous sense of ego, I suppose. To be, you know, a provider for people. And I think I can do as well in life as my dad.

My dad was a leader as well in his work. He did very well in work, as I did. I wanted to be like that. If I failed to live up to that I would be embarrassed, and it threatened my sense of self and my sense of, maybe, being a man. What is the point of it all if I can't be better than that? If I'm a giver, not a taker, I must... Yeah, I... My dad... I stayed, because I thought I'm never going to get divorced. Why would I ever get divorced because I know, I'll be able to, you know? I can raise a family, you know? I'm not raising a family with separated parents. So, some of the inferences, major inferences, I've drawn from my him. He didn't positively teach me that. My dad never said to me... he would never have said, 'you'll never get divorced, son.' Or, 'you'll never do this....' He never said that, he would always say, 'I want you to be happy.' And so it's what I've inferred from that. And I'm not the only one, it's quite interesting. The baby boom generation; the spoilt generation. Parents of the austere generation, we look back on them more. But we're all products of our upbringing.

My dad is very... yeah, it was very easy for me to cry when I was explaining that. It is important to me. Big thing when anybody loses someone. I hadn't really, well, I hadn't even begun to grieve. I was still numb from [my partner's death]. But what was odd about losing [my partner] is feeling proud of what I went through. Bizarrely, I see [my partner's] suicide as a gift as well as a horror. I was in the room when they were putting him in the bag and taking him away. I could do that, no one else in the family could, that was my role and I could do that. But I couldn't really, I don't think I could grieve properly for my dad. I haven't... Who's to say that you don't... I wouldn't... I didn't want anybody... If I hadn't had been trapped in this building. The last thing I'd want is someone coming to say to me you can't kill yourself. The thought of someone, you know, being sectioned and put in a straightjacket, when if they really, really want to die. That's the last choice that they can make. they must have that. If somebody tried to stop me doing that... Bloody hell! I'd find a way.

Anyway, I knew he was going to die. I did try to talk to him about this before he went into hospital. I was in two minds, about what was going on in his mind. Plus, he had, not bad Alzheimer's. He was very, very sharp; very, very insightful. And wise. Even very close to the end. But, I think, I think actually... [Begins to cry. Recording paused.]

*[You mentioned your diet and exercise etc. During this period, which is quite a dark period, you could consider your concentration upon these things as very life affirming actions; looking after your health. I just wonder how you position that? What are your thoughts about that during this time; if you were thinking, at this time, of taking your life?]*

Well, yes, I was, I was thinking very rationally about it. I knew anyway, and had known for a long while, health and diet; physical fitness of some sort and avoiding alcohol, what you put into your body is important for maintaining physical health and this will help

your mental health. From the time that [previous partner] died I made a conscious decision to run regularly, because I saw it as a, and I used to tell people, it's my drug, it's part of my regime to stay safe. And I could feel that if I didn't run for too long; six days, seven days, certainly two weeks, I would start to feel down. I'd go out and run. It wouldn't get rid of the feelings, the bad feelings, altogether. I'd know it rationally and theoretically and also feel it that the eating and drinking as well. I know I've been obsessive about it, I still am. I buy too many fruits and vegetables, I eat a lot of them, but I do buy too many probably. But I feel really, really good by staying almost totally vegetarian.

I hardly eat any meat now. When I do eat meat, I feel heavy. My whole feeling of being is better when I don't eat meat, and by avoiding alcohol. I eat huge portions at times, especially if I'm exercising. I've always been a binger. I get exercise very day because I walk to the shops, I might have a bit of a jog, but I do my exercise in great big chunks of like five days or a week at the most. I will do some long runs, like four hours, that's almost to depletion. Huge distances, great lengths of time. I will positively go out and run in bad conditions, just so that I can experience it. I don't particularly like running in cold weather, but I've had some of my best runs in the freezing cold, nearly falling over, and falling over, just to experience doing that. And, so, on a rational/theoretical level I know that's good for me. I've positively built that into my wellness regime. As much as I have avoided alcohol and processed food. I don't go to the doctor. I did go to the doctor, interestingly. When I was living down south, I stupidly drank some river water, not realising how bad river water was. I got really, badly, ill. And that's on top of all this suicidal anxiety [laughs]. I got wiped out and [current partner] ended up taking me to A&E, and I was there all day. And I would not have the antibiotics that they wanted to give me. I wanted to beat it by myself. I'm a great believer in the body being able to heal, since we've got all this healing stuff inside ourselves. That saved me, as I say, I have to compare that objectively and say would I have simply have made life easier for me and everybody else if I just had antidepressants. But I chose not to, and I believe, and everything that you read says, that there are too many antidepressants being prescribed. I remember sitting at the table with [previous partner] when I took her to the doctor; when she was so ill, and she was looking to go back onto antidepressants. She'd got off them. She didn't want to go back onto them. But she did go back onto them and they'd just make her feel even worse. So, I... I avoid those things and I do have... I'm very lucky that I have quite an informed view of health and me, I understand my body very well. I don't understand my mind very well. But I know the things that can keep me well, and that other people can use to help them stay safe and well. And the things that don't.

Part of my festival crusade is that we need to be teaching young people these things and how they can feel better in this mad world. It's the world that's the problem, not really people. You know, people had much worse health problems back then. I read the other day that nutrition and health was better during war-time rationing than it is now because people were not able to eat all the bad stuff, you know, the processed stuff, not that there was a lot of processed stuff back then, but they had to eat more good stuff and not so much stuff.

Yeah, I consider myself to be really, really lucky that I came into this crisis quite well informed. And, as somebody who is a bit of a maverick, I made my own decisions; I went my own way. [Previous partner] was not so brave in doing that, she kind of went... She was a middle child and that made her more vulnerable as well, I think. I like to be more pioneering. Oldest children often do. Continually making mistakes and learning from it and realising, well that's how you get on. So, I consider myself to be, in so many ways, lucky to come into this crisis well informed and able to make my own decisions and then keep going with those decisions. [52.45] It won't have been easy for people around, but then I justify that on the basis that they learned a lot about suicide and mental health. It's not just a question of me dumping on them, they've learned. Everybody in my family now knows about suicide because of what they've known about me. It doesn't... Life is very, very difficult to manage even when you're well. It's very difficult to manage it when you know what you should be doing. Because your environment is constantly pushing you this way and that way and a lot of it is good stuff that you should be doing, and it starts to balance. And I consider myself... I don't know, I don't have a clue what the future holds. You just don't know what's going to happen.

*[I was interested in what you were saying about the different approaches to suicide, depending upon where you were in the situation. Initially, it could be seen as a reaction, to the shock of a bad set of circumstances. Once/if the initial shock is overcome, and things progress, you are able to rationalise your position and thus employ strategies, which you talk about, to keep yourself 'safe'. Yet still you retain the option of suicide, only now, rather than a reaction, it is a rational decision.]*

I've also thought, well, since [previous partner] died, that actually the decision is a quite whimsical one. Now, I don't, not that we ever know what people are thinking, But, by all accounts... What I don't understand is that [previous partner] had a folder about a couple... started preparing a folder, about a couple of things in her life. Now we didn't realise the significance of this. Lots of people do this. And [previous partner] seemed to be great on the Sunday, but I believe that she had at the back of her mind the possibility that she was going to take her life. Or the decision to do it. But, I think, she might not have gone through with it, so something... I mean what was building up for her was the fear, the dread, of going back to work, which she'd made that decision, knowing it was life threatening to her. I still have the text from her, saying 'I think I've made the wrong decision'. She'd got herself signed off the crisis unit first of all and then got herself signed off the doctor, because they luckily were not joined up, and they were on the verge of admitting her. And yet they agreed to sign her off at a meeting, they signed her off and then the GP signed her off. Because that's what the services are like, the default is that you won't really get looked after very well because they're not able to look after you very well. They're not... The whole system is not managed with this total quality approach that it needs. And, that's one of the reasons I think it was so crucial that I did not drink. Because, that... Although this didn't... This wasn't the only thing that affected [previous partner]. [Previous partner] wasn't... I think [previous partner] had a... [Previous partner] became deluded, I think.

I see... I saw... The way I saw it was that, I wanted to stay in the rational mind. I recognised, I believe, that I, for me... Because I think this is how it would be, that if you

go, like a rev counter on a car, if you go in the red zone, that's where, if you're there too long, the engine can blow up. And, like me, if... I thought, and I think, if you go from feeling suicidally anxious into that red zone you'll really be at risk, which drink could do, or finding yourself in the circumstances where you're at risk like driving a car... I've not, I've not been back on the motorway since that time. You just... You're increasing the risk by altering your mind, or by altering the environment, And I've tried to stay out of the red zone because I recognise that, if I move into that red zone, I lose rational control. Though I can have rational thought; a clear will, or not will to action, but that I wish I was dead, because I'm in so much pain and the feeling is so horrible, but not be at risk of suicide. And I think that a lot of people... And, I'm lucky, I think, that I recognise that there is that Rubicon that you could cross, where you get into that danger, that red zone, where that one thing could tip you over the edge, a phone call, anything. And it just tips you over the edge, and you have that moment of madness. That might have happened to [previous partner]. And I, I think it's all very finely balanced, until somebody actually kicks the chair away, or actually lets go. It fascinates me, from a personal point of view, and I think part of the reason I'm safe is because I recognise, I think, when I'm getting close. Not to the point of being... acting on it and getting the rope but getting close to being in that danger zone where I lose control; where I might do something silly.

That was part of my education. How it works for me, if you like. I don't know how [previous partner] felt at that time. Her suicide note was very balanced; rational. It looked like the writing and the reasoning of a rational person. And yet, what she was saying was irrational; that she was a burden to everybody, she didn't like the world anymore. Quite a long page of A4, near enough. It looked like, you know, the writing of a rational mind. Yet what she was writing was deluded, it was so wrong. And this is isolation, because her mind was telling her stuff that simply wasn't true. She was trapped, but she was measuring her life in a way that was wrong. She was measuring life in terms of being a failure, because she believed she would never be able to work again. But, she forced herself to go back to work, in her situation where she'd already been marked as a failure and someone who had had to give her work to somebody else; to go back into this horrendous, threatening situation. I've been close to these situations. I definitely, been... knowingly gone into similar situations, like being in a terrible state, and had to drive 150 miles on the motorway, in the pouring rain. That's a bit like, I think, putting myself at a big risk there. So, I've not attempted, but, if it happens, then... fair enough.

*[Talking about isolation, in the sense of it being a facilitator for suicidal behaviour, along with alcohol. I'm interested in your experiences in the car. Because you are isolated then, very much physically, and alone with nothing but yourself on long journeys.]*

Yeah, that's right, it's like you against the world. I remember coming back through the roadworks and thinking, if I get a blue light behind me I'm just going to put my foot down and go for it. It's that bubble thing... isolation...Yeah. Or, from my point of view, learning. That's why I'm very safe now, I think. I really, really am very, very safe now driving. Though if I was driving and having a terrible... You know, if I was driving somewhere and somebody called me saying something has happened, you know,

something happened to my daughter, well, you don't know what you'll do then. But, a relatively normal life from now on...

But, lot of it is to do with luck, I think. A lot. [Previous partner's] suicide was ever so much to do with bad luck. She had been suicidal for many years, even before the death of her daughter. But, it was becoming stronger, I'm convinced of it, with a lot of bad luck with redundancies at work. It was to do with work that made her... it would... I can easily imagine how she would have thought, this is just not meant for me. You can easily become fatalistic in your thinking and if you get too much of that bad luck on top of that. I definitely had that feeling for myself, that everything, everything was going wrong. I remember saying to people that anything that could go wrong has gone wrong, there's not one thing that, over this prolonged period from when [previous partner] died, since then, over this prolonged period, everything that could have gone wrong; it went wrong. You start to think are the fates conspiring against you? Ok, it's my time then and you just feel defeated so it's a battle to keep going. And that's where engaging with other people becomes crucial. It didn't need much, and it's odd the kind of support that worked for me. Because you don't need someone telling you, how to be different or approach it differently, you just... I can remember crying to Samaritans on the phone. You just wanted someone saying, 'go on, you can do it'. Often, all you need is someone... You don't need someone telling you how to do it, because they don't know, you only need someone to say, 'go on, you can do it'. Yeah, that's it. Yeah, and just have someone rooting for you.

People struggle with these challenges. I think a lot of people don't have the emotional resilience that I have, and that some people have. If you're starting low and you don't have that self-esteem. And yeah, [previous partner], she had low self-esteem. Basically, I have embarrassingly high self-esteem, most of the time, it's weird, I know.

*[Is that where you think the emotional resilience comes from? Having that kind of faith; that confidence in yourself?]*

Yeah, yeah. I reckon.

*[What do you think gives you that?]*

Being the oldest child is a big factor. Having my dad as a role model. I have some early experiences as a child where... because as a child you take quite naturally to things. I was a Sixer at Cubs, and the football team captain for two or three years. And I was very, very lucky that I had confidence and ability. One thing leads to another, doesn't it? Then I started work. That then gave me a platform at work, where I was able to grab responsibility. First you become a supervisor, then you become a manager. And you make mistakes, but you get through it and your resilience grows. But it starts in childhood and I was very lucky that I didn't have any doubts in childhood where most people, well, many, many people do. So, I'm an exception, I suppose. I have a younger brother who is nowhere near as resilient as me. He's pretty good, he's a remarkable man. He's the youngest. He was very shy when he was younger. He's still a bit, a little bit now; he's a bit introverted. Same father, same mother, same family; loving family.

He's more organised, he's much more of a finisher/completer, I envy that about him, but he's not creative like me. He held out much longer in life before he... Held out? Well, I see it that way. He was confident to stay single for much longer than I was. There's a part of me that hasn't grown properly. I married young. I still feel... I went to an all boys school. I get on well with women. The people I get on best with are women. So that, I think that was a... those are factors.

## Transcript 2 - Justin

Ok so, erm, my first experience with a suicide attempt was when I was about 17, and that was er... I stole some of my grandma's tablets. I can't remember what they were, erm, but I took... I took an overdose erm... And all that... I'll come back to why in a moment... And all that happened at the time was... I got kinda dizzy, erm, and I slept for a few hours and I woke up. And I was like, ugh, I've woken up. So the next day I tried again and I increased the tablets by two, cos obviously they'd had an effect, so I took an extra two tablets, and the same thing happened. And I tried again the next day, another two. Still didn't work, still the same effect. So I kind of gave up at the point. Er, but what had led up to that was... We'd suspected my dad was having an affair, he'd go missing for hours, like randomly. Erm... and then we'd... It was the early days of the internet, cos it was like 1997, so I managed to hack into his email account, and I found out he was having an affair, but it was with men as well. Erm, so, it was kinda like what... I was then in the position of what do I do with that information at an age of about 17-18? Do I tell my mum, don't I tell my mum? And, at the end of the day, he's still my dad. I found out in an underhand way. So, there was lot going on mentally... Erm... I ended up sitting on it for about two years... Erm... But, yeah, that's, that's kinda what led up to that experience. Erm... But then also, because of this project, I was thinking about my past as well. I realised that, actually, at the age of, like, 5 or 6 I was getting suicidal thoughts. I had wanted to die at various times at that age, erm, and I'll come back to that because that's relevant.

Erm, but yeah, so, obviously I [2:35 unclear] I do know where it was and I didn't do anything about it but I know those thoughts were there. And then, so, at the age of 17 I kept that experience quiet, erm, but I'd be acting up, like with the family and stuff, erm, so there were signs of depression there, and then it all kind of came to a head in 2000 when I realised I needed help, erm, because I was just getting worse and worse. And, at that time, my dad up and left the home. He'd come out as gay. And I also found out that my mum had known about this thing for like the two years that I'd been keeping it quiet. And I was like, ahh! So, I could have saved myself a lot of damage by talking to her, but hindsight's a wonderful thing, so in 2000, I was seeing a guy and... I lied and I told him that I had taken an overdose, cos I knew I needed help. I didn't, at that age, because of, by that time I was 20, erm, I didn't know how to get help. So, we went off to a hospital, where I got assessed, and then I ended up in therapy for two years, erm, three times a week, erm... The trouble is, looking back, at that age, I wasn't ready for the therapy, like, I was still developing as a person, I guess? So I didn't appreciate it at the time, so I didn't get involved. But then from 2000, after finishing up therapy for a couple of years, I kind of re-engaged with society [laughs]. Erm... 2008, I had a bit of a breakdown again. But I didn't seek help for it because I didn't realise that it was a breakdown at the time. But there were no suicide attempts at that time. Erm... Then, for another couple of years I was... At that time I was living in Manchester when that breakdown occurred, so I moved back home to the family home in North London, erm, from 2009. 2009 I developed agoraphobia for a year, so I didn't leave the house for a year, so I was protected from the world. Erm... So,

although it wasn't nice being stuck indoors, I was living with my mom and... So, I was still kind of protected, so the depression wasn't really obvious at that time.

Erm... But then in 2000 and... I always get this year wrong, 2000 and 14 or 15? 14 or 15 because it was December, my mom passed way, erm, really unexpectedly. She was only 61, it was pneumonia and no one knew she was ill, so it was a real shocker. Erm... And obviously that affected me. But, at the time, I was able to say ok this is grief and this is normal. So, again, there wasn't any suicide attempts. But, then, in... I'm trying to think what, when the experience started... 2016, I think. I was still grieving for my mom, erm, and I knew it had got to a point where, actually, other people in my situation would still be grieving, but not as intensely as I was, erm... And I knew that something more was going on, erm, so... I ended up having another breakdown... I've had so many breakdowns, I can't even remember when these all were. Er, it must have been 2015, erm, I tried overdosing again... Obviously didn't work... Erm... I'll tell you when it was, it was 2000... yeah, it was July, 2015. And it was July 5<sup>th</sup>. Er, I was away on holiday... Erm... With... [friend's] partner actually, erm, and a few others. We were all on a line dance holiday. So, it was about 10 of us all went together, and then there were other people there, and I've never felt so lonely in all my life and, it's my birthday July 7<sup>th</sup> as well. Like everyone was making a fuss of me because it as my Birthday and I've still never felt so lonely, and that experience... I got so drunk, erm, and then everyone had gone to bed, it was about 2am, I'm not proud of this but I decided... because it was in, erm, Chichester, or near Chichester, Selsey, so it was near the beach. I drove to the beach. I don't know how I didn't crash. And I was going to walk into the sea. And I got to the sea and I'm like, 'oh, the sea's really noisy, I'm not going to walk into it.' I don't know why the noise put me off, but for some reason I was like, 'it's too noisy, I'm not going to drown myself that way.' So, I drove back, still drunk, obviously. Erm, eventually found my way back... erm... When I got back, I started to try and take an overdose... I was so drunk, I could only manage about 2 tablets. I was that drunk. And then I went into the, erm, caravan I was sharing with a friend and I just threw up all over his bag. And I was like, 'I'm really sorry.' And, erm... But no one kind of knew, they just assumed that I was drunk, but didn't know what was going on. Even though it wasn't even a... half a suicide attempt - in my mind, I was in that position... what I was going to do.

So, when I got back, I went straight to my doctor... erm... and I explained what had happened. She sent me to A&E. And A&E referred me to the crisis team. And then the crisis team refused to help me because... where I was living at the time, the boundary of two boroughs literally ran through the middle of the property. I was living on one side, my doctor was on the other side. I was at the hospital where my doctor's side was and they refused to see me because I lived in Greenwich. The Greenwich team refused to see me because my doctor was in Lewisham. And I was like, 'Wow, what do I do?.' There's just no support. I had to change doctors, that I'd been with for about three years, to a Greenwich one, just to get some support. And I was like, 'wow.'

Luckily, my new doctor was ok with mental health and understood it, so it wasn't a problem in that, but it could have been a problem... my current doctor doesn't touch mental health... bless him. So, yeah, so... I then got put into CBT, well, no, I had to wait

about 8 months before getting to that stage and, during that time, I didn't have a very good support worker. And there were a couple more suicide attempts in between, erm, waiting for therapy. God, it's depressing isn't it? All these attempts. Erm... at least none of them were successful. So... yeah, so... I just felt he wasn't very good at supporting me, and then... when I told the crisis team, that I then saw because I'd taken another overdose, he turned... the support worker turned round and said to me, 'Well, you've made me feel really bad.' And I went, 'It's not your job to tell me I've made you feel bad.' [laughs] It's like rule one, isn't it? You don't tell a patient that they're making you feel bad. Erm... so, yeah, so, it was a very bad relationship. But I ended up in CBT and, erm, group CBT for 12 weeks. I took a lot from it. They really helped me... for about... 5 months. Then... So, at this point, we're... that was January, no, March 2016 when I started that. So, I came out of it in, like, July 2016 and then... I was pretty stable, until... around Christmas time. My mum died around Christmas time. So, I was kinds like, 'Well, this is just because of that.' So I kinda brushed it off, erm... I kinda just soldiered through... erm... but without any input from specialist services. I was kinda just on my own. Erm... And then, I kinda bounced back. Er... yeah, I bounced back, after Christmas. I was like, 'Ok, so it was connected with my mom.'

And I was fine, fine, fine. I got onto a course at King's College, London, to do mental health nursing, to start in September 2017. Started that. I was really proud that I'd managed to get on it, and blah, blah, blah, erm... But then... in the Oct... in the November, I started getting the depression again. So this was November 2017. And, erm... I went and sought help straight away, 'cos I could... I know my... I'm so self-aware about my warning signs... erm... that I can tell what's happening to me, even at the first hint. And they said, 'Well, there's not much we can do for you really. You're aware of it at least. You know the crisis team's numbers.' And that's kind of it. And they kinda sent me off. Because... because it was such early stages of a relapse. So, I was like, 'Ok.' But then as it closer to Christmas, I was really, really low. Did an... umm... did I do an overdose? No, I don't think I did. Erm... but did, erm... Actually, I did do an overdose... erm... I'm trying to think, think where I was living at the time. So I can get it in my mind. Erm... Actually, no, I didn't overdose, but... the depression was really, full-on, back. Erm... And then... It was still there in January. I was like, 'Ok, this isn't connected with my mom anymore. This is beyond that, now.' Erm... So, I tried to seek help... Erm...

Actually, there was an overdose attempt in December. Sorry, I lied. There was. Because, I ended up with the crisis team again. Who actually weren't too bad... erm... and they referred me to a community team. No, they were really bad, because... I lied... Because... I dropped out of my course, to focus... because, I mean, things were going really bad ... erm... and so I was moving back to North London 'cos I was living in South London at the time. About... So, I was gonna move about two weeks after the crisis... after... the crisis team... So, like, I told them that I was gonna move... erm... and they'd put me on new medication, so they said they was going to monitor it for about two weeks, so I said that was perfect because I've got two weeks before I move, blah, blah. But, then, about a week and a half before I was due to move, they're like, 'We're going to refer you to the community teams.' I'm like, 'Really? Is there any point? When I'm going to move and when you've told me you're not going to anyway?' Erm...

I spent about an hour arguing with them, and I was in tears and, like, it was just making me worse. And I'm, like, 'This isn't about patient care. This is about your tick-box exercise. You... you don't care about me as a patient. There's no point referring me, just for them to refer me straight away when I move. I might not even get to see the person, erm...' And they said, 'Well, we'll do a compromise where...', this was on a Thursday, they said, 'We'll see you on Monday and then we'll discharge you. Alright?' But that's not a compromise, is it? That's the same thing, just a few days later.

Erm... So... I got really distressed. But then I kinda just, erm... Although I wanted to... I wanted to overdose, erm, but... At the same time, I kinda just resigned myself, I just gave up. Like mentally and I was like, 'it's not worth fighting.' So, I engaged with the community team, I saw him twice and then he referred me on. Erm... but, then the... Yeah, so this was, in... When did I move back? About February, this year... Did I say 2017? No, no. I started in September 2017, January 2018 I moved back...

Then...[sighs] It's a long story... Erm... Actually, once I moved back, I was really optimistic, and I was feeling really good. I found a job at my local.... A job advertised; I hadn't worked for about 10 years. But there was job advertised at my local hospital, where I was born, 10 minutes' walk from home. The only qualification you needed was having had a mental breakdown yourself, 'cos it was a pretty simple job. Well, I was like, I've had plenty of those, I'm well qualified, erm, and I was the first person they interviewed. They were looking for someone, but I was the first they interviewed, and they gave me the job there and then. I was really positive... ra-ra ra-ra... Erm... So, from February, no, March, till... about... It was May, I know the date, May 24<sup>th</sup>, 23<sup>rd</sup>. Erm, I was taking part in some training and... In that training we had to do roleplays for work... erm... and someone said something... and they didn't mean anything by it at all, and I know they didn't, but my brain went off on one, and it went totally spinning on its own journey to... Stressville, erm, and I had another breakdown as a result the next day. I was just a complete mess, on the 24<sup>th</sup> and 25<sup>th</sup>... erm... And what annoyed me more was, the training was with mental health professionals and other peer support workers who, at the very first session, said, 'I'm really empathic and I can read people's emotions.' And they'd all said, erm, nearly all of them said that. And in the last session I was sitting there going... [demonstrates a detached attitude] I wasn't engaging, I was withdrawn, I wasn't looking at anyone, I wasn't talking and I'm like, 'Wow! You all lied. Because not one of you have picked up that something's wrong.' Well, obviously, that's my mind going, just... twisting things, but I was like... And that just made me feel even worse... Actually, no one's picked up on it.

Then... So, I took some... I started taking some time off work... erm... Just 'cos I needed it. And after about a week, the suicidal thoughts were coming again. So, I was like... It wasn't the end of the week actually, it was after the weekend. Erm... I was like, I need to refer myself to a crisis team. [sigh] 'Cos I knew I was going to do something silly. Erm... I say it was something silly, in my mind at the time it was something very reasonable. I knew I wanted to overdose. Erm... And contacting that particular crisis team was the biggest mistake of my life. I got such bad treatment, I might have ended up filing an official complaint that's, like, almost 2000 words long. They did so many things wrong. But, the biggest thing they did wrong was... About... [sigh] I don't know

how to tell this story, 'cos it's a bit all over the place... They... My moods had been cycling so quickly from depression to non-depression, that I was like, 'This isn't depression. This isn't your bog-standard depression. There's something else going on.' So, I asked the crisis team's psychiatrist to reassess me. And she was such a lovely lady. That was the only good point. Erm... She was so thorough, she spent about an hour and a half with me. And she ended up diagnosing me with as, rather than depression, I always thought she was going to say bipolar, but she actually said Borderline Personality Disorder. Erm, which explains a lot of my behaviours in the past like with my eating, because I binge eat, erm, it explains those thoughts when I was five years old. Because you have a lot of anger when you've got BPD. Although I'm not verbally aggressive, erm, [I do my anger in a point?] So, it explained so much, and it explained why, at 5, I wanted to kill myself.

So, they started me on new medication. Rather than antidepressants, it's actually an antipsychotic. Because there's no medication for BPD, well, no licensed medication. So, it was a new class of drug, and a brand new... brand new medicine as well, so... They said to me that they'd be monitoring me for at least two weeks because they start you on a lower dosage and change you up. Well, that's alright. Two days after starting me on the medication one of the team came to see me and said, 'Right we're discharging you today. I said, 'I'm not even up to a full dose that I'm meant to be on.' Let alone any other factor. This was like 2 days after the diagnosis. I'm like, 'You've diagnosed me, you've given me new medication and you're just telling me to go home and get on with it? Because you're not just...' With BPD, in my borough, there's no... The community teams won't touch me because it's too complex. I-act won't touch me because they're short term intervention, which is fair enough. Erm, so, I have to wait for specialist services. The waiting list for specialist service is... is 8 months just to be assessed by them. So, they've made the diagnosis and they've said your GP can monitor it and I'm like, 'Well, what...? You're saying that I'm too complex for community teams, but not too complex for a GP who's not a specialist in mental health?' Especially as my GP won't touch mental health. Erm, I'm like, 'How can you do that?' But, they said, that's the way it is. And then she turned 'round and said to me, 'So, how are you feeling?' I said, 'To be honest, I just want to go upstairs, take... when you're gone, and take an overdose because obviously you don't... the services don't care. She turned 'round and said, 'You're putting me in a really difficult position...' And I was like... Obviously, I was but, to actually say that to me when I'm obviously in the middle of a crisis? I just flipped and I said, 'Get out of my house now!' I kicked her out of my house.

I went upstairs, got drunk, took an overdose. The biggest overdose I've ever taken, erm... [laughs]. You'll find out why I'm laughing in a minute. Erm... And because I was in contact with people from work, they called an ambulance. The police turned up as well. 'Cos I'm like, 'I don't want to go to hospital.' And they're like, 'Well, we'll get the police.' And I'm like, 'Fine!' Erm, so, I got taken to hospital and I'm... I'm drunk, like I've drunk a whole bottle of whisky. Erm, but I still knew what I was doing. So, we get there and I'm like, 'I want to discharge myself.' And the, erm, the police woman says, 'Well, tell them before you do. Don't just walk out.' So, I'm sitting there. They did my ops. And I'm sitting there and sitting there. Really drunk. Time is all over the place isn't

it? So, I don't know how long... I think it was only about 10 minutes, but I was like, 'Raah, I'm bored of waiting.' And you've also gotta remember, the hospital I got taken to is the hospital that I work in the mental health liaison service at. So, the team that... from the mental health services that come to see me are people that I work with. After 10 minutes of waiting I was like, 'Right, I'm bored. I'm going to discharge myself.' So, I went and told 'em and erm... They were like, 'Right, we need to get the nurse. The mental health room nurse.' 'Cos they put me in the mental health room, which is a padded room. Erm... On my own. So, I was just secluded. I was really annoyed just about being on my own. Because, actually, when I was sitting in those seats, I started talking to people. Which I never normally do. Erm... it just felt like I wasn't alone and I wasn't going to be bored, erm... But they put me in the room, so I asked them and they're like, 'Well, she's not around at the moment.' So, I rubbed my hands and said, 'Well, I'm going anyway.' [Laughs] And I walked straight out.

Now, I'm... I'm not exactly fit and I'm so overweight and I managed to escape the security guard. I'm like, 'How bad is that security guard?' Erm... So, I stormed out and I went home. I flounced home. And I had to walk a long way home, because if I'd have gone the normal way I'd have to walk under a subway and it was like 2am. And I was like, 'I'm not doing that.' So, it was a long walk. And after about 10 minutes of being home, the police turned up and I'm like... They're like, 'We need you to go back to hospital.' I'm like, 'Why?' And they're like, 'You need to sign some forms.' I'm like, 'Well... If I come, you going to take me there and then I'm stranded there again and then I'll have to come home so that I won't refuse.' And then I went, 'And, under the Mental Health Act, I have full capacity. I might be drunk but I know what I'm saying. I know the repercussions are that I might drop dead because of my overdose...erm... but, I'll take responsibility. I know that's a risk.' And eventually they gave in and went off. Once they left I then went upstairs and took even more of an overdose. I don't even know why at that point. I was just like, 'Pffff, what the hell?' Erm... And... then I just fell asleep. So, that was about... that all happened about 2 weeks ago...? Yeah. Erm... So, yeah, that kind of brings us up to date.

So, a lot of my behaviours, have been... The trouble is, now I'm in a position where I'm on this new medication, and my moods are really cycling at the moment, like, at the weekend, I was just, I ready to just overdose again. Whereas, today, I'm fairly ok... And I'm... Well, in fact, by Monday I was like back to a normal mood. I don't why. I don't even know what's normal. So, my moods are really cycling at the moment. Erm... which is really frustrating about knowing what to do about work, 'cos I'm still off at the moment... erm... And where to go for help. But that... I now know that a lot of my behaviours are in the past, because, I've started... For example, I've started about 5 degrees and had to drop out for various reasons. Erm... And that's another thing with BPD where you're a chronic project starter and tend not to finish. But I was having breakdowns as well and that was stopping me finishing. So, it's kind of like... I'm now in a position where... I'm thinking... If I'd have had the right diagnosis when I first presented, how different my life would be? Like, I'd have been on the medication for a long time. Would I even have had all these, any of these, suicide attempts? Erm... So, it's a really odd position to be in. I'm not angry about the misdiagnosis in itself, because I know that, obviously, I'm only presenting symptoms when I'm feeling

depressed, so it's quite easy to miss, like, I'm feeling these things only when I'm depressed, you're kinda going to think, 'Ok, it's depression.' Erm... Yeah... And obviously the symptoms are quite similar. So... I'm not angry about that, at all. I'm just... I'm kinda grieving at the moment, for who I could have been, almost? But then I'm also in a really odd position, that I'm almost 40. And, now, I don't know who I am. Especially with being on this new medication. It takes a few months before it builds right up to the right amount. So, I'm only like... I'm not even at one month. So, I don't know who I'm going to be in a couple of months, either. And that can be really scary as well. Erm... So, yeah, I'm in a really odd position at the moment. But... At least I have the right diagnosis now.

But... I'm on such an emotional rollercoaster, that it's really tiring at the moment.

Like, I could switch right now and go into depression, it's that quick. It's not... Whereas depression... That's what stopped it being a Bi-Polar, because I can switch within minutes. Like I did with that role-playing, like... It happened about 1pm, I think, 2pm, and by 3pm I was wanting to cut all ties with everyone. So, it's such quick changes. Erm... That it's really hard to... to know where I'm going and being mentally here from one day to the next. Or from one second to the next.

Erm, yeah... Which brings a lot of problems in itself.

So, I don't know whether to look forward to the future or not, because I don't know who I'm gonna be in the ... well, next week, let alone the next two months. Erm... But I noticed when I was telling all of those stories... erm... I didn't talk much about support from outside of the professional services. Erm... I knew... I know exactly why. There were a couple of issues like, my mum was dealing with my dad being... Ever since I can remember, like, there were two times when I was about 8 or 9, he'd disappear for two weeks at a time. Erm... no idea... I... I still don't know the story behind that. Erm... I probably never will 'cos my dad... I've not had anything to do with him. Erm... So, there was a... that support from my mum wasn't really there and I remember I reached out to her once when I was about... when I was living in Manchester, so probably about 2007...? 2008. I would have been 27-28. Erm... I said to her, 'Look. I desperately need your help.' Erm... and she's like, she just tuned 'round and said she's got too much of her own stuff to deal with. So, there wasn't that support there. My brother's, erm... got mild Asperger's Syndrome. Erm, so he just doesn't do emotions. So, there's no way I'd ever talk to him. Erm... And then in terms of my friends... And, like, all my friends say that they're there for me, which I believe. It's not like I don't believe 'em. The trouble is, they've got their own lives and their own families. Because I'm of that age where they have got families and they've... 'Cos, alright when I was 21, when all my friends were carefree, or when most of my friends were carefree. So... You, you just... Well, I, I don't want to be intruding on their lives and taking up their time.

Erm... But then the other trouble is... and this is... 'Cos I really struggled with why the community teams wouldn't help me with... once they knew I had BPD. Erm... And my manager, my manager at work is actually a psychiatrist. So... I said to him, 'Look. I know you're not my therapist, but I need some answers, 'cos I got no one. No other

professional.' And he turned 'round and said it's because when you've got BPD... You need careful handling, 'cos of how you can react to situations.

Erm... So...

I completely lost my train of thought here.

Erm, so that's why the community teams won't touch me. So that's probably why... 'Cos I got one friend... He'd always say the opposite. Like... Sometimes, when you're venting about a situation, you just want your friend to go, 'Yeah, they're horrible. You're right.' Well of course you do. Sometimes you need when they're telling you to choose and sometimes you need that. But, my friend... He was actually my ex. Erm... he'd always just take the opposite viewpoint. Literally... I could say it's day when... and he'd go, 'No, it's night.' Even if it, well... Erm... And so, that... that was very triggering a lot of the time.

Erm... He sent me a really vindictive text. It was the day after my last suicide attempt. So, like, a couple of weeks ago. And he didn't know that I'd been in hospital. So, I was just really bad timing. But, I was just like... It was like, you're a bully... blah, blah, blah... And I'm like, 'Well, no one else has said that, but ok.' Erm... But I know that that's down to my BPD. Like, when I... when I kicked that woman out my house. I wasn't aggressive or anything. I was like, 'Right, you gotta go now.' I'd made my mind up it was either black or white, in that situation. And that anger that comes with BPD. I'm just glad I'm not violent with the anger. Erm... I kinda seethe and just cut people out. If that makes sense? Erm... so I know that my friends can say the wrong thing, as well, when I'm trying to talk to them. Erm... Yeah, like my friend, like my best friend the other day. I was saying to him, I don't know what to do about work. Now I know that I'm going to have to wait two years, for treatment... well, 18 months. 'Cos with BPD, you've got have mindfulness for about 6 months, before they start the actual therapy. Because, whereas with depression CBT is about looking forward. With BPD you have to look in the past. So they give you mindfulness, so you'll be ready to cope with looking into the past. So, you do about 6 months of that and then you start therapy. That's after you've waited about 12 months to get onto mindfulness. So, it's a long wait. So... I'm glad you're typing out the whole interview [laughs]. Erm... My fiend at work, I said... yeah, I said, 'I've got such a long wait, I don't know what's the best thing to do about work. Whether going back to work is worth it. Or whether I should wait until I've had some treatment. Or what...?' And he just turned 'round and said, 'Oh, I don't know.' I'm like, 'Right, ok. I've got BPD, I need black and white answers.' Erm... He's like, 'Well. I don't know what you should do.' I'm like, I got really angry with him. I didn't say anything, I just started giving one word answers. You know? 'Yeah, I gotta go now. Gotta go toilet. Bye.' And... we've spoken since and we're fine, we haven't spoken about that subject. Erm... But, yeah. People can... Yeah, I can switch on people really easily. I think that's... Yeah.

So... I'm really open about my mental health condition with people. Well, I'll just talk about it. And actually, that's... There's only ever been one person that's turned 'round and said, like... I was diagnosed with depression for 20 years, and during the depression... erm... I've only ever had one person turn 'round and say, 'What have you

got to be depressed about? Cheer up! Smile.’ Everyone else... has been really respectful of me being so open about it. About, my depression. And I’ve not faced... I’ve just reminded myself. Another time I did, but it was on Twitter, so it wasn’t serious. Erm... I was get... It was while I was relapsing and I’d gone to Morrison’s... Erm... And they didn’t have any carrier bags. And that was the end of the world for me. I was like ready to burst into tears. I started arguing with the cashier. Erm... and the man behind me gave me a bag. I was like, ‘Oh, thank you.’ Erm... And I put in on Twitter and I said, ‘You know you’re depressed when’ erm ‘you’re crying because there’s no bags in Morrison’s.’ And someone tweeted back... A life-coach tweeted back. Who I didn’t know. Erm... He said, ‘Well, you should have been alive during the war, if you’re so flaky.’ Or something like that. I’m like, ‘Wow. And you’re a life-coach.’ I think he realised that I did have actual depression... erm... afterwards. Like, I wasn’t just being flaky. ‘Cos he deleted the tweet. I blocked him straight away, but he did delete it. Erm... They... They are the only two negative... That... that one I kinda laughed about. Erm... And the one person that said pull your socks up. Erm... She’s an acquaintance, so it didn’t really bother me... The trouble is, they say... erm... ‘We don’t know what it’s like, because we don’t have it.’ And they... so... Like [friend’s] partner in particular feels quite bad about that. I turned ‘round and said to ‘em, ‘Actually, I don’t need you to... I don’t want you to experience it to start. Because it’s just so... horrible.’

But it’s not... it’s not... You don’t need to experience it to have sympathy. So, when someone’s got cancer, people are sympathetic. They’re not standing there going, ‘Well, I don’t know what it’s like because I don’t have it.’ They just react. Erm, so... That’s what I say to people. Like, it’s not about being in my shoes, it’s just about me knowing that you’re not judging me for it, I guess. Erm... But, I think, by normalising the conversation in the way I have. I’ve had so many people, quite a few friends approached me asking me for support, ‘cos they haven’t know where to turn and they’ve been like, ‘No one knows this, but, I’m struggling myself.’

So, yeah, by being that open, it has really helped. The trouble is, because I’m that open, I’m that self-aware, when it comes to professional services, they think I’m ok. Because I’m able to, erm, explain myself and say how I feel. And... and I know from, like, my own previous experience that, for example, that there’s more young black males, erm, sectioned, erm, diagnosed in this country than there should be, erm, especially compared to white. And it does make me think that, because I’m a middle class, white person who can explain exactly what’s going on, they don’t take it so seriously. And, in fact, I jus... I... Yesterday, I got my discharge letter from the most recent crisis team. Erm... And there isn’t a single mention of my... the overdose that they drove me to on this discharge letter. But you’d think they’d need to tell my GP to be aware of. Erm... But not only... What else was there...? Yeah, so, they didn’t mention it at all. And in my risks there was no mention of it. And I was just, like, ‘How can you not but something so fundamental in?’

Erm... So, the services are really broken. And I don’t think... I need to be careful what I say because of my job. Erm... But I know from the people I see in my job, and also my own personal experiences, it’s not about funding... Obviously, funding needs to be

there and then I'll be being seen quicker. What it's about is, it's become tick box exercises... and there's not that... the mental health nurses aren't making that... emotional connection with their patients. I know you have to keep yourself distanced, but, when I was doing my training for example. I... I did one placement on my mental health nursing degree... My mentor was the most brilliant... I wish she had been my carer when I... I was going through stuff. She like laughed with patients, she joked with patients. She spent time with the patients. Whereas when I had the crisis team... I know it was a crisis team not community, so they get a bit more time... But... When I... I did go out with their crisis team, and again, the person I was shadowing, she had such a wonderful way with patients. She didn't treat them just like a patient, she treated them like a human... And then, when I had the crisis team come visit me, they spent about two minutes... they go, 'Are you eating? Are you sleeping?' Which is the standard questions. They look at their watch and then they go. And I'm like, 'Wow!'

And that's not about funding, at all. That's about... the wrong people doing the job. Erm... With my complaint about that crisis team recently. Because it was repeated mistakes... 'cos, when you're... I don't know how much you know about crisis teams. But when you're being seen by them, you hardly ever see the same person. They come every day, or every other day, but you very rarely see the same person more than once. So, it was repeated mistakes, by different people. So, it was obviously endemic within the system, or within the team.

Erm... And I know within my role as well, I see people that are like... like... how can you talk to patients like that. How can you not... Well, as... My role, I'm in a bit of a luxury because as a peer support worker, we're not there to diagnose or anything, we can talk about EastEnders with the patients, if that's what the patient wants to talk about. Erm... So, you can have that more human interaction. But, even when you're diagnosing, you can still be human about it. And recognise that. Like, I did sit in with one of the nurses once, erm, when they were assessing a patient. And this woman, she was 88 years old and... she was like the, erm... Diane, the main character in Waiting for God, if you've ever seen that. Like really stropky and that. A lovely woman. Erm... And, like, for some reason... the nurse was a black, African male, and she was white, English. And, for some reason, she decided that she could not understand this nurse, despite him speaking perfectly good English. Erm, so she'd get me to repeat everything he said. But, actually, we all laughed about it, because it was such a funny situation, because I was, like - he'd say hello, I'd say hello on his behalf two seconds later. And we'd laughed about it and... that... made such a... that made such a bigger difference to the patient than going, 'Are you eating? Are you sleeping?'

And then, and then the other thing that really annoys me is... so they have a tickbox for diagnosis, and then they have a tickbox for treatment. Go out and exercise. Eat right. Get the proper sleep. Get the right sleep pattern, drink plenty of water, take your medication. And actually, when you're so low... some days you can't even have a shower. Or brush... you can't even brush your teeth some days. You just stay in bed. So, to then to be telling people... have a shower, get more exercise blah, blah, blah, is really not preproperate a lot of the time. 'Cos you're not looking at where they are then. I think that's the biggest problem. And the problem is... err... people are talking

much more about mental health because of the soap operas and other factors... But, the trouble is they've... they've got the support... Right. The trouble is the soap opera storylines are like the more extreme sides, they're like the suicides or suicide attempts. So, they're the people who need the really heavy support. You know your general people who have a bit of depression and need some support. And they're ok and fine in the community, they've got IACT and they've got loads of options. But the ones who have the extreme, don't have the appropriate support in place. And you end up on the psycho... like I'm now... My care plan is... through my GP, who won't get involved in mental health... erm... and then just to re-refer myself to the crisis team when I need to. That is my care plan... Until I start therapy, at least. And, I'm like... So, I'm just now on the cycle where I'm with the crisis team, they make me worse, I get discharged. I pootle along for a few weeks/months and then back with the crisis team. And I'm just stuck in that cycle now. I'm like... this is really bad. And that in itself is damaging my mental health. Because, I know I'm on that cycle. And, also, I know that they're not very good. So, I'm like, if I'm in crisis, would I actually go to them? In my job I've got to tell patients to go to them as well. And that's a conversation I need to have with my manager because, morally, how can I tell them to go to somewhere that made me take my biggest ever overdose?

So, that's definitely a conversation for my manager. But I also know, now, that when I'm in crisis that I've got to go to them. They, they're my only port of call apart from a GP. The GP will just tell you to go A & E really, when you're in crisis. A & E just refer you to a crisis team. So, I'll end up with a crisis team regardless. But I'm... I'm pretty sure I'll end up in that loop again. 'Cos I thought my BPD medication was working. The first couple of weeks I was starting to feel more stable. And then I crashed again out of the blue and I'm like 'Ok, this wasn't the miracle drug I was hoping for.' Which, in itself, is depressing. Erm... so, yeah... The system's broken, for more complex cases, in fairness. If you... if you've got day to day depression, for want of a better word, erm, then you're gonna be pretty well looked after. Might have to put up with the crisis team, but... for a bit... but you can get through that. But, when you start getting to the complex issues, like me and my personality disorder... Well, it's not even about personality disorder, it's about Borderline Personality Disorder, 'cos if I had psychosis I'd be looked after. Erm... dementia, everything is looked after. It's just because it's border... if I had bi-polar... It's just because it's borderline. Erm... so, yeah, its erm.. Borderline Personality Disorder has high rates of suicide in itself. Erm...

[Self-harm, too].

Yeah, self-harm is really common. This is another thing. With my self harm... I know my self harm is food, erm, I wouldn't be almost 30 stone if it wasn't, erm, the trouble is the services see that as I'm not killing myself immediately with food so it's not a problem. Erm, I did have counselling for binge-eating disorder. Trouble is, halfway through, my mum passed away. So it kind of affected that, but, also I now know that it wasn't appropriate in itself, because... Actually, binge eating disorder is quite a common part of borderline personality disorder. So it was only like damping that fire, rather than dealing with the source. Erm... But I didn't know that at the time. Erm... so, yeah, because I have... again, they... they look at the... they don't look at the...

people as people. They have a lot of criteria and a lot of tick boxes. And it's so sad because... then you get people bubbling under, like myself, who's... got a diagnosis... brand new diagnosis, brand new medication, and just told to deal with it. And it's a lot to deal with. Even though I'm 40, even though I've got knowledge. It's a bit of an existential crisis, almost. Literally. Erm, so yeah. Which can't be, erm... Which obviously isn't good mentally. Erm...

*[And way beyond the scope of a crisis team].*

Yeah. This is the trouble. Again. The crisis... Mental health professionals generally aren't... trained in how to handle people with BPD. Although, I'd argue you just treat them like a human being. Like... like, it's not like I've flipped out at you, is it? {laughs} It's just about common sense, erm... Everyone can say the wrong thing at times. But, when you turn 'round and say things like, 'You've put me in a really difficult position.' When it's your job and I was just being honest. She asked me how I was and I told her. Erm.. that's when people react badly. That's when you're gonna trigger things. Erm... yeah. We just need to love each other a bit more. And not worry about these tick boxes. I... I think that's a lot of the problem, it's all about tick boxes. Erm... People are individuals and no two people are the same. Of course, if you've got a diagnosis you share common features. But, what's right for one person is never going to be right for another person.

*[But some simple human kindness can go a long way in most situations.]*

Yeah, exactly. Like when I was on placement with that person, just... Like, when I was on the placement, I had to have this conversation with this... Well, we were with this guy, and his story was so similar to mine, and he'd gone to a bridge in London to jump off. And, luckily, a member of the public saw him and intervened. So, we were seeing him, just to check up on him and make sure he was ok. And like, I'd do things like... he was a big Liverpool fan, so I'd check the Liverpool score before seeing him. 'Cos it would tell me what mood he was in. It's those tiny little things, that take two seconds to do, 'cos I'd do it on my way to him, erm, that make a difference to people, that feel you're interested in them. And that... Towards the end... I never got to the bottom of it and it still really frustrates me. There was something going on with his medication. About whether he was not taking it or... We couldn't quite work... there was just something not right, it was a gut feeling. I never got to the bottom of it, I did loads of investigating, erm... But I had to have that conversation with him. And I was only a trainee. But, because I'd been so human with him, it was a really... It wasn't an easy conversation to have, 'cos I'm like... I was calling him a liar... not liar, but, essentially, that's how it could have come across, erm, but because I'd been so nice to him, like, human to him... Erm... He took it really well and he... I don't think he answered honestly, but he... It still really bugs me to this day, erm...

But, you know what? I saw... I must have seen about 30 patients while I was on placement. Pretty much every single one of them said they just want somebody to care about them. And, it didn't matter whether they were men or woman. Most... a lot of the patients... Some of them were like 80-90 and saying that. And, you're like...

And, they all had like different diagnosis as well, it wasn't just depression, it was Alzheimer's, it was psychosis. About 95% of them said that at one point when I saw them; they just wanted someone to care. And it's not about those tick boxes. You just want to feel like someone cares. That you want someone to care. And then...

Because that's what I feel like when I do the... when I've taken my overdose. That... I know people care, but... Logically, I know people care. So, my logical and my emotional brain... Emotionally, I'm like, 'I don't wanna be a burden on them.' Yeah, I don't wanna be a burden on them. 'Cos, as I said before, they've got their own families and stuff. So why am I going to phone them at about 2am saying I'm about to take an overdose? So, yeah... So, you do. You just want someone there, that cares.

Do you know you can...? See, that sounds like I'm disparaging... It's my mind that's converted those friendships into... I can't approach them. Rather than... There's no actual evidence that I can't approach my friends. Erm... But kind of all the way through my life I've been a supporter. Like when my dad went missing those times, I'd be the one, because my brother was not the emotional one, I'd be the one comforting my mom and I was only like 8 or 9 at the time. So, all through my life I've been the supporter. So, I guess, that also stops me asking for that support from friends.

*[In what way?]*

I dunno. I think... I think... It's not even about... It's not about being seen as weak. Its... I guess I... I don't want to burden them... 'Cos it's a huge thing to... for someone to say to you, 'Oh, I'm going to take an overdose.' That's a huge thing to deal with. Especially if I did, then... Like that woman said, I'm putting them in an uncomfortable position. Erm, but if you then go and take... If I then went... I told 'em, but then still went ahead with the overdose... That'd destroy them more than me just being found dead. 'Cos they'd blame themselves. Do you know what I mean? Yeah, so, I guess that's why I don't... But, then... I tend to... A lot of my overdoses are when I'm drunk. And then I tend to start messaging people before doing it {laughs}. Like, loads of rubbish... Erm... You'd think they'd know the warning signs, but, erm, yeah... But, yeah, I'd... The only time I've ever said to someone, 'You need to call an ambulance', is the most recent time when it was someone from work. My colleague from work. But, I think that's because I know she knows what it's like. So, maybe there is something about needing to know what it's like before? I don't know. But, I don't... It's definitely about not wanting to be a burden on people. But, then... But then I know people that are in a relationship, and still won't tell their partner. So... I don't tell people because I'm not in a relationship with them. But then I'll think, 'Well, if they're not doing it either, there must be something else going on.' But I don't know what, really. Like, I'll, erm... Well, I tend to contact crisis teams, eventually myself. Or present myself to A & E. So, it's not like I don't seek help... Well, actually... Well, actually, all the times I've got to a point where... I've overdosed, I haven't sought help. Whenever I've sought help, it's either been... after the overdose, obviously, or... before it even gets to that stage. I've never self-sought help once I've made the decision that I'm going to overdose.

*[Right. So, it's an either/or?]*

Yeah... That's interesting. See, we're all learning things. Er...yeah. Yeah, it's that black and white thinking again, I think, where, once I've made the decision, that's it. I'm doing it. But, then, I do... But then you also have the question of how serious I am about it if I'm still here after all those repeated attempts. That's another issue isn't it? That's a huge issue. Erm...

*[What are your thoughts on that?]*

Well... Part of me wonders if its in a bid to try and get services to take me seriously. It's definitely not about getting attention from friends, because, the last one... I didn't realise I hadn't told any of my fronds when I sent one of them something the other day that said that I'd attempted it {laughs} and I was like, 'Whoops! Now you know.' So, yeah. So, I'd kept that one quiet from everyone. So, it's not that issue going on, but... Perhaps even if it's only on subconscious level it's about wanting to be taken... seriously. But, having said that, when I spoke to my manager, and he's the one that explained that I have to go for mindfulness, and one of the community team, it helps you really calm you down about the whole situation and I was like, 'Ok, it's not great that I have to wait so long.' And I still don't think that I should have just been sent out into the world, there should have been some monitoring. But, I kinda get why the delay. Whereas when I was asking the crisis team, I'm like, 'Why won't they send me? Why?' They're like, 'Uhnuh. Uhnuh.' No idea. And it was that non-explanation that led to me feeling like I wasn't being taken seriously. Whereas once it was explained to me, and it took two seconds to explain and like, it changed my emotions completely. So, perhaps some of it is about wanting to be taken seriously. And then, perhaps that's why the, erm... The most recent one, the other week, was my biggest ever, because it was kinda like, 'Well, no one's taking me seriously.' 'Cos I was actually quite determined with that one.

*[Right. In terms of that determination. If you can think what kind of... What the thoughts are, going into that?]*

I was drunk {laughs}.

*[Yeah. I was going to say, it's a tricky one.]*

Erm, no. What? About why I was so determined?

*[Well, in terms of whether you're determined - 'right, this is it, I'm gonna die.' Or, you're just heightening that risk to the point where it's like, 'I don't care whether it happens or not?']*

Yeah, I think it was more about, 'If it happens, it happens. If it doesn't, it doesn't.'

*[Yeah. That's not to lessen the gravity of it in any respect.]*

No. no, no no.

Die Like a Man!

*[But, yeah. From hearing similar narratives about high levels of risk taking among, mostly, men that I've been studying. So, it's not like, for example, hanging one's self, where there's a good certainty, but getting into situations where that risk becomes very present.]*

Yeah. Like when I went driving when I was drunk.

*[Yes. Yeah, yeah, exactly.]*

Actually, that's one of the symptoms of BPD, you're a very high risk taker.

*[Yeah. Kind of impulsive in that respect.]*

But that... Yeah, impulsive, rather than risk taking. But that... Yeah. I'm really impulsive. Actually, I made this association when I was being assessed for BPD, that actually most of my... suicide attempts have been very much impulsive. Rather than planned. Which ties in with me saying... I've never sought help when I'm at that stage, because it's been impulsive. Whereas, when I have sought help, it's been because I've seen it coming. Over a couple of weeks. So, yeah. Yeah, it's definitely always been impulsive.

Erm, yeah. So, yeah, there's a lot of impulsivity there. Which, I guess, the alcohol heightens even more.

*[Absolutely, yeah. It lessens, kind of, your ability to negotiate that risk. Or the awareness of danger. It dulls it somewhat.]*

Well, actually, do you know what? See, I never get drunk to a point where I black out, so I'm still aware. Erm, so even where I drank the whole bottle of... I don't know how, but I was still aware of what I was doing. Erm, so I still remember it all. Erm, so I guess it does kinda just numb my brain. Even though I'm sitting there going, 'This isn't a good idea.' {laughs} But I still do it.

Yeah. Yeah, I dunno. My poor brain. I just want a lobotomy, that's what I want. [laughs]

*[laughs]*

I just want a new brain.

'Cos... I think, yeah, it's got to a point now where I'm just so tired of the emotional rollercoaster. I just want it to finish.

*[Like you said. Not knowing who you're gonna be, one minute to the next.]*

Yeah. Erm... Yeah, It's hard work. Jeckel and Hyde. And I know it's cost me friendships. Like, as I said, I got that text the other day. Erm... But I kinda go through, like... Like,

with my experience of the crisis team. But I attended... They wanted to discharge me two days after my suicide attempt, that they'd caused. I was like, 'Wow!' Erm, they discharged me four days after. Erm... By that point I'd just resigned myself to it. I've not got the energy to fight it anymore. And I think I kinda get... I get to that emotional state a lot where, like, I'll fight and fight and fight. And then just say, 'I can't be bothered anymore.' Just accept it. For a while, and then it all starts again.

*[You mentioned the emails that you found a ways back, when you were young. What was that like? The experience of realising your dad's sexuality at that particular point? And, I'm not saying whether it's influenced your own life choice, later on...]*

Erm, no. I'd already known that I was gay by the point I'd discovered... But, erm, finding it... It was... I don't mean it... It didn't really affect me, emotionally, but it put me in two minds, because... There was the mind as another gay man, that I was like, 'Ok, he's of a certain age. Back in his day he wouldn't have been able to be out, he'd have had to do the... to get married. I totally understood that. But, then, there was the son brain, that was like, 'How could you treat my mom like this? Was I... Was I just... Me and my brother just experiments, to turn him straight?' Erm, so there was that alternate views again. And that's a big pattern in my life where I have that, erm, very much self-awareness. But my emotional side doesn't listen to that self-awareness. Erm, my emotional side goes off on one. Erm, and makes up it's own little narrative. Erm, and the worst thing is, I know it's doing it. And I know it's being unreasonable. But I still can't stop it.

*[Yeah, that's a part of that illusion that we're supposed to have so much control over our emotions. It's a nice thought.]*

Yeah [laughs]. And then, obviously, working in mental health now, it's even more frustrating because I know this. Yeah.

*[Was there anything more you wanted to add?]*

I think I've covered my whole life story, from the age of five. Erm... Basically, I've been through... Yeah... It's been a long history, but I'm still here at this moment in time. Erm, who knows what tomorrow my brain will do? Erm, I'm lucky... I think a lot of the stigma, when people say there's a lot of stigma around mental health... I'm not convinced... Based on my own experiences, I think... That theory is stopping people talking. Which, in itself, is creating that kind of stigma. I think it's self-imposed stigma. Obviously, there are people out there who say, 'Just pull your socks up!' I've... I experienced one. But when you think I only experienced one out of everyone I've talked to about it. It kinda does say, 'Actually perhaps that stigma's not...' Perhaps I've been lucky. I... I don't know. But, it suggests to me that, actually, it's kind of self-imposed stigma. And, actually, by having the conversation, it normalises it. And that's been repeated throughout history, hasn't it? Like sexuality; women with the vote, even. Like, women were once seen as, like, feeble-minded weren't they?

*[Yeah, and in other ways, in many ways, threats to certain ways of life.]*

It's just by normalising it that things change. Because the stigma can be damaging in itself. But, it's interesting to think that I don't experience that stigma, and yet I still really struggle.

*[And perhaps in some cases the stigma can worded in different ways. Is that kind of the pressure you feel not to impose on someone else?]*

Yeah. And no ones ever said that to me. No one's ever said, well, apart from my mum... Oh, actually, ok, maybe it does date back to that, probably... Alright, I'll shut up! [laughs] But, no one's said it to me since, erm... But, obviously, it is going to have some effect on me, I guess.

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## Website Resources

Andy's man's Club: <https://andysmanclub.co.uk>

Campaign Against Living Miserably (CALM): <https://www.thecalmzone.net>

Suicide Awareness partnership training (SAPT): <https://sapt.info>

U.K. Men's Sheds Association: <https://menssheds.org.uk>