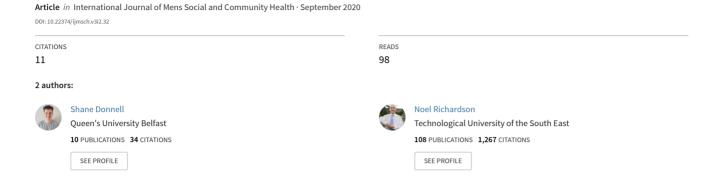# No Country for Middle-Aged Men? An Intersectional Approach to Explore Sources of Psychological Distress and Patterns of Seeking Support among Middle-Aged Men Considered 'At Risk' o...

2 authors:

Shane Donnell
Queen's University Belfast
10 PUBLICATIONS   **34** CITATIONS

SEE PROFILE

Noel Richardson
Technological University of the South East
108 PUBLICATIONS   **1,267** CITATIONS

SEE PROFILE

INTERSECTIONAL APPROACHES TO EQUITY IN MEN'S HEALTH AND WELL-BEING
NO COUNTRY FOR MIDDLE-AGED MEN?

An Intersectional Approach to Explore Sources of Psychological Distress and Patterns of Seeking Support among Middle-Aged Men Considered 'At Risk' of Suicide in Ireland

Shane O'Donnell[1] and Noel Richardson[2]

[1]Queen's University Belfast, Ireland

[2]Institute of Technology Carlow, Carlow, Ireland

BACKGROUND

In high incomes countries, the male suicide rate is three and a half times higher than the female rate[1] yet females have higher rates of suicide attempts and suicide ideation.[2,3] This 'gender-paradox' in suicide[4] reflects particular social norms, expectations, and behaviours attached to the sexes.[5] To better understand the interconnectivities between masculinity and suicide, a large body of evidence has drawn on Connell's social constructionist theory of masculinities.[6–12] Central to this theory is that patriarchal power and adherence to dominant or hegemonic masculine ideologies influence men's health practices and illness experiences. Hegemonic masculinity retains its idealized status through cultural beliefs that are embedded in a 'masculine standard' which is often represented by white, middle-class, middle-aged, heterosexual men and characterized by a desire for power, control, aggression, courage, self-reliance, rationality, competitiveness, efficiency, and success whilst simultaneously concealing vulnerability and weakness.[5,8,13,14] Applying Connell's frame to suicide risk factors, men's use of more lethal methods are theorized to reflect a hypermasculinity of sorts – where lethality is associated with mastery and where survival is less acceptable.[13] Unemployment and financial insecurity can disrupt men's sense of identity, role, and status due to the centrality of the provider role in the construction of the masculine self.[13,15,16] Men can also be reticent about seeking support for emotional problems in a bid to remain stoic and self-reliant, which can lead to suicidal ideation.[14,17,18]

Over the past decade, the suicide rate among middle-aged men (defined as 40-59yrs old) has posited highest in many high-income countries.[19–23] Despite this, scholarly attention has gravitated towards adolescent and young male suicide[11,24–27] which has drawn criticism for not "sit(ting) well with the evidence" and diverting attention away from middle-age suicide.[28] Findings from the few studies conducted on middle-aged men and suicide have noted that unemployment and financial insecurity, relationship difficulties, and legal issues are primary stressors of middle-aged men's mental health.[28–31] The accumulation of investment in work and family life, narrowing of social circles, and the propensity for an overreliance on partners for emotional support may result in middle-age men being particularly vulnerable if unemployment and/or relationship problems occur.[28,31,32] While this body of research offers key insights into factors contributing to suicide risk among middle-aged men, it mostly fails to account for a multitude of other social identities

that may exacerbate suicide vulnerability among this population. For example, men who are deemed to fall short of the idealized masculine standard are often subjected to marginalized and/or subordinated identities[6] and face increased exposure to stigmatization and discrimination which is associated with suicide.[33,34] Subordinated and marginalized middle-aged men may be caught in the bind of being part of a 'privileged' social group yet unable to attain the idealized standards of middle-aged masculinities. Indeed, a study on middle-age African American men noted that external and self-imposed pressure to fulfil expected gender roles at middle-age was a source of stress but factors unique to being African American and male further challenged capacities to fulfil these roles.[35] Whether additional social categories associated with subordinated and/or marginalized identities intersect with gender and age and underpin high suicide rates among middle-aged men requires more attention. The relationship between mental health experiences and unique locations within social systems of privilege and marginalization are best examined through an intersectional lens.[35,36]

Intersectionality proposes that socially defined roles and characteristics are inextricably linked and cannot be separated into distinct factors that operate independently or additively (gender+race+class).[35–37] Rather, it considers simultaneous interactions of social identities, locations and structures that have a multiplicative effect on social (dis)advantage and that capture overlapping systems of privilege, subordination, and marginalisation.[38] As such, the focus of this study is on social axes typically utilized in intersectionality research (gender and age) and other social categories that have been found to have an effect on suicide within the general population but not widely investigated among middle-aged men (relationship status, sexuality, ethnicity, occupation status, geographic location, and domestic abuse). Utilising such an approach may provide a more accurate reflection of the blended identities and experiences of middle-age men and offer deeper insights into the factors underpinning suicide among this population.

Over the past decade, middle-age men in Ireland have had one of the highest suicide rates.[39] During this time, Ireland has undergone unprecedented socio-cultural, political, and economic changes. The global economic recession resulted in significant unemployment and financial difficulties and was directly associated with increased male suicide rates.[40] Political and church scandals including accounts of corruption and bribery amongst politicians and the clerical sexual abuse of minors severely undermined the bastions of power in Irish life and led to widespread cynicism and mistrust amongst the public.[41,42] Recent legalisation on same-sex marriage and abortion, whilst mostly welcomed as progressive social reform, is seen by others as a dramatic shift away from the core values of a more conservative religious past. Therefore, rapid social change in Ireland has been turbulent and has presented many challenges for all. The more recent pattern of high suicide rates among middle-aged men in Ireland suggests that this age cohort, in particular, is struggling most to adapt.

No previous studies have explored the lived mental health experiences of middle-aged men in Ireland. In response to this, the National Office for Suicide Prevention in Ireland and the Men's Health Forum of Ireland commissioned a study that drew on the narratives of a diverse sample of middle-aged men as well as statutory and non-statutory service providers with a remit for middle-aged men's mental health. This article focuses on the narratives of a wide range of middle-aged men and attempts to answer the research question "What are the sources of psychological distress faced by middle-age men in Ireland and how do they approach seeking support?" The research was guided by a national steering group comprised of representatives from statutory and non-governmental organisations with a remit for men's health and suicide prevention. This steering group offered expertise, assisted with formulating the topic guides and recruiting participants, and offered feedback during data analysis.

METHODOLOGY

Sample

The Institute of Technology Carlow's Ethics Committee granted ethical approval for the study (Reference No. 154). Without looking for statistical representativeness, nine demographic groups of

middle-age men were sampled based on having at least one sociodemographic characteristic associated with an increased risk of suicide[43] (see Table 1). This sampling strategy was chosen to maximize a diverse range of lived experiences and sources of psychological distress among middle-aged men rather than specifically exploring experiences of suicide ideation or suicide attempts – although many men did discuss such incidences. Individuals were eligible to participate if they; (i) identified as male; (ii) were aged 40–59 years old; (iii) lived in Ireland, and (iv) possessed at least one other socio-demographic characteristic identified as being 'at risk' of suicide. Although participants were sampled based on a particular socio-demographic characteristic, many straddled multiple characteristics (e.g., transgender, unemployed), therefore, participants were encouraged to move freely between different roles beyond the social categories on which they were recruited. Participants were recruited using purposive and snowball sampling techniques and by engaging with 'gatekeepers' from the relevant community and voluntary organizations. They were informed about the scope of the study, the potential risks of participation, and their right to withdraw from the study at any time before informed consent was obtained. A total of 34 men (mean age = 50.3yrs) participated in this study.

Data Collection

Focus groups were conducted in community settings at the time and location of the participants' choosing. Focus groups are a useful data collection method when discussing sensitive topics where participants can feel relatively empowered and supported within the group when in the presence of friends and colleagues.[44,45] Transgender men, victims of domestic abuse, and separated/divorced fathers expressed a preference not to discuss sensitive issues face to face and were offered telephone interviews as an alternative. A gatekeeper from the relevant organization was present in another room for all focus groups and telephone interviews as part of the study safety protocol. All data were collected by the lead author.

All focus groups and interviews were conducted from November 2016-May 2017. The topic guide used open-ended questions that focused on three main areas; the meaning of psychological distress; sources of psychological distress and support-seeking behaviours. The topic guide was refined and modified in response to on-going analysis and emergent trends in the data. In keeping with previous research by the second author,[46] the meaning of the term 'psychological distress' was grounded in participants' personal experiences and incorporated a broad range

TABLE 1 Biographical Details of Focus Group Participants

Marginalized Middle-Aged Men (n=34)
Male Farmers (n=8; Focus Group)
Men Living in Rural Community (n=6; Focus Group)
Unemployed Men (n=5; Focus Group)
Traveller Men [Irish ethnic minority group] (n=4; Focus Group)
Non-National Irish Men (n=4; Focus Group)
Gay Men (n=2; Focus Group)
Transgender Men (n=2; Interview)
Separated and/or Divorced Men (n=2; Interview)
Victims of Domestic Abuse (n=1; Interview)

of distress, including the potential for discussions around past suicidal behaviour. The researcher paid close attention to how masculinity, age, and various other socio-demographic characteristics played a role in these mental health experiences. Participants were provided with contact details for support services and encouraged to access them if issues arose as a result of participating in the research. Data collection ceased once no new information was observed during data collection. Field notes and a reflective journal were used to record observations and to contextualize these verbal accounts during transcription and data analysis.

Data Analysis

Inductive thematic analysis was utilized to analyze the data.[47] Thematic analysis is not bound to any pre-existing theoretical framework and can be used within different theoretical models such as those that underpin this study (the social construction of gender and masculinities and intersectionality). Thus, thematic analysis enabled the 'unravelling of the surface of reality' to explore how the intersection of age, gender, and other aspects of identity impacted men's mental health and help-seeking experiences. The focus groups and interviews were audiotaped, transcribed verbatim, anonymized and cleaned of any identifying information. This was conducted by the research team to ensure familiarity with the data. Both authors independently conducted line-by-line coding on a sub-sample of initial transcripts, which produced a list of codes and emerging concepts. The codes were further refined using constant comparative methods[48] wherein both authors cross-checked coding strategies, negotiated interpretations, collapsed codes, and agreed on a cumulative or 'master' code list. Codes were sorted into potential themes, aligned with the associated data extract and cross-checked by the research team. Theme memos and concept maps were utilized to track relationships between codes and categories over the analysis process. Guided by the principal research question, the authors worked with drafted sections for each code to further identity and refine thematic labels. Through the writing up of this current article, a consensus was reached about theme names and content upon which analysis was finalized.

RESULTS

Four themes were generated through the data analysis process; (i) Reconciling Increasing Expectations with Diminishing Capacities to Achieve at Middle-Age; (ii) Isolation at Middle-Age; (iii) Barriers to Support-Seeking; and (iv) Catalysts for Change & Strategies for Improved Self-Care. It is important to consider these themes against the wider societal backdrop, of what participants noted as key markers of a dramatically changing Ireland - the economic recession; decimation of pensions; political and church scandals; changing working conditions such as temporary employment contacts and multiple career paths; and the demise of rural Ireland – all of which were seen as causing significant disruption and upheaval in lives of many participants. Moreover, whilst individual issues contributing to psychological distress were notable in their own right, it was the multiplicative effects of these issues that caused many to feel overwhelmed. This reinforces the appropriateness of using an intersectionality approach as a framework from which to better comprehend the combined and intersecting nature of these challenges.

Theme 1: Reconciling Increasing Expectations with Diminishing Capacities to Achieve at Middle-Age

Middle-age was a time at which men felt they "*should have accomplished in life*" (Christopher, Rural Isolated Man). Participants reflected upon unspoken personal and societal expectations that were deemed to be the normative characterizations of middle-aged masculinity – steady employment and financial security, a stable [heterosexual] relationship, fatherhood, and fulfilling perceived gender roles (i.e., provider, protector, authority figure). Failing to meet these expectations not only affected men's mental health but elicited a more deep-rooted sense of failure;

> "*When you think things should be settling down, levelling out and you are starting to retire, look at your children and wife – then everything is turned upside down… you are back where you started.*" **Joey, Victim of Domestic Abuse.**

The vessels that enabled men to perform masculine practices to achieve these 'milestones of middle-age'

– in particular the labour market, their physical bodies, and the gender order – were seen as being in decline and/or undergoing significant change, which resulted in men feeling a loss of power, control, and agency. Employment was inextricably linked to middle-age men's identity, self-worth, social status, and purpose ("*we wrap our identity up in what we do; women wrap it up in their connections*" James, Farmer). Indeed, this was a generation who inherited beliefs of 'a job for life'. The absence or loss of employment, as Martin describes, had the potential to displace the masculine self;

> *''I just don't feel a part of the whole scheme of things. I don't feel needed, or wanted, I feel a bit closed off from everything.''* **Martin, Unemployed Man**

Middle-age was a time of increased responsibility and financial pressures, especially for those who perceived themselves as the principal 'provider' of the household. Against the backdrop of a volatile labour market during the economic recession, the 'financial treadmill' (Fintan, Transgender Man) of middle-age - loans, mortgages, pensions and children's school/college fees – was seen as placing a huge strain on men's ability to fulfil this provider role. Failure to do so, elicited profound feelings of shame, embarrassment, and emasculation, particularly for Traveller men;

> *"The Traveller man is the provider, he's the one who is supposed to look after his family…and you're looking at them [employed men] and you're embarrassed and ashamed."* **Liam, Traveller Man**

Middle-age was also seen as impacting on men's physical labouring capacity. This left many men feeling surplus to requirements in manual labouring work or *"on the scrapheap before your time"* (Paul, Unemployed Man), particularly for those who became unemployed at middle-age. Simon describes the insidious and carnivorous impact that long-term employment, unsuccessful job seeking, and lack of work stimulation has had on his mental health;

> *"You sort of feel you are being eaten away…they [employers] want somebody younger, faster, cheaper... It is very hard to keep adapting, you are not busy so it all keeps piling on top of you. That is when finding a reason to keep living becomes a problem."* **Simon, Divorced Man.**

While many men lamented the loss of employment, Traveller men, non-national Irish men, and transgender men felt they never had access to equal employment opportunities from the outset. Reflecting upon a lifetime of prejudice and racism associated with his ethnicity, Patrick describes the shame and embarrassment he feels from being excluded from employment opportunities and how this fuelled his alcohol misuse;

> *"I've hardly worked in my life because I was turned down that many times. I'm ashamed and embarrassed…I know I don't have a hope…I won't go [to a job interview] because I know I'm getting turned down and this depresses you, and this is where the drink really comes into it."* **Patrick, Traveller Man.**

Oscar describes how his gender identity transition has not only disrupted his career progression but has compromised his prospects of securing new employment;

> *"I am quite well qualified but that counts for nothing… You know you lose things like your references. I can't put my old employer down, they knew me as someone else."* **Oscar, Transgender Man.**

Middle-age also coincided with a more acute awareness of vulnerability and mortality, embodied in an ailing physical body that was no longer able to 'do' what it had routinely done when younger. The culmination of the ageing process and the wear and tear response to injury/illness over time meant that these older, slower, and sometimes impaired bodies now faced the ignominy of struggling with even routine physical tasks. For many, this 'doing' defined their masculine identity, with the prospect of not being able to scale the same heights of youthful physical prowess reinforcing the feeling of relinquishing control. Inevitably, this reduced capacity to 'perform' and the struggle to reconcile an imperfect body image with hegemonic masculine ideals had significant knock-on implications for men's mental health:

> *"I can't do today what I did yesterday [back injury]…I can't help around the house, I can't go out, I can't run, I can't walk, the fact I can't do these things gets to me."* **Colin, Unemployed Man.**

> *"With my body image, I wish I was taller, I wish I was more muscular, I wish my beard came in a bit faster.*

There is a lot of pressure with that as a man as well. I should look a certain way."**Fintan, Transgender Man.**

The demise of labouring roles such as farming or construction coupled with increased female participation in the labour force left many feeling undermined and suffering a loss of role. The latter was seen as particularly difficult for non-National Irish men whose cultural beliefs were significantly challenged;

> *"…it is one big culture shock. I am not saying that the women should be put down but, in our culture the man is the authority of the household, to give advice, guidance, and be the provider…we are no longer relevant."* **Vincent, Non-National Irish Man.**

Adapting to change was also seen as difficult at middle age, with some acknowledging that they had become more 'set in their ways'. As well as rendering them less adaptable to change, this curtailed opportunities to move with the times (e.g., retraining to respond to an evolving work environment). Indeed, the pace of societal change more generally accentuated a feeling of being 'left behind'.

Caught in a bind between time pressures to achieve the milestones of middle-age and diminishing capacities to achieve them, many men began to question their life choices (past), the scale and value of their achievements (present), and their capacity to achieve outstanding aspirations (future); *"It's not that you are approaching the end but you are aware of the end"* (Josh, Gay Man). This idea of a 'midlife crisis' was rooted in a feeling of despair about one's aspirations about the future, with many like James feeling that their best years were behind them;

> *"…you are forty/fifty and you realise I haven't done this, and time is running out, and I don't have the energy… you are going 'shit my time is nearly over and I haven't done half of what I wanted to do.*" **James, Farmer.**

For many like Dermot, the harsh realities of unfulfilled hopes and aspirations inevitably forced many into a recalibration of what was realistic for the future:

> "*In your twenties and thirties, your possibilities are endless. Possibilities give hope and there is hope for change. But now I am more realistic…I am not going to have the family, the car, the house. It has dampened the hope.*" **Dermot, Gay Man.**

Theme 2: Isolation at Middle-Age

Isolation, broadly described as separateness from others, emerged as a significant source of distress among middle-aged men. It manifested in multifaceted ways, most notably as a narrowing of social circles, a lack of social outlets, relationship breakdown and living alone, and as a consequence of experiencing discrimination, prejudice, or racism. Many traced the narrowing of their social circles by middle-age to competing commitments (work and parenting in particular) taking precedence in their formative years;

> *"We all went through phases of dropping our hobbies, through workloads and kids being small…you can become quite isolated quite quickly particularly in our environment [farming]."* **Edgar, Farmer**.

Not surprisingly, isolation emerged as a particular issue for middle-aged men in rural communities. Lack of appropriate (beyond the pub) social outlets, the isolated nature of farming, the mass exodus of rural community members during the economic recession, the rise in 'commuter towns', and the subsequent fall in casual interactions in the community were seen as starving rural men of human contact;

> *"It used to be the church gate, down the pub and have a chat - there were just all these smaller outlets…all these little interactions where everybody met. The community is gone real low…you have a false community of people who work in [location] but live here."* **James, Farmer.**

A key finding was that many middle-aged men had a narrow range of social networks and that, beyond the spheres of work, sport, and the pub, they were often fearful, shy, and intimidated by joining other social groups. Indeed, even among those who were actively engaged and who recognized the benefits to their mental health of being involved in social groups, many spoke about the challenge of overcoming their initial fears about joining at the outset. This difficulty with the first contact in a men's group was compounded by beliefs among middle-aged men that men's groups were for retired or unemployed men;

> *"He was saying when I am older than [Men's Shed] will be a great place for me to socialize. The man is 45, he has a good bit of living to do before he goes that direction [Men's Shed]."* **David, Farmer.**

Those men who had experienced a relationship breakdown described the challenge of what had been their primary source of support network now being a primary source of psychological distress. A relationship breakdown not only impacted the man's relationship with his partner but also disrupted relationships with children, friends and living arrangements;

> "*It made me feel completely devastated. You have had to move out of your family home that you have worked towards for years… you lose access to your kids, you lose a lot of friends…your network becomes much smaller.*" **Finbar, Divorced Man.**

Traveller men, gay men, transgender men, and non-national Irish men reported feeling particularly rejected and thus isolated from the social fabric of society because of discrimination, prejudice or racism directed at them. Blatant forms of discrimination and/or rejection included being turned down for employment opportunities, being called derogatory names, and being refused admission to premises. There were also subtler but patronizing and damaging comments and actions that reinforced the feeling of "other" (e.g., *"I have friends who are gay"*, Josh, Gay Man). Indeed, for those who, over time, internalized such negative societal messages, this inevitably elicited profound feelings of shame and embarrassment with many men 'choosing' to 'hide' that aspect of their identity;

> "*It is an internalized homophobia – the idea of the feminine being rejected. You want to pass for a straight guy. The whole notion that you are not a real man and you never will be.*" **Dermot, Gay Man.**

This accumulation of knock-backs - ranging from seemingly innocuous comments to outright prejudice (racism, homophobia etc.) - appeared to take its toll by middle-age. A lifetime of rejection based on a core aspect of their identity was an integral aspect of what many middle-aged men experienced as isolation;

> "*I'm ashamed. When I was young it [discrimination] got me down but now that I'm older it's getting me even more down.*" **Patrick, Traveller Man.**

Many of these men felt unwanted and excluded from society, which had drastic implications for their sense of belonging, self-worth, and confidence. It resulted in many withdrawing from social situations as a means of self-protection against further rejection or avoiding 'disclosing' stigmatized issues, which further damaged their mental health;

> "*It makes you feel like you are better off on your own. Walk into a pub, order a drink…you are refused. You feel like scum.*" **Joe, Traveller Man.**

> "*You hear people make remarks about it [transgender] your whole life. This drove me further into not wanting to speak about it or even deal with my issues, which had a devastating impact on my mental health.*" **Fintan, Transgender Man.**

This notion of withdrawal or self-isolation also manifested among men experiencing acute psychological distress *("you get depressed and you wouldn't go out in case you meet a neighbour"* Peter, Rural Isolated Man). This was driven by fear of being stigmatized for having mental health issues, as a form of protecting others against their own perceived burdensomeness and underpinned by the notion that men should be self-reliant and stoic. This gave rise to feeling isolation even when surrounded by family and friends;

> "*You can feel isolated even in your family. I have a wife and 3 kids – I don't always want to burden them with what is going on in my head.*" **Colin, Unemployed Man.**

Theme 3: Barriers to Support Seeking

Participants' understanding of 'mental health' focused largely on mental ill health and mental illnesses with conversations typically gravitating toward issues such as depression, suicide, excess alcohol consumption, unemployment, losing interest, withdrawing from social events and anxiety. It is not surprising then, that most men spoke of not thinking about or being proactive about their mental health until something was 'wrong';

> "*You don't really think much about your mental health until you become sick.*" **Paul, Unemployed Man.**

Likewise, seeking support in response to psychological distress typically had connotations of weakness, losing control and indeed shame;

> "*It's men not wanting to go [accessing support] because no matter how you look at it, there is a bit of shame to it…there is something wrong with me.*" **Peter, Rural Isolated Man**

A more palatable alternative was to suppress emotions and to avoid seeking support; a 'choice' which, for some, led to problems spiralling to a crisis point and contemplation of suicide. Indeed, for many, the primary trigger to seeking support was reaching a point;

> *"There are so many expectations on how you think you should feel and behave and to do otherwise is a weakness…You reach a point where there is no other option but to [access mental health service]. It is not like a stitch in time saves nine. You wait till the whole thing is nearly ripped up to shreds before you ask for help."* **Fintan, Transgender Man**.

Like Fintan, many men reflected on feeling socialized from a young age to invulnerable, stoic, and self-reliant which, they argued, contributed to this 'double failure' – being in psychological distress and facing the ignominy of having to ask for support. Indeed, these gender norms appeared to be intensified at middle-age;

> *"I didn't access support earlier because I didn't want to be seen as soft. For people of my generation, it is sort of put up with it and take your medicine."* **Simon, Divorced Man.**

> *"…the older you are the wiser you should be, you should be better able to deal with your emotions."* **Alan, Rural Isolated Man**.

It is important to note that many men grappled with and rejected what they regarded as these 'strong man' masculine stereotypes relating to mental health. For example, Patrick, a Traveller man, felt the phrase 'men don't cry' misrepresented how men really are and reported how he came to reject such masculine stereotypes. Colin similarly felt that given the right setting, men do open up and discuss mental health issues;

> *"I have been involved in a lot of men's groups and they say men don't talk - in my experience men have no problem talking, no problem whatsoever."* **Colin, Unemployed Man**

Some past users of mental health services reported feeling misunderstood or not supported adequately by the service, which inevitably undermined their trust in the service. Transgender men felt that 'old generation doctors', although well-meaning, did not understand their gender identity or the challenges they faced to their mental health. Liam's very poignant story of being treated with little compassion at A&E following a suicide attempt not surprisingly prompted him to leave the service before being treated;

> *"This was in A&E and he [doctor] was saying 'this chap tried to commit suicide…' People were looking at me…I sat there for about an hour and I just kept saying to myself, 'it'll be okay, someone will come and get you'… I just got up then and pulled a legger [ran away]. No humanity in it at all, no sensitivity.* **" Liam, Unemployed Man**

Theme 4: Catalysts for Change & Strategies for Improved Self-Care

Feeling fulfilled in employment, having a strong sense of connection with loved ones, being aware of triggers for distress and normalizing emotions were more structural or constant factors that participants noted as being supportive of their mental health. Awareness of thoughts and triggers for distress were often realized through an educational program delivered in men's groups or through engagement in counselling services. Whilst being self-aware was in itself supportive to one's mental health, it also enabled the development of a mental health action plan to revert to during times of distress;

> *"We have been taught how to notice triggers or notice thoughts when we are becoming unwell. So if I am having a particularly bad day I kinda go, right, this is what I said I was going to do."* **Paul, Unemployed Man**

Normalizing emotions and accepting both successes and failures in life was also viewed as a critical coping skill during times of distress as Fintan describes;

> *"Not feeling angry at yourself for feeling angry, accepting your emotions for what they are, they are there for a reason."* **Fintan, Transgender Man.**

Examples of educational courses that men found supportive included sleep hygiene, self-advocacy, and mindfulness. As well as building self-esteem and self-confidence, these programs were seen as providing coping tools to navigate through periods of psychological distress – as Paul and Ollie describe;

> *"The mindfulness course we did I think is huge...it is there in the back of your mind in busy times or stressful times…it gives you confidence in your ability [to cope] and contentment."* **Ollie, Farmer.**

"…they do that achievement thing, and it builds you right up because you would be very low. It builds up your confidence, it builds up your self-esteem, and each week adds a little bit more." **Paul, Unemployed Man**

Seeking out social contact and peer support was the most commonly reported self-care strategy among the men, although as discussed previously, the decline in social opportunities and social outlets at middle-age posed challenges in this regard. Nonetheless, social contact provided men with a sense of belonging, validation, and a support network to discuss difficulties. Indeed, Dermot made a critical point about the need to build and maintain connections when in a positive mental state, thus avoiding the much more challenging task of trying to do so during times of distress;

"Connection gives you a sense of belonging. You still need to feel valid as you get older…using support but building supports first of all when you are well. I learned that through WRAP ['Wellness Recovery Action Plan'] training. Unless you build them up, you won't know how to access them when you are vulnerable." **Dermot, Gay Man.**

Community groups such as Men's Sheds or groups specific to a socio-demographic population (e.g., transgender support group, farmer discussion group) facilitated a sense of relatedness among men via common struggles and shared mental health issues. This helped Paul to feel 'normal', an added benefit beyond what counselling could provide;

"You can sit all day and talk to a counsellor, it's brilliant but when you are talking to people with similar issues, it makes you feel normal." **Paul, Unemployed Man**

Men's Sheds were seen as a particularly safe and informal space that were 'for men', and helped to build skills and enabled peer support and connection – 'a place to do things and leave things' (Leonard, Rural Isolated Man). The presence, encouragement, and assistance of family members, friends or community groups (i.e. Men's Shed, Traveller support group, transgender support group) served as an important catalyst for these vulnerable men in terms of potential pathways to support seeking. Whether it was signposting services or assisting with making or attending appointments, these informal but very tangible supports provided a crutch for these men to move towards more professional services during times of crisis.

DISCUSSION

This study sought to fill a gap in the existing literature by drawing out the plurality and complexities in the construction of middle-aged masculinities and their relationships to mental health experiences and support seeking. Adopting an intersectional approach created opportunities for looking beyond individual issues to focus on the social processes and multiplicative effects of these issues. This facilitated a more nuanced understanding of the contexts in which the men experienced psychological distress and why many felt overwhelmed. An important backdrop to the findings of this study was the economic and social changes in Ireland that caused disruption and upheaval to the lives of many men in the study, as well as a loss of control, and agency. Middle-aged men may be a particularly vulnerable group during periods of rapid social change, as evidenced for example, by the marked reduction in male life expectancy that coincided with the collapse of state socialism in Russia during the 1990s.[49] Durkheim's theory of anomic suicide is particularly useful in provided insights into how rapid social change can contribute to increased rates of suicide through a loss of social direction and moral compass.[50]

The first theme 'reconciling Increasing expectations with diminishing capacities to achieve at middle-age' captured various tensions emanating from expectations on men to acquire mastery of various gendered norms *by* middle-age (i.e., work/provider role, financial security, fatherhood; being in a stable heterosexual relationship) that coincided with large scale societal changes in Ireland (e.g., economic recession, urbanization, changing gender order) and a decline in physical functioning (a body past its best in terms of physical prowess and economic productivity). Inevitably, this 'mid-life crisis' resulted in different manifestations of middle-aged vulnerability such as unemployment, loss of role/identity, diminishing physical capacity, and relationship breakdown, and significantly contributed to men's psychological distress. Middle-age is proposed to be a time of; increasing demands and

responsibilities[51]; stability and maintenance[52]; a peak in professional and social functioning, control and self-confidence[51,53]; and the 'temporal target area' for personal long-term goals.[54] Yet, most described feeling inadequate in their pursuit of these milestones, which elicited a deep-rooted sense of failure and marginalized masculine identity.

Men exposed to personal and/or structural discrimination, prejudice or racism towards their ethnicity, race, sexual orientation, or gender identity had even greater challenges to access the social and economic resources required to match up to what they saw as the 'idealized standards' of a utopian, hegemonic middle-aged masculinity and were left incapacitated in terms of contesting such inequities. These findings are notable in the context of the Integrated Motivational-Volitional [IMV] Model of suicidal behaviour, which suggests that experiences of defeat [failed struggle, powerlessness, losing social status] and negative social comparisons can lead to feelings of entrapment and suicidal behaviour.[55–57] Moreover, it is proposed that sensitivity to defeat may be increased by socially prescribed perfectionism - an unrealistic outlook on what we believe others expect of us.[58] Middle-age was also a stage of life at which many felt resistant to change or more 'set in their ways', and therefore at risk of being 'left behind' by a rapidly changing society. This forced men into recalibrating what was now 'realistic', limited their openness to change, and dampened hope about achieving outstanding aspirations. These findings are consistent with the lenient concept of a 'midlife crisis' which proposes that middle-age can be a time for life-review and social comparisons between the actual self, the idealized self, and societal expectations, and can be compounded by a change in time perspective from 'time since birth' to 'time until death' (highlighting the time for limited redirection).[54] Indeed, the lack of goal re-engagement and absence of positive future thinking are key factors that increase the likelihood of escalating entrapment to suicidal ideation.[56]

The second theme 'isolation at middle-age' captured different manifestations of isolation in terms of a narrowing of social circles, a lack of social outlets, disruption of relationships, and living alone.

This is consistent with other studies that have noted the propensity for men's social circles to narrow by middle-age and the impact of relationship breakdown on middle-age men's sense of isolation.[28,31] Beyond the masculine arenas of work, the pub, and sports, men were shy about engaging with male social groups. Indeed, this was compounded by beliefs that these groups were for men who were retired or unemployed. Paradoxically, the deeper sense of feeling excluded from the social fabric of society, the greater was the perceived challenge in overcoming fears about reconnecting with social groups. For those men who experienced discrimination, prejudice or racism, and who had internalized negative societal messages about aspects of their identity, their isolation tended to be more deep-rooted and multifaceted and was a particular source of psychological distress. The wider literature has noted rejection, discrimination, and stigmatization of sub-population groups as a suicide risk factor.[1,33,59] This sense of being 'other' than the hegemonic ideal for middle-age, appeared to strain these men's sense of belonging, which resulted in many concealing aspects of their identity and withdrawing from social situations to avoid facing further marginalization or stigma. Men who reflected on past experiences of acute psychological distress also discussed withdrawing from social situations in a bid to be self-reliant, to avoid facing the perceived stigma of having a mental health issue and not wanting to be a burden on others. Lack of belonging and perceptions of burdensomeness are central elements in Joiner's Interpersonal Theory of Suicide and serve to reproduce and sustain subordinated and marginalized masculinities.[60]

Shame was also interwoven with theme three – 'barriers to seeking support'. The notion of a 'double burden' encapsulated men's sense of shame in asking for help and 'failing' to manage their problems.[46,61] This appeared to be heightened at middle-age where prevailing masculine norms dictated that men ought to cope with their problems. By 'choosing' to suppress emotions, it was not until a crisis point was reached that seeking support became a viable option for many of the men. This is consistent with previous findings where men tend to rely on self-reliance, emotional repression, and avoidance of help-seeking

which can escalate to a 'big build' and lead to suicidal behaviour.[18,62]

Notwithstanding the scale and gravity of the challenges facing middle-aged men in this study, theme four ('catalysts for change and strategies for improved self-care') provided genuine hope and a potential roadmap for men in terms of managing their mental health. There was strong consensus as to the foundations of good mental health for middle-aged men - feeling fulfilled in employment, having a strong sense of connection with loved ones, being aware of triggers for distress, and normalizing emotions. Indeed, many of these are cited as protective factors to suicide.[1] Many cited the value of educational programs delivered in men's groups or through engagement in counselling services, as both a means of dealing with current difficulties as well as an investment in building confidence and self-esteem and being better able to deal with future challenges. In acknowledging the potential threat of isolation, participants highlighted the importance of working on social contact and peer support when in a positive mental state as a resource to draw upon during times of distress. Community groups that were male-specific were seen as providing men with the skills to self-care and with the support network to accrue a sense of belonging that would serve men well in terms of coping more effectively during times of psychological distress. Indeed, within an Irish context, community-based and male-specific approaches have been successful at engaging 'at risk' men around their health and promoting connection through initiatives such as Men's Sheds and Men on the MOVE.[63,64] However, it is clear that there is a need to cascade these models in a way that specifically targets more marginalized and subordinated middle-age men.

LIMITATIONS

Whilst the study sought to include the voices of a range of groups of middle-aged men vulnerable to suicide, the findings cannot purport to be inclusive or 'representative' of all such groups. Indeed, because only one focus group was held with each target group (with some focus groups having small numbers), neither can the findings be said to be wholly representative of

that sub-population. The men were selected based on age and at least one other socio-demographic factor that placed them at an increased risk of suicide and suicidal behaviour (although many also reported past experiences of suicidal behaviour). Nevertheless, caution is warranted in drawing parallels between this study's findings and casual risk factors for suicidal behaviour. The study would have been enriched by the inclusion of more participants that had direct experience of suicide and suicidal behaviour.

CONCLUSION

Notwithstanding the complexity of suicide, using an intersectional approach to identify the factors contributing to psychological distress and support seeking among this population offers a way to more holistically address the high suicide rate of middle-aged men. This study elucidated that the challenges and sources of psychological distress are differentially spread across different sub-populations of middle-aged men. By virtue of being marginalized or subordinated based on age and other aspects of identity, middle-aged men experience varying degrees of powerlessness to meet expectations associated with middle-age, are at risk of becoming isolated, and can struggle to seek support. Traditionally, the main focus of health policy in Ireland and elsewhere has been on behaviour modification and increasing personal capacity to effect change. However, it is imperative that policy also accounts for intersectionality and the wider social determinants of health that, in the context of this study, provide insights into the circumstances and social contexts that push more vulnerable and marginalized groups of middle-aged men further into the margins of society. Findings have informed the development of training and resource development that is currently being implemented under the auspices of 'Connecting for Life', Ireland's strategy for suicide prevention.

REFERENCES

1. World Health Organisation. Preventing suicide - A global imperative. Geneva: World Health Organisation; 2014.
2. Beautrais AL. Gender issues in youth suicidal behaviour. Emerg Med. 2002;14:35-42.

3. Schrijvers DL, Bollen J, Sabbe BG. The gender paradox in suicidal behavior and its impact on the suicidal process. J Affect Disord. 2012;138(1-2):19-26.

4. Canetto SS, Sakinofsky I. The gender paradox in suicide. Suicide Life Threat Behav. 1998;28(1):1-23.

5. Moller-Leimkuhler AM. The gender gap in suicide and premature death or: why are men so vulnerable? Eur Arch Psychiatry Clin Neurosci. 2003;253(1):1-8.

6. Connell RW, Messerschmidt JW. Hegemonic Masculinity. Gend Soc. 2005;19(6):829-59.

7. Apesoa-Varano EC, Barker JC, Hinton L. "If You Were Like Me, You Would Consider It Too": Suicide, Older Men, and Masculinity. Soc Ment Health. 2018;8(2):157-73.

8. Coleman D. Traditional Masculinity as a Risk Factor for Suicidal Ideation: Cross-Sectional and Prospective Evidence from a Study of Young Adults. Arch Suicide Res. 2015;19(3):366-84.

9. Mac An Ghaill M, Haywood C. Understanding boys': thinking through boys, masculinity and suicide. Soc Sci Med. 2012;74(4):482-9.

10. Oliffe JL, Creighton G, Robertson S, et al. Injury, Interiority, and Isolation in Men's Suicidality. Am J Mens Health. 2017;11(4):888-99.

11. Richardson N, Clarke N, Fowler C. Young men and suicide project: a report on the all-Ireland young men and suicide project. Carlow: Institute of Technology Carlow; 2013.

12. Scourfield J. Suicidal Masculinities. Sociol Res Online. 2005;10(2):35-44.

13. Payne S, Swami V, Stanistreet DL. The social construction of gender and its influence on suicide: a review of the literature. J Men's Health. 2008;5(1):23-35.

14. Pirkis J, Spittal MJ, Keogh L, et al. Masculinity and suicidal thinking. Soc Psychiatry Psychiatr Epidemiol. 2017;52(3):319-27.

15. Carrigan T, Connell B, Lee J. Toward a new sociology of masculinity. Theory Soc. 1985;14(5):551-604.

16. Turner JC, Oakes PJ, Haslam SA, McGarty C. Self and collective: cognition and social context. Pers Soc Psychol Bull. 1994;20:454-63.

17. Galdas PM, Cheater F, Marshall P. Men and health help-seeking behaviour: literature review. J Adv Nurs. 2005;49(6):616-23.

18. Brownhill S, Willhelm K, Barclay L, Schmied V. 'Big build': hidden depression in men. Aust N Z J Psychiatry. 2005;39(10):921-31.

19. Centre for Disease Control & Prevention. Suicide among adults aged 35-64 years -United States, 1999-2010. Atlanta: Centre for Disease Control & Prevention; 2013.

20. Burns RA. Sex and age trends in Australia's suicide rate over the last decade: something is still seriously wrong with men in mid and late life. Psychiatry Res. 2016;245:224-9.

21. Office of National Statistics. Suicides in the UK: 2018 Registrations. Registered deaths in the UK from suicide analysed by sex, age, area of usual residence of the deceased and suicide method. 2019.https://www.ons.gov.uk//peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/suicideintheunitedkingdom/2018registrations Accessed February 18, 2020.

22. Canada Statistics. Leading causes of death, total population, by age group: table 13-10-0394-01. 2018. https://www150.statcan.gc.ca/t1/tbl1/en/tv.action/pid=1310039401 Accessed June 26 , 2018.

23. Coronial Services of New Zealand. Chief coronor national provisional suicide statistics: provisional figure, August 2017. 2018. https://coronialservices.justice.govt.nz/suicide/annual-suicide-statistics-since-2011/ Accessed June 26, 2018.

24. Grazioli VS, Bagge CL, Studer J, et al. Depressive symptoms, alcohol use and coping drinking motives: Examining various pathways to suicide attempts among young men. J Affect Disord. 2018;232:243-51.

25. Pitman A, Krysinska K, Osborn D, King M. Suicide in young men. The Lancet. 2012;379(9834):2383-92.

26. Rice SM, Kealy D, Oliffe JL, Ogrodniczuk JS. Externalizing depression symptoms among Canadian males with recent suicidal ideation: A focus on young men. Early Interv Psychiatry. 2019;13(2):308-13.

27. van Sabben E, Paulsen-Becejac L. An enquiry into young men at risk of suicide in the UK. Nurs Child Young People. 2018;30(4):42-5.

28. Shiner M, Scourfield J, Fincham B, Langer S. When things fall apart: Gender and suicide across the lifecourse. Soc Sci Med. 2009;69(5):738-46.

29. Hempstead KA, Phillips JA. Rising suicide among adults aged 40-64 years: the role of job and financial circumstances. Am J Prev Med. 2015;48(5): 491-500.

30. Stone DM, Holland KM, Schiff LB, McIntosh WL. Mixed Methods Analysis of Sex Differences in Life Stressors of Middle-Aged Suicides. Am J Prev Med. 2016;51(5 Suppl 3):S209-S18.

31. Wyllie C, Platt S, Brownlie J, et al. Men, suicide and society: why disadvantaged men in mid-life die by suicide. Surrey: Samaritans; 2012.

32. Scourfield J, Evans R. Why Might Men Be More at Risk of Suicide After a Relationship Breakdown? Sociological Insights. Am J Mens Health. 2015;9(5):380-4.

33. Haas AP, Eliason M, Mays VM, et al. Suicide and suicide risk in lesbian, gay, bisexual, and transgender populations: review and recommendations. J Homosex. 2011;58(1):10-51.

34. Kalt A, Hossain M, Kiss L, Zimmerman C. Asylum Seekers, Violence and Health: A Systematic Review of Research in High-Income Host Countries. Am J Public Health. 2013;103(3):e30-e42.

35. Griffith DM, Ellis KR, Allen JO. An intersectional approach to social determinants of stress for African American men: men's and women's perspectives. Am J Mens Health. 2013;7(4 Suppl):19S-30S.

36. Cole ER. Intersectionality and research in psychology. Am Psychol. 2009;64(3):170-80.

37. Warner DF, Brown TH. Understanding how race/ethnicity and gender define age-trajectories of disability: an intersectionality approach. Soc Sci Med. 2011;72(8):1236-48.

38. Hankivsky O. Women's health, men's health, and gender and health: implications of intersectionality. Soc Sci Med. 2012;74(11):1712-20.

39. National Office for Suicide Prevention. Briefing on CSO suicide figures 2019. 2019. https://www.hse.ie/eng/services/list/4/mental-health-services/connecting-for-life/publications/nosp-briefing-cso-data-nov-2019.pdf Accessed June 18, 2020.

40. Corcoran P, Griffin E, Arensman E, Fitzgerald AP, Perry IJ. Impact of the economic recession and subsequent austerity on suicide and self-harm in Ireland: An interrupted time series analysis. Int J Epidemiol. 2015;44(3):969-77.

41. Ryan S. Report of the Commission to Inquire Child Abuse. Dublin: Stationary Office; 2009.

42. Thomson R. Citizens' Evaluations of the Fulfillment of Election Pledges: Evidence from Ireland. J Politics. 2011;73(1):187-201.

43. Department of Health. Connecting for Life: Ireland's national strategy to reduce suicide 2015-2020. Dublin: Department of Health; 2015.

44. Bloor M, Frankland J, Thomas M, Robson K. Focus groups in social research. London: Sage; 2001.

45. Morgan DL. Successful focus groups: Advancing the state of the art. California: Sage; 1993.

46. Keohane A, Richardson N. Negotiating Gender Norms to Support Men in Psychological Distress. Am J Mens Health. 2017;12(1):160-71.

47. Braun V, Clarke V. Using thematic analysis in psychology. Qual Res Psychol. 2006;3(2):77-101.

48. Strauss A, Corbin J. Basics of Qualitative Research California: Sage Publications; 1998.

49. Shkolnikov VM, Cornia GA, Leon DA, Meslé F. Causes of the Russian mortality crisis: Evidence and interpretations. World Dev 1998;26(11):1995-2011.

50. Durkheim E. Le Suicide: Etude de socologie. Paris: Alcan; 1897.

51. Lachman ME, Teshale S, Agrigoroaei S. Midlife as a Pivotal Period in the Life Course: Balancing Growth and Decline at the Crossroads of Youth and Old Age. Int J Behav Dev. 2015;39(1):20-31.

52. Ebner NC, Freund AM, Baltes PB. Developmental changes in personal goal orientation from young to late adulthood: from striving for gains to maintenance and prevention of losses. Psychol Aging. 2006;21(4):664-78.

53. Finke MS, Huston SJ, Sharpe DL. Balance sheets of early boomers: are they different from pre-boomers? Journal of Family and Economic Issues. 2006;27(3):542-61.

54. Freund AM, Ritter JO. Midlife crisis: a debate. Gerontology. 2009;55(5):582-91.

55. Gilbert P. Varieties of submissive behavior as forms of social defense: their evolution and role in depression. Sloman L, Gilbert P, editors. New Jersey: Eribaum 2000. 3-45 p.

56. O'Connor RC, Kirtley OJ. The integrated motivational-volitional model of suicidal behaviour. Philos Trans R Soc Lond B Biol Sci. 2018;373(1754).

57. Wetherall K, Robb KA, O'Connor RC. An Examination of Social Comparison and Suicide Ideation Through the Lens of the Integrated Motivational-Volitional Model of Suicidal Behavior. Suicide Life Threat Behav. 2019;49(1):167-82.

58. O'Connor RC. The relations between perfectonism and suicidality: a systematic review. Suicide Life Threat Behav. 2007;37(6):698-714.

59. Kalt A, Hossain M, Kiss L, Zimmerman C. Asylum seekers, voilence, and health: A systematic review of research in high-income host countries. Am J Public Health. 2013;103(3).

60. Van Orden KA, Witte TK, Cukrowicz KC, et al. The interpersonal theory of suicide. Psychol Rev. 2010;117(2):575-600.

61. Houle J, Mishara BL, Chagnon F. An empirical test of a mediation model of the impact of the traditional male gender role on suicidal behavior in men. J Affect Disord. 2008;107(1-3):37-43.

62. Mahalik JR, Burns SM, Syzdek M. Masculinity and perceived normative health behaviors as predictors of men's health behaviors. Soc Sci Med. 2007;64(11):2201-9.

63. Kelly L, Harrison M, Richardson N, et al. The impact of a gender-specific physical activity intervention on the fitness and fatness profile of men in Ireland. Eur J Public Health. 2019;29(6):1154-60.

64. Lefkowich M, Richardson N. Men's health in alternative spaces: exploring men's sheds in Ireland. Health Promot Int. 2016;33(3):525-35.