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**Re-Imaging the 'Kiwi Bloke':**

**Low Places and Anxious Spaces in Aotearoa New Zealand**

A thesis

submitted in fulfilment

of the requirements for the degree

of

**Master of Social Sciences**

at

**The University of Waikato**

by

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THE UNIVERSITY OF  
**WAIKATO**  
*Te Whare Wānanga o Waikato*

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## Abstract

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This thesis extends mental health geographies by examining how and in what ways emotions are performed and negotiated in place by men who experience anxiety and depression. The research seeks to explain men's responses to, and lived experiences of, contemporary mental health campaigns and discourses in Aotearoa New Zealand. The research has two main questions. First, how do men respond to gendered mental health discourses in New Zealand media? Second, how do men, with anxiety and depression, emotionally experience and negotiate different spaces? The thesis aims to promote greater awareness of men's mental health in Aotearoa New Zealand, and broaden critical geographical literature, by offering a new geography of hope.

New Zealand masculinity has been historically shaped alongside working-class culture, rugby union and 'hard man' stereotypes. These discourses marginalise men who experience emotional and mental ill-health. The research seeks to re-image the 'kiwi bloke' and make space for alternative health stories to be heard. The research is framed within health geography literature and feminist poststructuralist theories. I maintain that mental and emotional ill-health are affected through biopsychosocial relations and a myriad of spaces and places. I conducted critical discourse analysis on contemporary mental health campaigns. Nine men, who identify with or live in New Zealand, participated in semi-structured interviews, solicited diaries and follow-up questionnaires. The methodology is theoretically and empirically innovative, and seeks to find more appropriate interfaces for conducting critical gender and mental health research.

My findings are organised around two spatial scales: the discursive space of mental health promotion and hegemonic New Zealand masculinity; and, the everyday emotional spatialities of men who experience anxiety and depression. I maintain that there is a 'new national imaginary' around men's mental health promotion which influences a more intimate geography of hope. I assert social spaces prescribe men's bodies with performances of hegemonic masculinity and that spatial power relations position men as object to marginalization in 'peopled places'. I discuss how the men find ways to create meaningful healthy spaces in order to avoid the pressure felt in social spaces. Some men find wellbeing through embodying their home spaces, while others seek attachment to place, outside of their residential dwellings. Ultimately, this thesis provides a geography of hope by illustrating how some men elicit power, domination and control and resist mental illness stigma through their embodied spaces.

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# Chapter One: Introducing Men's Mental Health

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Figure 1. John Kirwan Depression Advertising Campaign

(Re-printed with permission from the Mental Health Foundation of New Zealand, 2012)

Since 2001 the Ministry of Health Manatū Hauora<sup>1</sup> has been concerned with mental health education and breaking the barriers for people who are coping with or experiencing mental ill-health in Aotearoa New Zealand. In 2007 the ministry launched the national depression initiative through an advertising campaign on Television New Zealand (Ministry of Health, 2007). Former All Black and national role model, John Kirwan fronted the campaign. Kirwan is believed to be one of the greatest All Black rugby union players of all time, having had a successful career in New Zealand as well as overseas in Italy and in Japan (Tourism New Zealand, 2012). The campaign introduced, for the first time in Aotearoa New Zealand, a new discourse surrounding masculinities and mental ill-health. Figure 1 represents one of the six - 'Depression: There Is A Way Through' – advertisements. Kirwan doesn't look like an All Black, he is wearing a pressed, clean, white, Italian dress-shirt and jeans. His face is smooth-shaven and he appears well groomed. In this advertisement, Kirwan is shown on a beach (with his dress jeans rolled up so to avoid getting these wet and dirty) and with a large stick he carefully draws the word 'HOPE' into the wet sand. The polished representation of Kirwan's masculinity prompts me to consider the ways in which 'kiwi' men experience mental ill-health.

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<sup>1</sup> Manatū Hauora translates to English as 'Ministry of Health'.

The masculinity represented in the advertisement moves beyond New Zealand 'machismo' and asserts Kirwan as both in and out of place simultaneously. Kirwan's rugby background renders him as a privileged body in terms of hegemonic New Zealand ideologies which constitute ways of being male. However, through his openness to wellbeing teamed with embodiment (his clothes and the way in which he is groomed), Kirwan incorporates 'traditional' notions of femininity or characteristics which depict aspects of the 'new man'. Jackson asserts that the 'new man' represents new forms of masculinities which emerged in the 1970s and 1980s. The 'new man' appreciates 'feminine' spaces, maintains the home and seeks to enhance the health and appearance of his body. He is gentle, caring, and self-confident in his masculinity and embraces new emerging gender performances. Kirwan's advocacy extends the idea of the 'new man' beyond a critique which perceives the 'new man' as 'the great pretender'. This notion is upheld in the work of earlier feminists (see Chapman, 1988). Jackson (1991) also argues that masculinities are culturally unique and one aspect of the 'new man' which has been overlooked by researchers is how these new patterns of masculinities are highly characterised through space and place. These ambiguities prompted me to examine relationship between the discursive body of men's mental health promotion and the material, everyday emotionalities of men who experience anxiety and depression in Aotearoa, New Zealand.

There are two parts to this research. First, I investigate mental health promotion and hegemonic representations of the 'kiwi bloke' which are upheld and privileged in Aotearoa New Zealand. How do men respond to gendered health discourses? Second, I question how men with anxiety and depression experience the emotionality of places. What are their intricate and fluid relationships to space and place? Space, I maintain, is relational and "produced through a (culturally mediated) dialectic between things and people" (Davidson, 2010, p. 373). To answer these questions, this research examines the fluxes of emotion between the discursive media space representing mental ill-health and the material or everyday places that New Zealand men embody.

My own positionality is another element that influences the research. I am a young woman, in my early twenties and depression and anxiety are not foreign to me. I have family and friends who have experienced 'episodes' of depression and/or anxiety. The majority of these relationships are with women of a similar age. I find it intriguing that male friends and family members have not been as equally forward or open in discussing their mental ill-health experiences. Thus, I have turned to critical social theory in order to explore this topic in more depth.

Masculinist ideologies have traditionally asserted a dualistic model of gender. Women have been represented as emotional, hysterical, and fluid bodies, while men have been affirmed as supposedly logical, rational 'thinkers' who are governed by the solidity of the mind (Longhurst, 1997). Furthermore, people who do not fit this gendered norm have either been ignored, or marginalised in social contexts and in and through space and place (Johnston & Longhurst, 2010).

Dualist approaches to geographical research have socially, environmentally and politically marginalised women (Johnston, 2009). Bondi (2009, p. 448) writes that feminist poststructuralist geographers "have sought to undo the mapping of emotion onto women, and the treatment of emotion as unreasonable". From a critical feminist and poststructuralist perspective, this research critiques the tendency for hegemonic masculinities to occupy a heteronormative context and uphold gender hierarchies. A feminist poststructuralist perspective also disrupts the dichotomization of the biological (sex) and the cultural (gender), the naturalization of the body and the continuation to ignore and exclude alternative gender identities (Connell & Messerschmidt, 2005).

With this in mind, my study is interested in examining the ways in which the marginalisation of men's mental and emotional health is affected by gendered norms and discourses, in particular New Zealand machoism. Bondi (2009) testifies that spatial experiences are bounded by our emotional subjectivity and an embodied way of knowing that determines power-laden relations between people and place.

Geographers are expanding understandings of how fears (economic, political, social and cultural) are shaped and experienced between people and place (England & Simon, 2010). “Urban researchers have noted that fear of the city is often related to discourses surrounding those who are seen as different in social contexts” (England & Simon, 2010 p. 202). In response to the diverse and dynamic fear, associated with mental ill-health and social spaces, this thesis aims to produce a new geography of hope by examining the discursive space of gendered mental health promotion and voicing men’s experiences of anxiety and depression. Zournazi (2002, pp. 151-152) states that hope “drives us to continue to want to live, it is the existence of something to live for”. I argue that hope is an essential element in the lives of men who experience anxiety and depression.

I use mixed and multiple data collection methods within a qualitative framework. I had nine men participate in the research. Five of the men participated in face-to-face semi-structured interviews, two men participated in telephone interviews, four men wrote a solicited diary and six men responded to a follow-up questionnaire. Critical discourse analysis is conducted to examine the social structures which legitimise masculinities and mental health discourses in New Zealand. Discourse analysis provides a deeper understanding of men’s relationship with mental ill-health. As Connell and Messerschmidt (2005) state: “It is ‘men’s and boys’ practical relationships to collective images or models of masculinity, rather than simple reflections of them, that is central to understanding gendered consequences in violence, health and education” (Connell & Messerschmidt, 2005, p. 841). Thus, in Chapter Four, I analyse how men, with depression and anxiety, respond to mental healthcare advertisements represented in New Zealand media.

Semi-structured interviewing, solicited diaries and qualitative questionnaires enable me to investigate men’s emotional spatialities in the response to gendered mental health discourses represented in the media. I pay attention to the ‘everyday’ spaces that are embodied and emotionally experienced by men.

While some of these spaces are felt to be exclusive there are also numerous spaces that men embody to feel as though they are 'insiders'. Davidson and Milligan (2004) maintain that debates around inclusive and exclusive spaces could benefit from a deeper engagement with emotions. Many of the spaces intrinsic to this research are hybrid spaces. Such spaces upset and subvert Cartesian dichotomies of masculine/feminine, health/sickness, rational/emotional and public/private (Moss & Dyck, 2003).

In order to give voice to men's mental ill-health experiences, the research is grounded in a number of critical social theories. Curtis (2010) contends that psychological, embodied and emotional responses to places are significant for sense of identity and wellbeing. As such mental ill-health is not experienced in isolation from wellness, rather: mental wellbeing fluctuates on a complex spectrum which is mutually constituted in and through place. Curtis (2010) also discusses the difficulty researchers may experience when focussing on states of mind and wellbeing. I recognize that the mind and body are not mutually exclusive. A person's state of mind and wellbeing has physical and emotional effects on an individual. Furthermore, spaces and experiences cannot be theorized in isolation, rather they are mutually defining and create the world we live in. Curtis's (2010) perspective on mental health geographies acknowledges mutuality between social space, emotions, psychology and to a lesser extent she theorizes the role of embodiment and biology.

In order to expand on the last two concepts I draw on Moss and Dyck (2003) and Robbins (2004, 2006). Men experience mental ill-health differently from women and at times men's emotional embodiment of space and place is paradoxical. Mental ill-health experiences can render unpleasant emotions, feelings of fear and a sense of isolation within different socio-spatial contexts. As a result, mental ill-health often creates terrifying and upsetting realities. This research does not aim to remedy these experiences or offer a 'how to guide' on men's wellbeing. Instead, the goal is for this thesis to shed light on, and give voice to, men's mental ill-health experiences so that a geography of hope may be infused in the lived realities of men who experience anxiety and depression.

Ultimately, I wish to promote men's mental health issues in Aotearoa New Zealand and expand geographical knowledge on mental health, emotions and masculinities. There are three research assertions: (1) mental health is influenced by biopsychosocial relations which affect the ways in which men perform in (physical, virtual and discursive) space and place; (2) men's mental health, emotions, and spatial experiences are mutually constituted of and through one another (Curtis, 2010). Notions of identity are also important, particularly the way in which understandings of Self and Other are dependent on the temporal relationships between people and place (Longhurst, 2009); and (3) the discursive body of hegemonic masculinity, in Aotearoa New Zealand, affects men's unique embodiment of experience and their political abilities to elicit power, domination and control through space and place (Moss & Dyck, 2003).

Payne (2004) and Robbins (2004) attest that men's healthcare is becoming a global concern. Contemporary healthcare initiatives, emerging worldwide on numerous scales, testify the state of men's mental ill-health. Scholarship is broadly emerging to locate the relations surrounding men and healthcare in an effort to answer important questions around negative, male, health statistics (see Brownlow, 2005; Murray et al., 2008; Payne, 2004; Robbins, 2004; Watkins, Green, Rivers, & Rowell, 2006; White, 2006; Whitton, 2001; Worth, Paris, & Allen, 2002).

Throughout this thesis I refer to *wellbeing* as a notion concerned with all aspects of society and relating to a state of satisfaction or happiness, in which a person is content with the function or state of their mentality and their emotions (MacKian, 2009). MacKian (2009, p. 235) maintains that the concept of wellbeing is "relational, subjective and contested" and this is evident in the perspectives and experiences of the research participants. I use the terms 'mental (ill)health' and 'wellbeing' to avoid the term *mental illness* which asserts a problem or 'fault' to the subject (Wolch & Philo, 2000). Poststructuralist health geographies have come to consider metaphor and the ways in which health experiences are constituted in webs of power relations (Gatrell, 2002).

The social construction of health discourses and understanding marginalities is another important site of analysis. From a holistic health geography and critical feminist perspective this thesis bridges the intersections and spaces of mental health, masculinities and emotions in the context of Aotearoa New Zealand.

I assert that feminist research agendas, which aim to counteract mental 'illness' discourses, can be viewed as geographies of hope. Positivist interpretations of 'illness', which seek to marginalize subjectivity and assert a disabling view of objectivity, however, are still in effect today and need constant re-imagining (Davidson & Smith, 2009).

### **Depression and Anxiety**

I borrow definitions of depression and anxiety from the Ministry of Health Manatū Hauora (2012a). Defined as more than just a 'low' mood, or a bad day, depression is a state of mind that a person may experience for a short or prolonged period of time, depending on individual circumstances. Depression is a form of mental ill-health which has physical, social, mental and emotional impacts on a person, and it affects how a person interacts with people and place. It is important to recognise that there are different types of depression (major depressive disorder, dysthymia, manic depression and seasonal depression or SAD).

Although every person's experience is different, the emotional and mental symptoms of depression can include: feeling irritable towards whānau and friends; lack of mental and emotional energy; feeling guilty about things which may have nothing to do with the person or which are out of a person's control; concentration difficulties; losing interest in the pleasure of previously enjoyed activities; feelings of dejection or emotional numbness; and thoughts about death or suicide/attempts (Mental Health Foundation of New Zealand, 2012a). Physical symptoms may result in: headaches and other aches and pains; impotency; weight loss or weight gain; lack of physical energy; digestive disorders and sleeping problems such as: not enough sleep; too much sleep and/or night terrors (Mental Health Foundation of New Zealand, 2012a).

The Auckland District Health Board (2012) provides a sufficient overview of anxiety. The organisation states that anxiety is a natural response from the body and mind to escape danger. The body goes into a state called 'flight or fight' mode whereby adrenalin is released into the blood stream, prompting body and mind to fight danger. Someone who has an anxiety disorder, however, may experience such symptoms more regularly or at a more intense rate (Auckland District Health Board, 2012). There are a number of anxiety disorders such as: panic disorder; obsessive compulsive disorder (OCD); generalised anxiety disorder; agoraphobia; post-traumatic stress disorder; and social phobia. What these anxiety disorders have in common, are the symptoms of constant worry, fear and repetitive (undesirable) thoughts.

Anxiety affects people in a number of different ways and severities. Physical symptoms of anxiety can manifest as: shaky hands or bodily trembling; excessive sweating; chest pain; feeling suffocated or short of breath; stomach-aches; tense muscles; and dizziness. Mentally, people may experience feeling out of control or helpless and feeling like reality is blurred or that they are 'crazy'. Emotionally, a person can feel scared, fearful, worried and panicked and/or experience the intense unpleasantness of derealization and depersonalization.

In many cases, anxiety disturbs one's social relations. For example, a person experiencing anxiety may need to avoid certain social situations, people and places in order to relieve their symptoms (Auckland District Health Board, 2012). In some people's experience, depression and anxiety are intrinsically linked. The participants in this study had a variety of responses as to what they defined or knew about anxiety and its relationship to depression. While multiple disciplines (for example psychology, medicine, geography, and sociology) attempt to explain the cause of depression and anxiety, each person's experience is heterogeneous and gender has a considerable role to play. For many, stressful life changes or trauma can contribute to mental ill-health. Medical theories locate depression as a neurological chemical imbalance or a hereditarily 'illness'.

For a number of subjective reasons, one's mental health may fluctuate on a complex spectrum (Curtis, 2010). Crucially, an important aspect of a person's wellbeing is society's approach to mental ill-health.

### **Historical Context: Meet the 'Kiwi Bloke'**

How we construe masculinity shapes not only our perception of individuals, but also our strategies for social interaction and our readings of social organisation and structures.

Masculinities are the terrain in which considerable power is constructed, reproduced and resisted in Aotearoa/New Zealand. What is masculinity in this country? This question unavoidably involves a confrontation with (the mythology of) the Kiwi bloke. (Law, Campbell, & Schick, 1999, p. 14)

For many decades national discourses in Aotearoa New Zealand depict the typical 'kiwi bloke' as a stubbie-wearing<sup>2</sup>, beer-drinking, sheep-shearing, 'do-it-yourself' resemblance of heteronormative masculinity (Phillips, 1987). This hyper-masculinisation is represented in New Zealand media and celebrated by the nation, so much so, that the 'kiwi bloke' has become a world-famous stereotype. The mythology of the 'kiwi bloke' often leaves little room for alternative masculine and feminine performances (Campbell, Law, & Honeyfield, 1999) as this exclusive identity is only achievable through participating in what Hardy (2007) refers to as 'hard man activities', such as playing rugby union and beer-drinking. The 'kiwi bloke' does not portray emotion or express deep desires. He is a 'good mate' and a 'diamond in the rough'. He is hard-working and 'manly'. In many ways the 'kiwi bloke' is the 'real life' manifestation of (fictional character) Fred Dagg (Campbell et al., 1999). The picture I paint represents dominant masculinity in Aotearoa New Zealand and is supported through the work of numerous scholars whose literature I discuss in Chapter Two. Gradually, discourses surrounding hegemonic New Zealand masculinity are extending beyond the 'hard' and 'fast' labels which have sought to define the 'kiwi bloke'.

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<sup>2</sup> Stubbies are shorts which sit above the knee at the mid-thigh. Stubbies are usually firm around the waist and buttocks and share a history of being worn by Australian and New Zealand men. Notorious for being an unattractive choice of public attire, stubbies are more commonly worn while playing sports or relaxing in the privacy of one's home space.

Nevertheless, the 'kiwi bloke' still exists, so much so that the Ministry of Health Manatū Hauora (2012) and the Mental Health Foundation of New Zealand (2012a) uphold the notion that hegemonic gender discourses may avert men from dealing with depression and anxiety in a healthy way. Men whom regard talking about mental ill-health and their emotions as a weakness, or who fear social exclusion, have at times turned to drugs, alcohol and other harmful outlets as a means of coping. In 2009/10, the rate of New Zealand men seen for drug and alcohol abuse was 1.5 times higher than the rate of New Zealand women (Ministry of Health Manatū Hauora, 2012).

Kirwan's advocacy may be an example of how masculine ideologies are beginning to be re-worked. Kirwan (2010) aims to bridge the gap between mental health experiences (predominantly depression) and the 'kiwi bloke'. The social exclusion of the mental health patient has been a longstanding and shameful facet to New Zealand society. Kirwan's hybrid positionality is a counter discourse to mental health discourses which produce fear and position the mental ill-health patient as Other. Kirwan's advocacy can then be read to influence a discursive geography of hope. Kirwan creates a masculinity which allows for men to emotionally express themselves and to actively nurture, request and accept support in relation to their mental ill-health. Dating back to the colonization of Aotearoa, in the early-mid 1800s, people with mental health problems have been socially, politically and geographically excluded, represented as 'deviant', and subjected to various cruel and questionable methods of 'health care' consultation (Brookes & Thomson, 2001).

The lives of the mentally 'ill' were particularly punitive prior to the introduction of psychoanalysis by Sigmund Freud in the 1950s. Psychoanalysis introduced counselling as a therapeutic method whereby people could heal through open communication as opposed to undergoing harsh, physical treatments such as (forced) electric shock therapy and lobotomising techniques (Brookes & Thomson, 2001).

The cultural turn in academia in the 20<sup>th</sup> Century presented an effort to more consciously understand the mental health patient and this remains an important area of scholarly interest today. Kirwan's work has been crucial in breaking down mental health barriers and disrupting social stigmas relating to mental ill-health. Jimi Hunt is another passionate New Zealander who has raised awareness around men's mental ill-health. Jimi's story is re-told below.



**Figure 2. Jimi Hunt Lilos the Waikato by Dave Walker**

**(Copyright 2012 Jimi Hunt and photographer Dave Walker. Reprinted with permission)**

New Zealand Herald, February 04 2012

Silly journey for serious problem

A man has committed to making 425km journey down the mighty Waikato River – on a lilo.

After suffering from depression for over two years, Jimi Hunt decided he needed to get fit, but he wasn't really one for gyms or marathons. "Stuff like that's just too boring so I sat down and came up with the idea of liloing from Taupo to Port Waikato and I ran with it. Now, six months, later it's turned into a juggernaut like you wouldn't believe."

The Auckland-based designer decided to use his trip to raise awareness about depression and now has more than 7000 supporters on Facebook and is being sponsored by the Mental Health Foundation and Movember. He's even upgraded from a \$4.99 to a \$7.99 Warehouse lilo.

He used to be so depressed that he'd spend his weekends crying in bed, and even small things like deciding what he should have for lunch would seem overwhelming. But he put on a "mask" whenever he was around other people, pretending everything was fine.

A key message Jimi wants to get across is that it's okay to ask for help, so he will rely on the goodness of strangers along the way. (Theunissen, 2012, reprinted under copyright licence agreement)

'Kiwi' creativity enables a diverse spectacle of mental health promotion. The above story is an example of one man's determination to put men's mental health on the national agenda. As New Zealanders become increasingly aware of men's mental health and wellbeing, it is timely for geographers to endeavour to understand men's mental health experiences as they are mutually constituted in and through emotional spatialities.

While mental health statistics are partial, (20% or 1 in 5 of the New Zealand Aotearoa population has a mental disorder) according to the Mental Health Foundation of New Zealand (2012a), approaches to mental health in contemporary Aotearoa New Zealand are vastly becoming more desirable. Over the last ten years, men's mental health promotion has been spotlighted through various individual and collective initiatives.

The growing interest in New Zealand men's mental health is a result of the negative statistics concerning a great number of 'kiwi blokes'. Depression is experienced by 1 in 8 men in New Zealand (Ministry of Health Manatū Hauora, 2012). In 2007, intentional self-harm hospitalisations spanned men from the age of 15 to 44 and in 2008, male suicide rates in New Zealand nearly tripled the suicide rates of females (Ministry of Health manatu Hauora, 2009; Ministry of Health Manatū Hauora, 2010).

The Mental Health Foundation of New Zealand, as a contractor for the Ministry of Health Manatū Hauora, raises awareness around mental health and wellbeing so that workplaces, communities and government policies are encouraged to focus on people's strengths and individuals and whānau<sup>3</sup> are able to enhance and maintain mental wellbeing. Under the aims and objectives of the 1999 National Plan to counter stigma and discrimination associated with mental illness, the "Like Minds Like Mine" programme has sought to re-image mental ill-health in Aotearoa. The public education programme is run by a number of (mental health) contractors across New Zealand. Media and sporting personalities are employed to relate to the (typical) 'kiwi audience'.

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<sup>3</sup> Whānau is a Māori term which refers to extended family or family group. In contemporary terms, to speak of whānau may also mean to speak of one's friends, although they do not share kinship ties. (Moorfield, 2003)

Television and radio advertisements have been released with the goal of de-stigmatizing and breaking barriers to getting through depression. The “Like Minds Like Mine” slogan is a metaphor for recognising that we are all of ‘like mind’ and mental ill-health can affect anybody (Ministry of Health Manatu Hauora, 2001). In his autobiography, Kirwan (2010) maintains: “you can’t stereotype depression or the people who are likely to suffer from it” (Kirwan & Thompson, 2010 p. 68).

In 2002, John Kirwan appeared in some of the first advertisements targeting discrimination around mental ill-health. Subsequently, he has appeared in the National Depression Initiative advertisements which are represented on Television New Zealand (K. Mathers, National Contract Manager Mental Health Foundation, personal communication, July 06, 2012). These initiatives have created, what I term, the ‘new national imaginary’ of men’s mental health in Aotearoa, New Zealand (discussed in Chapter Four). Instead of reinforcing hegemonic gendered norms, which may prohibit men from expressing their emotions and addressing their mental ill-health in a healthy context, the ‘new national imaginary’ plays on notions of hegemonic masculinity to socially include men’s experiences of mental ill-health. There is a need for geographers to explore the marginalised (emotional) materialities of men and offer insight into the ways in which ‘kiwi’ men both positively and negatively experience complex, fluid and multiple spatial relations.

In this chapter, I have introduced and outlined the research context. I have defined and discussed depression and anxiety. The unpleasant experiences of depression and anxiety have been illustrated through a synopsis of mental, emotional, and physical symptoms. I have given evidence as to the ways in which individuals and collective groups in New Zealand are dismantling the stigmas associated with mental ill-health. The Mental Health Foundation, for example, has been one social service at the forefront of promoting and educating communities about mental wellbeing. I have demonstrated that there is a contemporary importance for researchers to examine men’s mental and emotional health through a place-based synopsis.

This research provides a new space to voice men's emotional and mental health experience as they are constructed in and through space and place. In Chapter Two, I detail the theoretical framework underpinning the research. I discuss the theorization of health geography, in relation to mental ill-health, from a biopsychosocial standpoint and through Moss and Dyck's (2003) 'radical body politics'. Informed by feminist poststructuralist research I explore place-based performances of hegemonic New Zealand masculinity and how these performances are enacted by 'alternative' masculine identities. I illustrate the theoretical and empirical gaps in human geography and I end the chapter by providing a commentary on possible geographical research agendas for the future.

## Chapter Two: A Geographical Framework for Gender and Health Research

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This research bridges the intersections of mental health, masculinities and emotions through critical feminist poststructuralist theories in health geography. In this chapter, I detail the theoretical framework and discuss the literatures which inform and shape the research. This chapter has four sections. First, I draw on health geographies to theorize mental ill-health experiences. A synopsis of the three waves of mental health geography provides a theoretical and contextual basis for the research and I critique, compare and contrast the scholarship of Curtis (2010), Robbins (2004, 2006) and Moss and Dyck (2003). Curtis (2010) maintains that mental health fluctuates on a complex spatial spectrum variable to socio-spatial relations, as well as one's psychological 'make up' and subjectivity (age, sexuality, gender, disability, class and ethnicity). Her application of the social model of mental health is helpful for theorizing this research but I also need to point out the value in Robbins (2004, 2006) considerable application of a gendered biopsychosocial approach to mental ill-health. For some of the men in this research, a medical lens, helps them to make sense of anxiety and depression and to work towards maintaining their mental health and wellbeing. I draw on Moss and Dyck's (2003) 'radical body politics' which offers an embodied angle to mental health research and is aligned with notions of de-stabilizing Cartesian dichotomies by theorizing ill-health through 'three bodies of experience'.

In the second section of this chapter, I discuss Connell and Messerschmidt's (2005) concept of hegemonic masculinity which relates to the gendered focus on socio-spatial experiences of mental ill-health. Connell and Messerschmidt (2005) maintain that gendered power relations work to define and marginalise 'unbefitting' masculinities and femininities through discursive, material and symbolic spatialities. Their view of power as it operates in a hierarchy, however, is inconsistent with the narratives of men who experience anxiety and depression.

Therefore, I adopt Pringle's (2005) Foucauldian perspective on power and discourse. While Foucault (1972) does not deny the presence of dominant discourses, he asserts that at different times and in different places, everyone is subject to, and influenced by, performances of power relations. Power relations, in the experience of mental ill-health are temporary, multiple, fluid and omnipresent. In other words, men who experience anxiety and depression are marginalized through hegemonic understandings of masculinity, however, these same men also find autonomy to voice their experiences and help others. It is in ways such as these (within various socio-spatial settings) that men temporarily occupy a 'privileged' subjectivity.

This leads into the third section where I highlight research that depicts how New Zealand machoism has historically developed alongside beer-drinking. Campbell et al. (1999) examine the 'kiwi bloke' stereotype which privileges hard bodies, 'rational' minds and do-it-yourself ingenuity. I critically review empirical literature by Town (1999) and Longhurst and Wilson (1999), to show how 'national machoism' in Aotearoa New Zealand is played out by hegemonic masculinities in physical, institutional and representational spaces. O'Connor's (2002) sociological investigation into pākehā men's relationships with emotions and healthcare practices is also highly applicable and I suggest that geographers build on such topics by examining the relevance place. Pringle's (2002) rugby autobiography is also informing. Pringle (2002) examines how rugby union has influenced national machoism as a dividing practice, which, at times, has fuelled the marginalisation of 'alternative' masculinities in Aotearoa New Zealand.

Finally, I discuss emotional geographies, which akin to this research, aim to challenge and disrupt dualistic thinking. Emotional geography is not a theory but rather a topic in human geography. Feminist geographers seek to explain the ways in which emotions change over time through life events and in socio-spatialities (Davidson & Smith, 2009). I also discuss the ways in which geographies of hope can expand to incorporate mental ill-health experiences.

Drawing on the work of Lawson (2007), I argue that geographies of hope should include the voices of mental ill-health and that emotional geography, such as the work of Manzo (2005), can pay more attention to subjectivity. By examining the scholarship of Yarnal et al. (2004), I then theorize how structure and agency is performed to untangle the emotional relationships between fire-fighters, social spaces and the fire-house. Davidson's (2003) thorough account of phobic geographies, provides the final resources to this thesis' main theoretical stance.

### **From 'Deviance' to 'Difference': Theorizing Mental Ill-Health**

Health geography incorporates a wide range of perspectives that seek to investigate and explain, rather than just relay, the biopsychosocial relationships between people's mental health and place (Curtis, 2010). Traditionally, medical perspectives dominated health research, as scholars focussed primarily on analysing the spatial arrangement of disease and ill-health through GIS mapping. Curtis (2010) maintains that the term 'health geography' was introduced to recognise aspects of health, such as experiences of mental ill-health, psychological wellbeing, and learning disabilities, which are not wholly definitive through bio-medical analyses.

Wolch and Philo (2000) discuss the shift in health geography through 'three waves'. The 'first wave', influenced by the quantitative revolution and deinstitutionalization, initially focussed on post-asylum geographies of new healthcare facilities and the geography of community care centres. Mapping the relationship between mental healthcare outlets and housing enabled research to influence health-care planning. The aim was to provide the mentally 'ill' with accessible health-care that was in reach of their own communities. Such research highlights the ways in which deinstitutionalisation works to re-displace the 'mental patient', in spaces which are termed 'psychiatric ghettos'. The stigmatization of ex-patients influenced economic and social marginalisation and consequently, the psychiatric ghetto materialized as both an autonomous and an oppressive space.

Progressively, mental health researchers began to consider the social effects of deinstitutionalisation, including the experiences of homelessness and emerging *alternative* spaces. There was, however, no mention of class, race, sexuality and gender playing a part in the experiences of mental ill-health. While the 'first wave' of mental health geography provided healthcare planners with important (quantitative) information in the spatial distribution of healthcare facilities (Holley, 1998; Wolch & Philo, 2000), geographers found it necessary to re-theorise place, and of course, people's relationships with place. The reconceptualization of people and place, as more than a container for health recordings, emphasises a mutually constituted relationship (Kearns & Moon, 2002). In other words, the individual experience cannot be separated from the social structure (Winchester & Riofe, 2010). In relation to mental ill-health, people's experiences are believed to *affect* and be *affected* by different spatialities and I uphold this notion in my research.

The new notion of place and use of critical social theory predominantly influenced the 'second wave' of health geographies (Kearns & Moon, 2002; Wolch & Philo, 2000). Research then sought to consider the lived experience of people with mental ill-health. As a result, large-scale positivist agendas faded out, making room for those who were previously silenced (Wolch & Philo, 2000). Drawing on disability studies, scholarship critiqued biomedical gazes for asserting disease and illness at the fault of the individual, and for ignoring social and environmental factors as vital in determining one's experience. Discourses around mental ill-health have also become an important site of analysis. Critical geographers critique the "imaginative geographies of the powerful" to label, socially displace and spatially exclude those who have been psychoanalysed as 'Other' (Sibley, 1995; Wolch & Philo, 2000, p. 144). At this point, I would like to note that when I use the concept 'mental health' I conceptualise the term in a more holistic sense which refers to the experience in which an individual's mental 'state' and wellbeing fluctuates on a complex spectrum and is influenced by biopsychosocial circumstances.

Furthermore, my research highlights the gendered socio-spatial relationships. This conceptualisation of mental health opposes positivist interpretations and disrupts Cartesian theorizations.

Wolch and Philo (2000) and Smith (2009) advise that in contributing to a 'third wave' of mental health geography, researchers should aim to produce knowledge which directly assists mental health patients through policy reform and political action. They suggest researchers investigate new spaces of mental health treatment and the possibility of second homes such as sober homes, halfway houses and state subsidised living arrangements. Moreover, they question new 'sites of resistance' which may be constructed through social and civil rights movements (Wolch & Philo, 2000). Wolch and Philo (2000) argue that researchers should endeavour to have *material* impact on people who experience mental ill-health by exploring political and economic structures and mental health policy, advocacy and promotion. There are numerous topics relative to health geography which are yet to be considered. I argue that to explore the everyday construction of different gendered spatial realities - so that the lives of people who experience mental ill-health may be enhanced - should still be an important agenda for health geographers.

Kearns and Moon (2002) re-alert researchers to the fact that advances in medical scholarship could provide new sites of analysis for health geography. Few geographers have re-adapted the use of biomedical analysis in recent scholarship, however, academics in the field of men's health have begun to use biopsychosocial models to research healthcare behaviours and practices (Robbins, 2004, 2006). To extend this work into gendered geographies of mental health I draw on the work of Curtis (2010), Moss and Dyck (2003) and Robbins (2004, 2006).

Curtis (2010) discusses the social model of mental health which theorizes that mental ill-health is: socially constructed through space; influenced by the individual's personal characteristics (sex, age, gender, ethnicity), their psychological format, social and community networks and a multitude of environments (physical, social and symbolic).

What Curtis's synopsis lacks is any detailed explanation of the role that gendered embodiment and medical knowledges play in the experiences of mental ill-health. Robbins (2004, 2006), however, seeks to define and implement a biopsychosocial model on men's mental ill-health and theorizes that socio-gendered, psychological, environmental and biological factors are associated with the cause, experience and treatment of anxiety and depression in males. Biopsychosocial standpoints recognise that the social construction of hegemonic masculine discourses, environmental determinants, biology and genetics, emotional or life stressors and trauma are all contributing factors which affect the cause, experience and treatment of mental ill-health. Robbins (2004, 2006) discusses how physical symptoms of depression are relative to gender and medical research is used to fortify this standpoint. This is an important aspect in relation to this research. While I do not theorize, or endeavour to explain, how biology affects men's mental health, I acknowledge that genetics can be a cause of anxiety and depression. Moreover, as many of the participants, involved in this study, adopt a medical lens in order to simplify and make sense of their own mental ill-health experiences.

The point of difference which Moss and Dyck (2003) contribute to feminist health geography theories, is a deep-seated perspective on the physical embodiment of ill-health. Their 'radical body politics' perceives the body as a discursive formation, a material entity and a political body which is tied up in notions of control, resistance and domination to create people's experiences of space and place. It is important to highlight this perspective as the men in this research discursively, politically and materially embody the complexities of mental ill-health through place. Moss and Dyck (2003) follow feminist health geographers and reject dualistic foci in research.

The ground upon which feminists have problematized that which is part of neither side of the binary has been through the metaphor of "in between". The notion of being "in between" captures conceptually the areas linking the discursive body and the material body that have been to date left buried, unspoken, tacit. (Moss and Dyck, 2003, p. 37)

Realising the valuable contribution in questioning dualistic thinking, Moss and Dyck's (2003) conceptualization makes way for 'displaced' accounts of ill-health to be acknowledged in geographies of health. I draw on Moss and Dyck's claim that bodies are discursive, experiential and political and furthermore, that the "relationship between the sides of a dualism is not mutually exclusive; rather, each side contains parts of the other" (Moss & Dyck, 2003, p. 14). Such a perspective enables feminist geographers to gain a better understanding of how people embody and experience ill-health. Health geographers can no longer exclude the space of the body in mental ill-health experiences. To draw on dualisms between the mind/body means conceptualising the mind and mental ill-health as an inward individual fault of a person and disregards the affects of outward, lived experiences of space and place. In other words, dichotomizing mind/body is to "systematically neglect(s) the importance of social context" (Bracken & Thomas, 2002, p. 1434). Parr (2008, p. 20) adds to this argument by stating:

Although there are vital differences between those people who identify as disabled and are physically ill, or mentally ill, there are also pronounced similarities in terms of embodying a difference that challenges conventional norms and conceptions of minds and bodies in ways that result in states or spaces of exclusion.

Cartesian theorization, relating to mind/body, is also challengeable when considering the "psychology of pain", or further, when acknowledging one's experience of physical symptoms which result from feeling anxious and depressed (Curtis, 2010). Experiences of mental ill-health may, at times, affect an individual's physical well-being (as discussed in Chapter One) and this standpoint is reflected in the narratives of the research participants which are re-presented in Chapter Four and Chapter Five of this thesis.

Mental health geographies are far from straightforward and there are still many aspects to be unravelled from a critical standpoint. Health geographies, which examine the intersection of male identity, emotion and mental health experiences have, so far, been absent in New Zealand.

Preceding my critical review of emotional geographies, it is first necessary that I discuss geographies of masculinities. Relevant to the context of this research, I draw on literature which 'fleshes out' New Zealand 'machismo' and the hegemonic masculinity of the 'kiwi bloke'.

### **Placing Masculinities in Human Geography**

Over the last thirty years, social, cultural and feminist geographers have paid increasing attention to masculinities as: a place in gender relations; a set of cultural practices; an embodied experience; a structured identity; a social construction; a discursive practice and/or a spatial construct (Berg & Longhurst, 2003; Connell & Messerschmidt, 2005). Through a critical examination of masculinities, only then can hegemonic masculinity - which has contributed to the political disempowerment of both men and women as they perform a plurality of gendered characteristics - be exposed, disrupted and reworked (Jackson, 1991). Connell and Messerschmidt (2005) detail how the concept of hegemonic masculinity evolved in the 1980s and grew out of the experiences of women and gay men who had been subjected to the violence and prejudice of 'straight' men (see Jackson, 1991). According to Connell and Messerschmidt (2005), hegemonic masculinity is the pattern or practice of patriarchy which helps men to maintain their control over women and 'subordinate' masculinities.

Hegemonic masculinities are problematic to maintain and are enforced in, and subject to change through socio-spatial settings, mass media and institutions. Hegemonic masculinity is normative and enacted through dominant discourses, which then act to substantiate social and spatial marginalization. Masculine characteristics are perpetually plural, fluid in embodiment and occupied (temporarily) by multiple genders (Connell & Messerschmidt, 2005). In other words, there is no one singular and stable embodiment of masculinity and anybody can, at times, portray masculine characteristics to assert themselves 'in place'. Although Connell and Messerschmidt acknowledge a plurality of masculine identities, their view on power is inconsistent with the lived experiences of the research participants (explained in Chapter Four and Chapter Five).

Connell and Messerschmidt (2005) maintain that power relations are perpetually exercised between people in a hierarchy. While this standpoint has valid and applicable characteristics, this research draws on Foucault's (1972) view of power, which is more fitting with the research.

Foucault (1972) theorizes that power is autonomous, omnipresent, fluid and negotiable through micro everyday socio-spatial interactions. Foucault asserts that discourses influence who we think we are and who we think we can become. Furthermore, he writes that dominating discourses privilege some, whilst others are marginalised. Social marginalisation perpetually results from the three realms of objectification: scientific classification; dividing practices; and subjectification (Foucault, 1989). Pringle (2002) adds to the work of Foucault by asserting that discourses are multiple and competing, therefore, people are able to exercise their social influence or power on varying socio-spatial platforms, and the men in this research find their own methods of subjectification as they experience being men with anxiety and depression.

The majority of scholarship on masculinities resides in feminist and cultural geography (Longhurst, 2000). Feminist poststructuralist geographers have favoured flexible agendas, akin to this research. Postmodern and poststructural approaches are implemented to convey an understanding of power, knowledge, performativity and experiences of difference or marginalisation, through an undertaking of critical discourse analysis (Star, 1999b, p. 36). The primary agenda, underlying critical feminist geographies, has sought to explore the "silenced spaces in between" from multiple subjectivities (Star, 1999b, p. 41). These subjectivities are influenced by age, sexuality, ethnicity, class, race and embodiment.

Jackson is a cultural geographer who began researching masculinities early on, in the quest to emancipate subordinate gender identities. Influenced by the work of Connell (1983; 1987), Jackson (1991) maintains that although gender identities are formed from birth and children are moulded into socially acceptable masculinities and femininities, gender identities are constantly being reconstructed and negotiated through socio-

cultural practices on a daily basis. Jackson asks us to consider the interplay between gender identities and sexuality, for example, how hegemonic masculinities or heterosexuality is articulated in relation to subordinate homosexual masculinities, as well as multiple feminine identities. Those gender identities, which do not discursively live-up to the supposed logical, stable, physical and emotionless ideal, or the 'un-written' characteristics which constitute socially acceptable 'manhood', are deemed to be the Other and these bodies become socially and spatially marginalized. In other words, the discursive body of representation affects the material body of experience and the ways in which people experience the politics of space and place.

Jackson's (1991) piece remains relevant for the contemporary theorizing of masculinities, as geographers have been slow to examine the intersections of mental health, maleness and representational spaces. Moreover, Jackson (1991) touches on notions of the 'new man'. The concept of the 'new man' has undergone robust feminist critique (see Chapman, 1988). Pringle (2002) believes that new masculinities are eternally (re)constructed and (re)presented as men feel differently in different spaces and wherever there is power there is resistance. Pringle (2002, p. 63) states that "although individuals are constituted by discourse, they are still capable of critically reflecting on how certain discourses have developed". Later, in Chapter Four, the research discusses further how individuals reflect on the ways in which dominant 'kiwi bloke' discourses affect their lived experience and sense of place.

Human geography could benefit from a deeper engagement as to the ways in which masculinities interpret and construct meaningful spaces. Much of the work, which explores place meaning, has theorized the relationships between women, cultural identity and spaces of belonging (Johnston & Longhurst, 2012; Philipp & Ho, 2010). Thus, there remains scope for geographers to embellish and create new people and place-based knowledges by adding critical studies of men into research agendas.

## **‘National Machoism’ in Aotearoa New Zealand**

Geographical investigations into the lived experience of masculinities in Aotearoa New Zealand examine: institutionalised constructions of hegemonic masculinity (Town, 1999); the mechanics of colonialism and its relationships to hegemonic masculine discourses (see Matahaere-Atariki, 1999); representational spaces of male identity and men (Longhurst & Wilson, 1999); men’s healthcare practices (O’Connor, 2002); New Zealand men’s relationships to rugby union (Pringle, 2002); the nature of fluid and performative gender identities (Johnston, 1998); and the relational development between sporting culture and masculinity (K. M Morin, R Longhurst, & L Johnston, 2001). What scholars describe as hegemonic masculinity in Aotearoa New Zealand has evolved alongside history, been shaped through the repetition of ‘national machoism’ and the performances of ‘kiwi bloke’ identities.

Scholars have scrutinized how institutionalisation and discursive or representational spaces have maintained grand narratives of New Zealand ‘machoism’ (Campbell et al., 1999; Longhurst & Wilson, 1999; Town, 1999). In order to make sense of both the diversity and the selection of images in mass media, geographers have considered spaces of representation (Connell and Messerschmidt, 2005). Campbell, Law and Honeyfield (1999) undertake critical discourse analysis on a range of New Zealand beer campaigns to document the ways in which hegemonic masculinity in Aotearoa New Zealand has historically developed alongside beer-drinking. In turn, the historical context of beer-drinking has assisted in the construction of a ‘national machoism’. ‘National machoism’ is inclusive of males who portray ‘mate-ship’, *hard* bodies, heterosexuality, working-class attitudes and who drink beer (Campbell et al., 1999). Such discourses stereotypically delineate the ‘kiwi bloke’ and effectively marginalise Others. Sandercock (2002, p. 215) writes that:

Discourses seek to define who and what is to be feared, and in doing so, to influence the management and direction of change in ways that privilege the rights of some at the expense of others, the sense of place of some at the expense of others, one group’s homely imaginary at the expense of others.

To broaden such analysis, scholars could consider how discourses of 'national machoism' produce geographies of fear. Shane Town's (1999) piece can be read to expose a geography of fear as he examines the intersections of masculinity and sexuality. *Queer(y)ing Masculinities in Schools: Faggots, Fairies and the First XV* explores the politics of the institution through an examination of hegemonic masculinities in New Zealand schools and the interplay of (homo)sexuality. The research found that in some New Zealand high-schools, homosexual masculinities are silenced and marginalised through the sexual education curriculum. Subjectively, the piece portrays how males conceal their (homo)sexual identity in the school space, fearing social exclusion and harassment. Moreover, two of the participants explicitly discuss fearing what might *become* of their identity, due to the negative stereotypes, which are associated with homosexuality, and promoted in their schools.

Heteronormativity is upheld as the ideal, in Aotearoa New Zealand, and feminine qualities are ignored and discouraged in males. Constructing the (hard and straight) 'kiwi bloke' begins at birth and is intensely felt and upheld in the school space. Consequently, the health and wellbeing of gay males is jeopardised (Town, 1999). Importantly, Town's piece distinctly exemplifies the 'superior' masculinity of the 'kiwi bloke' and the ways in which this identity operates to discourage difference.

O'Connor is a sociologist who has contributed valuable scholarship on the relationship between masculine subjectivities and health. O'Connor (2002) brings to the foreground men's perspectives on healthcare. Through both qualitative and quantitative methods, O'Connor retells young pākehā men's perceptions of health. He explores how New Zealand 'machoism' affects the ways in which young men think about health and how their personal healthcare practices impact their identity as men. Not dissimilar to this research, O'Connor writes from a biopsychosocial standpoint, recognising that health understandings are influenced by medical research, that socio-cultural contexts vary and that multiple concepts of health hold relevance for different people.

His overriding claim expresses that individual men's identities are malleable to power relations and reconfigurable due to the *social* being irrevocably dynamic. The findings, which emerge from a mixed/multiple methodology, illustrate that physical perceptions of health dominate men's understandings of wellness and that men predominantly desire privacy when feeling un-well. Concealing sickness enables men to avert their discomfort from the concern of others and thus uphold a sense of personal autonomy and power. The men resist consulting a doctor in order to privilege a hegemonic form of stoicism and to avoid having their bodies submitted to the gaze and control of another.

Both personal and second-hand experiences contribute to the men's understandings of risk and healthcare practices. Healthcare practices are perceived as fulfilling tasks, such as exercising, healthy eating and limiting the consumption of alcohol and drugs. Caring for one's health becomes overtly important when working to support one's family, as did maintaining physical strength and fitness and sustaining a healthy sex-life or being able to sexually satisfy one's partner (O'Connor, 2002).

All Black rugby players and sportsmen are referred to as prime examples of healthy men to which O'Connor's participants measure and compare their own health against. It is intriguing to note that mental-healthcare is not regarded as a motivation to practice good healthcare, despite some of O'Connor's (2002) participants experiencing fluctuations in their mental health and openly identifying with symptoms of depression. Working towards maintaining positive mental and emotional health is not a typical characteristic of the 'kiwi bloke', however, it is evident from O'Connor's (2002) piece that scholars could prompt men to discuss their mental ill-health experiences instead of bypassing dormant and underlying material that could work to men's advantages. Jackson (1991, p. 199) states that: "For men, the nature of patriarchal oppression is less obvious and the political agenda correspondingly more difficult to articulate". I believe that gender and healthcare can be more thoroughly examined.

We are all in need of care and of emotional connection to others. We all receive care, and throughout our lives, many of us will also give care. In short, care is society's work in the sense that care is absolutely central to our individual and collective survival. (Lawson, 2009, p. 210)

Lawson (2009) alerts researchers to geographies of care. Care is not only central to our individual and collective survival but it is implicitly concerned with health and wellbeing. I advocate that health geographers need to make deeper investigations into subjective accounts of the ways in which different social markers affect people, care and place, in culturally specific contexts.

Richard Pringle (2002) examines gendered power relations surrounding the culturally specific hegemony of New Zealand masculinity. Through his rugby autobiography, Pringle reflects on his emotional experiences with rugby union as a youth and produces a thoughtful account which meticulously highlights the social position of rugby and how dominant rugby discourses influence the performance of masculine identities in Aotearoa New Zealand. Pringle (2002, p. 57) maintains that "whether we love it, hate it or try to be indifferent from it, rugby union football shapes New Zealand social history and everyday life". Additionally, with the success of the Rugby World Cup (RWC) in 2011, the sport is only attracting more supporters. Pringle retells the ways in which his rugby performances enabled him to share a sense of privilege with his team mates above and over other males who uphold alternative gender identities. Pringle describes his paradoxical position as a youth but also as an adult academic where his identity is fraught with self-surveillance. Rugby influences hegemonic masculinity and assigns ways of being male which glorify hard, non-emotional bodies (Pringle, 2002).

Through monitoring the self, Pringle is able to maintain the performance of his hegemonic masculine identity (significant to rugby discourses) and conceal intrinsic emotions which would otherwise render him 'out of place'. Implicit in this poststructuralist autobiography is the extent to which New Zealander's privilege rugby as a facet of nationalism and as a socially discursive influence of masculine performativity.

The synopsis gives us a feel(ing) for the game and attempts to explain the current of emotions between rugby's spatialised subjectivities. I build on this notion in Chapter Four. It is important to note that scholars could also endeavour to expand rugby union knowledges by intersecting multiple points of analysis in order to draw other unique understandings about gender and place.

Longhurst and Wilson (1999) engage with the representational spaces of masculinity which has been another lens through which feminist and cultural geographers politically examine masculinities. In order to expose the dominant and 'unearth' the demoted, Longhurst and Wilson (1999) analyse the television series *Heartland New Zealand* to show how 'kiwi bloke' masculinity is socio-spatially (re)presented in television discourse. In many of the episodes, 'kiwi bloke' identity is linked to tough environments, rural ideals, hard bodies and colonial discourses surrounding labour-intensive production. Such gender ideals enable social and spatial marginalisation of subordinate masculinities.

The notion of socio-spatial exclusivity was felt by Gary McCormick who, in an interview, described feeling 'out of place' for he did not feel as though his masculinity aligned with that of the 'kiwi bloke' mythology (Longhurst & Wilson, 1999). Rural New Zealand communities and 'kiwi' identity are valued as the 'norm' and this is exposed through an analysis of the episode *Heartland Wainuiomata*.

Longhurst and Wilson (1999) show how *Heartland Wainuiomata* disrupts the social position of hegemonic masculinity by focussing on temporal aspects of rural femininities, whereby 'traditional' sex-roles are reversed. Not only does this piece explicitly depict and link 'kiwi bloke' identity to *real* and *imagined* spaces or a radical body politics (Moss & Dyck, 2003), this piece certifies how gender norms are constructed through repetitive media discourses and furthermore, how spaces of exclusion manifest. In their analysis, Longhurst and Wilson's (1999) competently illustrate the mutually constituted relationship between gender, identity and New Zealand spaces.

Given the geographical interest in discursive spaces and gender relations, it is somewhat surprising that scholars have not yet considered the ways in which men's mental ill-health is represented, or how men respond and relate to mental health promotion. Connell and Messerschmidt (2005, p. 841) maintain that "it is 'men's' and 'boy's' practical relationships to collective images or models of masculinity, rather than simple reflections of them, that is central to understanding gendered consequences in violence, health and education". It is important that researchers explore the ways in which masculinities relate to discursive spaces, particularly in relation to health (Connell & Messerschmidt, 2005).

As previously stated, geographers have not yet considered the interplay between mental ill-health, emotions and masculinities- as they are mutually constituted- through the construction and representations of hegemonic gendered discourses. With this in mind it is important to ask, how could the drawn-out theorisation of masculinities and the recent shift in health geographies account for such a series of oversights? The works discussed above can be read to interpret that mental health and well-being are not typically embraced as discursive or relational topics, relevant to 'kiwi' masculinity, thus, it is unsurprising that men's mental health issues in Aotearoa New Zealand go undiagnosed and in some cases, dangerous and risky behaviours are undertaken as a coping mechanism (Mental Health Foundation of New Zealand, 2012b; Ministry of Health Manatū Hauora, 2012).

The literature discussed above does, however, portray some of the ways in which mental ill-health experiences are variable to three realms of the body (Moss & Dyck, 2003) and the three modes of objectification (Foucault, 1989). The unique body of experience or the self, the social body of representation (infused by social discourse) and the political body tied up in notions of power, domination and control make up the three realms of the body (Moss & Dyck, 2003). Scientific classification, dividing practices and subjectification make up the three modes of objectification which operate to create docile bodies (Foucault, 1989).

Through dominant knowledges, the 'deviant' is 'singled out' from the 'norm', socially excluded and inwardly and outwardly managed by subjectification. In Chapter Four and Chapter Five I discuss these modes of thought in relevance to 'kiwi bloke' masculinity and emotion. In the next section of this chapter I analyse the social topography of scholarship which explores gender, emotions and mental ill-health.

### **Keep Calm and 'Geog On': Men, Emotions and Mental Ill-Health**

Without doubt, our emotions matter. They have tangible affects on our surroundings and can shape the very nature and experience of our being-in-the-world. Emotions can clearly alter the way the world is for us, affecting our sense of time as well as space. (Davidson & Milligan, 2004, pp. 524, italics in original)

Through deconstruction, and a critical examination of binary groupings, feminist geographers examine the emotional relations intrinsic to peoples everyday spatialities (Davidson & Smith, 2009). Emotional geographies change over time, through life events and across different embodied spaces (Bondi, Davidson, & Smith, 2007). Emotional geographies acknowledge subjectivity and difference in a world which cannot be mapped, calculated or defined by a single truth and where people's relationships are relative to context. Bondi, Davidson and Smith (2007, p. 17) state that "emotions are situated within and are co-constitutive of our working (as well as social) lives". As such, emotional geographies do not seek to impose or define the meaning of emotions, rather, these geographies attempt to express something that is incapable of being defined by words and the ways in which people are emotionally involved in place (Davidson & Milligan, 2004).

This research reinforces the idea that emotions are fluid and interchanging along the spectrum of mental ill-health experiences. Wright (2012) sets forth that emotions are produced by encounters between people, place and things and that emotions are relational and circulatory, rather than being fixed within an individual's psyche.

From a phenomenological approach, Manzo (2005) explores the emotional realities of people's meaningful experiences-in-place. Her piece offers insight into how people experience both positive and negative emotions in relation to place and further, how people's emotional spatialities are mutually constituted in notions of the self and identity. Having conducted forty in-depth, semi-structured interviews, Manzo (2005) captures a nexus of subjective experiences in relation to emotion, space and place. It is interesting to note the variety of themes which emerge in Manzo's study. She draws attention to a number of important topics in her discussion of marginalised Others, which include the stories of women, ethnic Others, gay men and lesbians, and people who have endured intense physical injury.

Manzo (2005) indicates how people with mental ill-health find both positive and negative experience-in-place meaningful. Her study creates a new geography of hope around people's attachment to place. Manzo discusses how one women's experience of a violent domestic space, for example, influenced the participant to embody new spaces of hope and she states that: "the new house represented hope and the possibility of a different, happier life. It stood in her [the participant's] mind as a catalyst for growth and change as she adjusted to living in a non-violent household that she need not dread" (Manzo, 2005, pp. 77-78).

Her research offers a platform for geographers to build on and expand the intersections of emotional place based research by taking a closer look at either collective or individual subjectivity. Seeking a deeper understanding of emotion and place, geographers could build on Manzo's (2005) theories by exploring the intersections of how gender and mental ill-health affect people's emotional links to past meaningful places or how people negotiate their subjectivities in fluid or temporary spaces of belonging. Manzo's (2005) study encourages geographers to continue analysing the meaningfulness of space in ways that offer the marginalized hope and in ways which also seek to disrupt Cartesian interpretations of socio-spatial reality. I call upon this argument in Chapter Five.

Yarnal et al. (2004) explore the gendered spatialities of fire-fighters. Their findings blur the dichotomies of public/private, masculine/feminine and rationality/emotion. The authors produce an exceptionally interesting piece through open interviews with thirty-four volunteer fire-fighters. Convincingly, Yarnal et al. (2004) link fire-fighting to notions of war heroism, which helps to establish a context for the public perception of the '21<sup>st</sup> Century superman'.

Rather, in the USA members of the public assume that when they dial 911 not only will the emergency call be answered promptly and effectively but also that the respondents will be strong, heroic and fearless not just as singular events such as 9/11 but on a consistent, daily basis. (Yarnal et al., 2004, p. 686)

It is argued that the emotional burden of such a social discourse is embodied by fire-fighters in the wider known moral landscape of society and that public spaces unwittingly prescribe emotional control, heroism and 'rationality' onto these masculine bodies. In turn, masculine discourses limit men's expression of pain, horror, fear, sadness and shame. In contrast to public spaces, the firehouse is embodied as a refuge or safe, private space. In the firehouse men openly express and nurture their emotions among the understanding of their (male) companions. In this way, the firehouse is an intimate space. Empirical findings give evidence of the men maintaining the firehouse as an exclusive space which is, in many ways, almost 'concealed' from the public as well as from their loved ones. By maintaining a level of exclusivity, the pressures and demands of family expectations are not unfelt in this space but alternatively they are avoided.

The firehouse is a space to 'blow off steam', affording fire-fighters an autonomous space for their emotional needs, personal growth and self-expression/development. Importantly, this piece illustrates the ways in which men resist dominant masculine ideals through the use of space and how by doing so, the men execute power in and through omnipresent relations. I draw on the readings of Yarnal et al. (2004) in Chapter Five. I adapt their conceptualisations of the firehouse to spaces of the home.

The array of work, which examines geographies of the home (see Blunt & Dowling, 2006 for an overview), has not yet critiqued the emotional meaning of home and attachment to place *for men* who experience mental ill-health. While feminist scholars (Davidson, 2003; Elwood, 2000; Johnson, 1992; Johnston & Valentine, 1995) have examined women's relationships with the home, little research has shown how men experience material power relations in and through the plurality of the home space or meaningful spaces of homeliness.

Through her examination of agoraphobic women Joyce Davidson (2003), however, explores meanings of the home in relation to mental ill-health. Conducted with the aim of examining the intersections of mental health, gender and emotions, Davidson (2003) provides an intense analysis of women, space and agoraphobia. She seeks to explain how emotions are co-constitutive between women with ill-health, people and place.

Davidson (2003) draws on the scholarship of Jean-Paul Sartre and Erving Goffman to theorize the Self/Other relationship amongst angst, anxiety, fear and panic in the spatial experiences of agoraphobic women. Davidson (2003) investigates the role that social spaces and private, gendered places play in the everydayness of agoraphobia. Her research destabilizes commonly held assumptions about what agoraphobia is and what it feels like for women. The gendered study is constituted by the number of women who experience feeling out of place in 'peopled' spaces and the ontological de-personalization and de-realization that accompanies "agoraphobic forms of life" (Davidson, 2003, p. 69).

Theoretically, Davidson (2003) canvasses how social spaces threaten to dissolve women's sense of self (control), their reality and their *being* in the world through their fear of Others objectifying them. Anxiety is the angst of realizing that, among Others in social spaces, women are open for objectification and thus they question their means of self-control. Agoraphobic women fear the unknown possibilities of the Self as they are present and gazed upon in the company of others, therefore, the women retreat into private spaces, such as the home or car, to re-construct their psychocorporeal boundaries which have been disrupted by the angst and

panic experienced in socio-spatial dwellings. The home is regarded by women as the safest place to embody. Regardless, of whether or not women have experienced panic attacks inside their 'four walls', the pressure to socially perform and cope with the gaze of others is avoided by embodying the more intimate spaces of the home. Some agoraphobics, however, can find their spatial worlds shrinking. The home as a safe space becomes an ambiguous 'prison' whereby women find themselves *housebound*.

Moreover, for some of Davidson's participants the car can be embodied as an extension of the home but one which can allow a stronger sense of freedom and independence. Davidson adopts Levy's (1997) theory of 'subjective space' to explain how women feel about their car. Subjective space "surrounds us like an envelope, like a second skin" (Levy, 1977 cited in Davidson, 2003, p. 71). The home and car spaces reinforce the boundaries of self-identity, which are questioned through the emotions of anguish, panic, fear, worry, irrationality and illusion. The women in Davidson's study also talk about using clothing and fashion accessories, such as sunglasses, to insulate their ontological security and create a 'subjective space'.

Davidson (2003) draws distinctions to Goffman's (1967) hypothesis that agoraphobics maintain or 'put on face' to shield themselves from social attention. One way that women create a successful 'subjective space' is by wearing dark sunglasses. The therapy in this theory is that agoraphobic women feel more comfortable 'under the radar' and out of eye-contact with strangers. Davidson's piece conveys the complex matrix of agoraphobia as a socially and spatially mediated life world and thus broadens definitions which define the disorder as an "extreme or irrational fear of open or public places" (Soanes & Stevenson, 2006, p. 26).

To further this study, the gendered spaces of agoraphobic men could be addressed in emotional geographic research. I draw distinctions to Davidson's work in Chapter Five, for instance, where I debate her theory on 'home as a normatively feminine space'.

This research extends Davidson's (2003) empirical findings by discussing how men with anxiety and depression emotionally negotiate social and subjective spaces through geographies of hope (Lawson, 2007).

Lawson (2007b) discusses how the growing global concerns of political instability, global change, natural hazards and health pandemics are shaping geographies of fearfulness and in response geographies of hope. Lawson (2007) reviews the work of scholars who are beginning to theorize the "powerful emotions of fear and hope" as they permeate geographical phenomenon (Lawson, 2007b, p. 335). Recent geographers have investigated the hopeful geographies of ethnicity and place (see Duruz, 2010; Johnston & Longhurst, 2012; Wise, 2005). Wise (2005), for example, examines how feelings of hope and belonging are created in the unity of different ethnicities. Her study is based in Ashfield, a suburb in Sydney, Australia. Wise (2005) found that through social and cultural changes in the geographic location, elderly residents in Ashfield experience a disconnection to their community space. Their feelings of belonging are instead nostalgically tied to the past. Nevertheless, a sense of hope transpires some of the participant's stories as they begin to open up to the Other and accept that difference is not entirely negative.

For me, hope on the side of life, joyful hope, also represents an opening to the world, to the other, to the stranger. It represents an opening up to new possibilities, for new ways of thinking, doing, knowing, an opening up to the possibility of new relationships and connections and is therefore not about stasis or fixity, it is about possibility. (Wise, 2005, p. 178)

While there is a wealth of value in multicultural geographies of hope there is also room for expansion. The intimate emotional realities lived out by people in place are barely touched on. If scholars are to "build geographical knowledge critical to our survival" then they need to look closer at the relationships between place, subjectivity and health (Lawson, 2007b, p. 335). In Chapter Four and Five I show how hope and care are essential elements in the discursive space of gendered mental health promotions and men's lived experiences of anxiety and depression.

## Summary

In this chapter I have explained and critiqued the literature which underpins the research. Examining the intersections of socio-spatial relationships means drawing on a range of theoretical material. I theoretically positioned the research context by interpreting mental health geographies. I argued that, in order to contribute to Wolch and Philo's (2000) theoretical debate of a 'third wave' of mental health geography, scholars should maintain an agenda that aims to give voice to mental ill-health experiences by analysing multiple intersections in geographical research.

The geographies of mental ill-health are far from straight forward which merits more academic analysis, and I discussed the points of difference between the work of Curtis (2010), Robbins (2004, 2006) and Moss and Dyck (2003). This research theorizes that biopsychosocial relations, as well as discursive, material and political spatialities, affect the cause, experience and treatment of mental ill-health for men. I discussed Connell and Messerschmidt's (2005) concept of hegemonic masculinity but abandoned their hierarchy of power relations. Instead, I adopted a Foucauldian perspective on the relationship between people, power and discourse. As I explained, a Foucauldian theorization of power is more fitting with the men who participated in this research. Individually, the men in this research live out varying and omnipresent power relations on an everyday spatial scale.

I examined New Zealand geographies of masculinities, highlighting scholarly contributions which are relevant to this thesis. It is important to note, however, that there is a lack of place specific research which examines men's mental ill-health. Furthermore, research which aims to investigate how New Zealand men experience geographies of fear, spaces of belonging and/or senses of homeliness is liminal. What I have illustrated, in my literature review of New Zealand geographies of masculinities, is how socio-spatial relations are influenced through the three realms of the body: the unique body of experience or the self, the social body of representation (infused by social discourse) and the political body, which is tied up in notions of power, domination and control (Moss & Dyck, 2003).

In the last section of this chapter I pointed to insightful emotional geographies by looking at the scholarship of Manzo (2005), Yarnal et al. (2004), Davidson (2003). Importantly, I have discussed multicultural geographies of hope and highlighted the ways in which such geographies can expand to include intersectional examinations of health and place. I talked about how geographies of care are central to health subjectivities and asserted that in order to produce social and cultural tolerance of difference, scholars must address the spatialization of fear and foster a deeper understanding as to the geographies of care.

I raise these points because in Chapter Four and Chapter Five I discuss the ways in which men with anxiety and depression respond to the new 'national imagination' of mental health promotion and a discursive geography of hope. Next, in Chapter Three I explain the methodological practice undertaken to collect empirical research material.

## Chapter Three: Methodology

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This chapter contributes to methodological discussions regarding ‘best practice’ for researching geographies of mental ill-health. Inspired by feminist poststructuralist investigations, I detail the methodological framework implemented to produce this research.

I discuss qualitative geography and the nature of intersectional research, specifically focusing on the relationship between health geography and qualitative frameworks. I justify my premise using mixed and multiple methods of investigation, maintaining that mixed and multiple methods help researchers to unpack the complexities and contradictions in intersectional research. I retell the process of recruiting participants and the strengths and weaknesses of the data collection methods. Towards the end of this chapter I present my emotional positionality.

Bondi (2007) maintains that geographers should aim to discuss the ways in which emotions are integral to research relationships. She urges scholars to go beyond relaying emotions in fieldwork accounts, which tend to be negatively cast and to exceed expressing difficulties which are finally managed (Bondi, 2007, p. 231). I discuss my positionality in relation to my participants and the emotions I felt during the interviews. I pay particular attention to the interview I conducted with my father as well with interviews which prompted unresolved anxiety. I conclude the chapter with a critical summary and introduce the empirical findings.

Wolch and Philo (2000) maintain that qualitative methodologies, in feminist poststructuralist analysis, have sought to unravel the complex layers of mental health experiences by producing subjective accounts of inclusive and exclusive spaces. Health geographies have seen a shift from quantitative methodologies to critical social analyses, which focus on the spatialised subjectivities of health, and use qualitative techniques in research (Jones, 2007; Kearns & Moon, 2002).

Rather than quantitatively relaying 'factual' or numerical evidence, I implement a qualitative framework. The framework draws on critical gender theories which allow for a deeper understanding of the emotional mental health experiences of New Zealand men. "Qualitative geographical research tends to emphasize multiple meanings and interpretations rather than seeking to impose any one 'dominant' or 'correct' interpretation" (Winchester & Riofe, 2010, p. 8). Qualitative methodologies fulfil the aims of contemporary geographical investigations which aim to understand the socio-spatial subjectivities of previously silenced identities (Winchester & Riofe, 2010).

The intersections examined in this research have necessitated a fluid and flexible methodology thus, the research has been executed using critical discourse analysis, semi-structured interviewing, solicited diaries and open-ended questionnaires. I designed my methodology based on feminist poststructural agendas which means using mixed and multiple (qualitative) methods of data collection. McKendrick (2009) defines the application of mixed methods when two or more methods are being used simultaneously in the research. He notes that "multi-method research describes the independent application of more than one method in a research design" (McKendrick, 2009, p. 129). Mixed and multiple methods meant that I was able to become more familiar with, and convey a deeper understanding of, the research themes.

I carried-out latent content analysis and critical discourse analysis (CDA) on a range of mental health representations and publications. The analysed publications were constructed and distributed in Aotearoa. The material shares in common the goal of addressing New Zealand men's mental health and plays on masculine ideals to produce a counter discourse to mental illness stigma. Alongside CDA, I conducted seven semi-structured interviews, with seven men, via telephone and in person. By undertaking this method I was able to understand the intimate everyday emotional spatialities of men who experience anxiety and depression. Furthermore, five men participated in writing a solicited diary. The diaries reflect men's spatial experiences of anxiety and depression.

As an after-thought I decided to distribute a follow-up questionnaire. The questionnaire addressed topics which had not been discussed in the interviews or expressed in the diary narratives. I sent out 10 questionnaires and seven were returned promptly.

Mixed and multiple methods meant I was able to identify the ways in which New Zealand men maintained, legitimized and resisted mental ill-health discourse and New Zealand 'machismo' while adversely experiencing mental ill-health. It is important to note, for ethical purposes, I created a mental health information sheet which detailed a range of mental healthcare services for men's accessibility (see Figure 3). While the men are currently well, each participant was given an information flyer that they could consult in the case that they experienced a mental ill-health emergency.

**Mental health**  
<http://www.depression.org.nz>      <http://www.thelowdown.co.nz>

<http://www.goodhealth.co.nz/>      <http://www.mentalhealth.org.nz>

**For help free text: 5626**

**Help lines:**

Depression help line:	0800 111 757
Hamilton (Waikato) Crisis Team (CATT):	0800 505 050
Lifeline:	0800 543 354
Youthline:	0800 376 633
Samaritans:	0800 726 666

**In your area:**

The Waikato Clinical Psychology Educational Trust:	07 846 6907
Student health, University of Waikato:	07 838 4037

Figure 3. Mental Health Information Sheet

## Recruiting Participants

I produced a flyer to advertise for participants (see Figure 4). The flyer advertised for interview and solicited diary participants who are currently well and who are aged 18 years or older. I placed the flyer around the Faculty of Arts and Social Sciences, at the University of Waikato and in (meeting and eating) spaces on campus.

The Mental Health Foundation offered to run my advertisement in their electronic news bulletin and an overwhelming interest in the research, by individuals and community groups, started to unfold. Men's mental health awareness website HisBiz, based in Hamilton, made contact and offered to promote the research on its forum. Following promotion from HisBiz, community group Healthy Christchurch uploaded my advertisement on their website and a number of individuals began emailing me, putting their hands up (or in some cases women putting their husband's hands up) to participate.



**RESEARCH PARTICIPANTS WANTED**

Re-imagining the 'Kiwi bloke':  
Low places and anxious spaces in Aotearoa, New Zealand

I am a masters student in the programme of geography. I am looking for male research participants who will take part in interviews and/or write a journal about their past mental health experiences.

The research examines how different places affect men who have experienced anxiety and/or depression and the ways men respond to mental health promotion in New Zealand. One of the research goals is to create greater awareness of men's mental health issues in Aotearoa. Participants must have a clinical diagnosis, be aged 18 years or over and be currently well. For more information please email Jessica [jjk6@students.waikato.ac.nz](mailto:jjk6@students.waikato.ac.nz)

  
THE UNIVERSITY OF  
**WAIKATO**  
*Te Whare Wānanga o Waikato*

Figure 4. Research Participants Wanted

The flyer specifically advertised for participants who experienced anxiety and/or depression, however, people who had a range of mental health experiences, also wanted to be involved in some way. The scope of the research meant that I had to refine and focus on experiences of depression and anxiety only. I was careful to be diligent and professional when interacting with people and not to offend anyone or give the impression that one's experience is irrelevant. Nevertheless, some men were reluctant to accept that their story, unfortunately, could not be included in the research.

As a young woman and student researcher, I felt - at times - intimidated and vulnerable so I reluctantly accepted a participant who didn't initially fit the criteria. This experience has been character building because it made me reflect on how I would deal with a similar situation in future research. A positive outcome was that the interview data, in this case, became relevant. I had such a response from recruitment that I began to develop a 'waiting list' of participants. Over time, a couple of the participants 'opted out' so I contacted the waiting list to recruit my final informants. From this experience, the demand for men's mental health and wellbeing to be given further attention, in Aotearoa New Zealand, was both obvious and intriguing and I encourage academics to continue investigating the topic.

Pseudonym	Age	Ethnicity	Interview location	Solicited diary	Questionnaire
Andrew	35-39	NZ European	University of Waikato	Yes	Yes
Henry	65+	NZ European	Telephone	-	-
Kahu	40-44	Māori	University of Waikato	-	-
Harry	45-49	NZ European	University of Waikato	-	Yes
Frank	30-34	Pākehā	Telephone	-	-
Peter	35-39	Pākehā	-	Yes	-
Joe	20-24	Pākehā	University of Waikato	-	Yes
Michael	20-24	NZ European	-	Yes	Yes
Jim	35-39	European/Māori	University of Waikato	Yes	Yes

Figure 5. Participant Information Table

## **De-constructing Mental Health Discourses**

“Deconstruction destabilizes notions of truth, clarity and certainty through a spectral logic: it differentiates, disturbs [and] unsettles” (Wylie, 2006, p. 300). I chose to conduct critical discourse analysis in order to examine the power relations and knowledge construction around mental health promotion in Aotearoa New Zealand. Binaries, which permeate Western philosophical thought, rely on the re-presentation of discourses to generate power-relations and naturalize discursive practices constituting gender, class, race, sex, health and (dis)ability (Berg, 2009; Johnston, 1996). To examine how New Zealand masculinities are constituted within health and gendered power relations, I conducted CDA on advertisements which have circulated the New Zealand media and can still be viewed on the internet.

I began by looking at the Mental Health Foundation’s “Get in the game: Training for happiness” advertisement. The text was represented as a poster and postcard which were in turn used to promote mental health awareness week 2011. I then studied six John Kirwan depression advertisements which have run on Television New Zealand since 2007 and can still be viewed on the popular online video community ‘YouTube Broadcast Yourself’. Finally, Kirwan’s novel, *All Blacks Don’t Cry: A Story of Hope* provided another resource for analysis.

I adapted Gordon Waitt’s questions for conducting CDA from his table: ‘Strategies for Investigating the Social Circumstances of the *Authorship, Text and Audience* in Which Discourse is Produced’ (Waitt, 2010, pp. 227, 229, 230). I worked to answer a number of questions about the authorship, the audience and the content of the discourse. Amanda Bradley, Northern development manager at the Mental Health Foundation, assisted in providing background information on the “Get in the game: Training for happiness” poster. Ms Bradley responded to questions such as: Who made the poster? Who commissioned the poster? Who is the target audience? Where was the poster made? When was the poster made?

What technologies were involved in producing the poster? Is the poster one of a series? What is the stated or intended goal of the poster? Where was the poster advertised? Is the poster related to an event? What knowledge informs or underpins the poster?

These same set of questions were applied to *All Blacks Don't Cry: A Story of Hope* and the John Kirwan television advertisements. I read the autobiography and researched the broadcasts online at [www.youtube.com](http://www.youtube.com) in a two-step process. To begin with, I listened and transcribed the advertisements, paying attention to Kirwan's voice and any background music. After I had a sufficient audio transcript I added the visual cues. I made notes on Kirwan's body language and dress and detailed the visual imagery of the different scenes. Once I felt confident with my level of understanding I went back to Waitt's questions for CDA and applied them.

After answering Waitt's questions, which entailed creativity and critical thinking on my part, I began to analyse the content of the text/image and develop codes (Rose, 2012). Content analysis often involves categorizing data. In feminist poststructuralist research the categories tend to overlap and become blurred. The aim is not to define categories of fixed or singular meaning but to understand the ways that certain knowledges have been constructed as 'natural' or 'common sense' (Baxter, 2009; Waitt, 2010; Winchester & Riofe, 2010; Wylie, 2006). The aim of content analysis is to deconstruct discursive binaries and develop an understanding as to the producer of the text, the messages in the text, or the audience of the text (Baxter, 2009).

Baxter (2009) maintains that qualitative content analyses goes beyond reading (and re-reading) the given text to find similar or rare words/phrases. Rather, geographers draw on their interpretation and understanding of the theoretical framework to code inherent themes. Qualitative codes are the subsequent result of closely reading the content. This method opposes quantitative coding where codes are defined prior to reading the text.

Cope (2010) argues that geographers have been somewhat negligent in thoroughly describing their coding processes and she provides an adequate summary for referencing. Researchers may use descriptive or analytic codes. What is more, using both types of codes in conjunction can be helpful (Cope, 2010). Descriptive coding provides an outlet for researchers to reduce, organize and minimize data into categories and they reflect the main themes or patterns that are 'obvious' in the project. Analytic coding reflects themes that the researcher is interested in or themes which have become inherent in the research. This method of coding involves grounding the data within the theoretical framework to explore, analyse and theoretically build on the information. Eventually, as the research progresses, a coding scheme is constructed (Cope, 2010).

After a close reading of the texts/image, I developed a list of *descriptive* codes which reflected the research context and certain themes inherent in the project. My code list enabled me to minimise the data and organise the texts/image into fluid and coinciding categories. For personal efficiency (even though my work spaces became overbearingly cluttered), I worked on paper, with a range of highlighters and post-it notes. Perhaps one of the reasons that geographers haven't been overly descriptive, in regards to coding, is because of the non-representational nature of the process. For me, coding was a ubiquitous task which was carried out in various places and spaces over time. I coded at various times in between reading literature and filtering the material. From this method, I was able to bring more thought to my research themes and the codes were more apt. I replicated my coding process when analysing the solicited diary information.

### **Men Writing Diaries**

Using feminist methods to give voice to marginalised men is ironic but I use semi-structured solicited diaries for three main reasons. First, the research follows feminist agendas to give voice, build in reflexivity and aim for a more empowering relationship between the researched and the researcher (Renzetti, 1997, p. 133). This method allows participants to be reflexive within a collaborative framework (Meth, 2003).

Second, for researchers who care deeply about their participants, diaries can be a therapeutic tool for collecting sensitive data concerning mental health and wellbeing. Possible benefits arise when participants are able to use dairies to comprehend past events, relieve negative feelings and bad memories associated with the event, or when the diary reinforces how participants have acquired acceptance, developed a management for or progressed following the event (Meth, 2003). Moreover, Morrison (2012) advocates that solicited diaries are helpful for understanding emotional actualities or events which researchers wouldn't otherwise have access to using other methods.

Third, I had a personal interest in using the technique. I couldn't think of a more apt method for disrupting stereotypical gender ideologies than by asking men to write a solicited diary. I wanted to break the normative practice that diarising is usually associated with women and femininity. Furthermore, geographers have predominantly used solicited diaries with women not men, while others traditionally adopt the use of time-space diaries. Time-space diaries are dynamically more rigid and can therefore, limit the ways in which people express their emotional experiences of space and place.

Discussion around the applicability of solicited diaries has been fairly liminal, regardless of their malleability and appropriateness for gathering qualitative data. I didn't anticipate how successful I would be in recruiting men to write solicited diaries so I didn't embark on recruitment with a particular number of respondents in mind. As explained above, I had a great response from men who were willing to participate in the research. Four men were happy to record their narratives for the research and this seemed like a suitable number in regards to the project's scope.

Meth (2003) discusses how solicited diaries are quite different from private diaries by asserting that they "are negotiated between researcher and researched and it is likely that the text reflects an awareness of what the researcher wants to read" (Meth, 2003, p. 196). I gave the men a list of themes which they could choose to focus on in their task (see Appendix

Two) and this is how the diaries are *semi-structured*. I had pre-decided that the diaries would be hand-written in a notebook, however, more than half the men insisted I provide writable CDs so that they could electronically construct and store their narratives.

Jim constructed a reusable personal web notebook to format his diary. He sent me a link to retrieve the information and I navigated his diary like a web-page. I transferred his web-book into a Word file for easier analysis and stored the file on a writable CD. With friendly email reminders the diaries were submitted and thus able to be analysed. The diaries were written over a period of three to six weeks and varied in length from four to fourteen pages. Some of the diaries were more like short stories where the participant's voice read as a creative writing piece. Each story was vastly different and each participant shed a unique light on the research themes. Most participants were intuitively reflexive in their novel which can be critically read to show how solicited diaries have therapeutic benefits. It was interesting to read how the men made sense of and reflected on their mental ill-health experiences in a positive light. This was evident as some men talked about what they had learnt in order to maintain their wellbeing.

The diaries were also helpful in grounding an understanding of how place affects men. The men wrote about which spaces and places they embodied to feel a sense of wellness. From a comparison of solicited diaries and semi-structured interviews it was evident that the diaries were a better method for communicating men's emotions. In comparison with the electronic diaries, the handwritten diaries read as being more 'raw'. From my diary readings I assumed that the electronic diaries, although they weren't completely polished, were edited to participant's standards because the narratives made for smoother comprehension.

It is practical to consider too, that 'retrospective censorship' exists within the data and more so, since the men were expressing past events. Despite this, the diary task gave weight to participant's priorities by allowing them to focus on what aspects they perceived important for the research.

On the one hand, this is beneficial for participant's autonomy and deciphering the research themes. On the other hand, the diary narratives raised further research questions. In this instance, the value of semi-structured interviews and follow up questionnaires became eminently vivid.

### **Interviewing the 'Kiwi Bloke'**

There are numerous strengths to conducting interviews. Dunn (2010) states: "Interviews are an excellent method of gaining access to information about events, opinions and experiences" (Dunn, 2010, p. 102). Out of the three forms of interviewing, I chose semi-structured interviewing as the format allows both researcher and participant flexibility in conversing. The interview process was diverse in providing invaluable information, and as I will explain later in this chapter, my discussions with participants gave me an abundance of material to reflect on both personally and academically. Semi-structured interviews are one of the most commonly used data collection methods in the social sciences (Longhurst, 2009) and this was a method I had always planned to use with the men.

To begin with, I devised an interview schedule (see Appendix Three) which modelled Dunn's (2010, p. 105) guide on formulating good interview questions. Due to the sensitive nature of the material I ordered my questions in a way that would make participants feel comfortable. Initial questions confirmed the wellness and ability of informants to participate in the interview. I then asked a series of questions about their attitudes towards mental health promotion. This prompted conversations around men's personal mental ill-health experiences and subsequently on place and gender. We ended the interview on more light hearted questions around 'kiwi bloke' stereotypes. As I engaged in the conversations, I jotted notes and prompts on spare paper. I also gave the participants an opportunity to ask me any questions or for alternative discussions to be held. The research schedule grew as each conversation brought new light on the interview questions. While I was able to articulate some useful prompts and answer participant's questions confidently, due to my positionality and the nature of the conversation, I felt more comfortable

reading out my pre-determined questions from my guide. Dunn (2010, p. 105) warns us: “questions that are prepared before the interview and then read out formally may sound insincere, stilted, and out of place”. I don’t believe this resulted in my experience.

I suggest instead, researchers should undertake methods with which they feel most comfortable. Participants are usually empathetic, at least to student researchers, and while I agree that we should aim to improve our researching techniques, dichotomizing research approaches may not be effective. In some encounters, and certainly in the process of this thesis, a researcher’s confidence will grow as the interview progresses.

The seven interviews lasted between 25 and 80 minutes and the transcription process took between three and seven hours for each interview. Two of the interviews were conducted via telephone and the other five took place face-to-face on university grounds. To build a rapport with the men, I began by asking them chit-chat questions such as: “how has your day been?” and “have you had a busy morning?” and discussing their pseudonyms also acted as an ice-breaker. It is important to note that the participants chose their pseudonyms themselves. I did plead, however, that the names not be too ‘abstract’ in regards to the seriousness of the research.

The men who participated in face-to-face interviews were offered refreshments and the conversations took place in private rooms located on the university campus. Telephone interviewing allowed me to conduct an interview with one man residing in the South Island, of Aotearoa New Zealand and with another ‘kiwi bloke’ now living in Australia. Genovese (2004) theorizes telephone interviewing as a method for qualitative research. Telephone surveys can be challenging:

The visual cues that most of us rely on so heavily in our everyday interactions are stripped away. We are left to engage strangers in conversation with the power of our words and voice and, like the blind, draw heavily on our hearing to understand meaning and nuance. (Genovese, 2004, p. 216)

Yet our hearing and understandings of participants can be more acute in telephone interviews because, as Genovese states, we have to rely solely on our sense of sound. I called the men and put my telephone on the 'speaker phone' setting. My digital audio recorder was placed nearby to record the conversation. After thinking through and analysing my telephone interview with Frank, I recognized just how strongly his emotion transgressed the non-visual agent. This prompted me to consider whether (or not) Frank was my most 'fired-up' participant? Or, was I more attentive to the tones of his voice because I couldn't read his body language? Geographers need to address these questions in broader examinations of telephone interviewing.

Telephone and face-to-face interviews acted as a means for many participants to vent their feelings around mental ill-health and promotion. Face-to-face interviews permitted my senses to collaborate in gauging responses. Via sound and vision, I observed how the interviews provided participants, such as Kahu, with a therapeutic or reflective experience. In the interview, I witnessed Kahu struggle slightly at pin-pointing how and why his depression started. Furthermore, Kahu portrayed to me that he was confused about definitions and understandings of anxiety and wasn't sure whether he had felt anxious in his experiences. As the interview progressed I saw Kahu become more aware of himself and his experiences. He was able to make definitive comments such as: "Actually, it's happened whenever I've been by myself, now that I think about it" and "that is actually a good example of anxiety that one". Through his new sense of empowerment, Kahu's voice perked up and he became affirmative, sounding more confident, as his understanding unfolded. In this case, interviewing proved to be an empowering method in the same way that scholars have theorized the use of solicited diaries.

Many researchers feel that data analysis is tedious but for me it was an interesting process. For all methods I transcribed and coded the information promptly after collecting the data.

The purpose of coding are partly data reduction (to help the researcher get a handle on large amounts of data by distilling along key themes), partly organization (to act as a 'find aid' for researchers sorting through data), and partly as a submissive process of data exploration, analysis and theory building. (Cope, 2010, pp. 281-282)

In reference to CDA, I note above how I used a combination of descriptive and analytic codes. Through the use of analytic codes I drew a deeper and more critical reading of the interview data and theoretical framework. This meant that my categories became more obscure and I had to become somewhat more flexible in grouping my themes.

As I continued to cultivate my interviewing skills, I found it useful to use a qualitative questionnaire to flesh out interview themes and make up for my lack of experience with (interview) prompting. I designed a short, open-ended questionnaire to gather basic definitions which were overlooked in the interviews and under-addressed in the solicited diaries.

### **Follow-up Questionnaires**

I constructed the questionnaire to address, what McGuirk and O'Neill (2010) discuss, as a mixture of questions establishing behaviour, attitude and beliefs. I wanted to understand, further, the participant's attitudes and beliefs about wellbeing and symptoms of depression and anxiety. I asked participants about their behaviours around initially seeking support for their mental ill-health. Beyond thinking through a list of topics to investigate (McGuirk & O'Neill, 2010), I drew up open-ended questions to coincide with my themes. McGuirk and O'Neill (2010) verify that open-ended questions probe deeper understandings and are more flexible of participants' abilities. Using an electronic Word document, I drafted up my questions (each with their own purpose and relevance to the research) and distributed them electronically via email.

In my approach to encourage response rates, I ensured men that the same ethical considerations would apply as set out in their diary and interview contracts. For the safety of myself and participants I kept records of these emails.

There were two major attractions of electronic questionnaires. First, electronic distribution is cost effective and second, emailing is both timely and efficient in reaching the sample. One concern, especially with sensitive information, is that electronic questionnaires are penetrable to hackers (McGuirk & O'Neill, 2010).

Jim allowed me access to his answers through a temporary 'blog space', as he did with his electronic diary. The six other respondents attached their completed survey to an email and I was careful to use pseudonyms when retrieving and storing the data. I don't deny there are risks to this method but I felt reassured using my 'secure' university email account. I had a 70% success rate and I believe this was because the sample had already participated in semi-structured interviews and writing solicited diaries. This was a good response and in remarkable time, especially, as I informed the men, that the questionnaire was entirely optional and the response deadline was flexible.

While I designed my questions to reflect the theoretical strands of the research using terms such as *mental health*, however, a number of the respondents interpreted and answered the questions from their personal ideas and relationships to *mental 'illness'*. The questions which prompted a reflection on notions of *wellbeing* were also read alternatively. While I was able to interpret the data, and continue to give voice to the men, I raise this point to confess that this issue potentially resulted from an under-theorization of question design. McGuirk and O'Neill (2010) discuss the importance of carefully constructing questions based on 'fundamental' conceptualisations of words and their meanings. Although I didn't afford respondents an explanation of specific terminology, I was successful in structuring the questions in an answerable format. Each man was able to answer every question and the results were well positioned.

The survey data was somewhat contradictory in comparison to the interviews and this is another question which poses insight for social science researchers. Do participant's beliefs eminently change through such brief periods of time? Or, is the changing nature of participant's beliefs viable to mixed and multiple research methods?

Elliot (1997 cited in Meth, 2003) maintains that mixed methods allow participants to engage in different modes of response. It is possible too, that with some reflection, or perhaps haste in the process of responding, that people's opinions fluctuate. These are questions which could be addressed in further research.

Instead of using computer software I printed the questionnaires responses and used coloured highlighters to mark significant words. The colours responded back to the *key* in my code book. Although questionnaires are typically used in quantitative research, this method afforded me a range of in-depth quotes to flesh out the empirical findings. The questionnaire achieved its purpose by reaffirming how men identified with and defined their experiences. In the next section I discuss the ways in which I identified with the research and methodology.

### **Researcher in the Closet**

Feminist methodologies are alert to the ethical concerns which permeate social science research both in terms of the data collection techniques and the representation of people's narratives (Thien, 2009). Critical feminist geographers draw on tools of reflexivity and positionality to acknowledge and minimize the inaccuracy of power relations which are perpetually present in all research processes. Thien (2009) discusses how feminist poststructuralist geographers reflect on whose voices are being heard and the ways in which they are being represented. By questioning the researcher's positionality we destabilise the notion of 'Universal truths' and reduce the risk of miss-judging or miss-representing participants voices. Understandings of the world are shaped through a nexus of subjectivity. By acknowledging positionality researchers substantiate that knowledge is relative and research becomes better embellished with characteristics of rigour (Longhurst, 2009).

[T]he closet is a spatial metaphor: a way of talking about power that makes sense because of a geographic epistemology that is largely taken for granted. It is a sign that – often surreptitiously – alludes to certain kinds of location, space, distance, accessibility and interaction (Brown, 2000, pp. 1, italics in original).

Reflecting on my positionality I questioned whether I uphold a 'closeted identity' in the process of the research interviews. I adapt Brown's (2000) theories on the closet as a metaphor and as a material and lived space and I apply these theories to the context of mental ill-health research. The closet "points to a lack of being in the world, it signifies the inevitable oppression we face if we 'come out of the closet' either by choice or by force" (Brown, 2000, p. 1). The closet metaphor symbolizes "psychological and social dimensions of alienation" which I felt as I experienced anxiety in the interview process (Brown, 2000, p. 17). Different research interactions aroused a seesaw of emotional responses. Bondi (2007) discusses that the most common emotion researchers feel and talk about is anxiety, however, I understand that Bondi's interpretation of anxiety is a little different from the anxiety that I experienced and the anxiety that participants discussed in this research.

As discussed in Chapter One, I pursued this research with personal and academic motivations in mind. Needless to say, this considerably affected my emotional wellbeing throughout the project. In reflection, I wondered whether the anxiety I felt projected onto the interviewees. It took a great deal of self-reassurance on my part to somehow separate the participant's stories of anxiety from my own anxious experiences. This, in itself, made me feel somewhat anxious.

As a teenager I experienced bouts of anxiety which were influenced by varying stressors. I learnt to manage and overcome my anxiety, and even though I do not currently identify as anxious, at times during the interviews I embodied moments of panic.

I became a little perplexed when (unwillingly) I internally compared and critiqued my past experiences with those of the participants. My anxiety manifested as I lost track of my interview questions but was intensely *felt* internally through emotions such as fear, worry and de-personalization (see Davidson, 2003). Although I was able to refer back to my schedule, which relieved some of my discomfort, I embodied a subjectivity in-between insider/outsider.

By concealing my angst I occupied a closet space which my participants were unaware of. At this point, in regards to my earlier argument, I would like to assert that researchers should feel free to draw on their (interview schedule) resources as little or as often as they need, to in order to relieve negative feelings in the research interview.

I didn't 'come out' to the men about how I was feeling or give detail about my past experiences. Akin to Parr (2001) I was not trying to pose or be deceitful. I observed that most participants had political motivations of social justice in mind which drew them to participate in the research. In fairness, I felt that the time should be spent discussing their experiences as opposed to my own emotional geographies. Of course, in some cases, it was necessary to draw on my own narratives as examples and I did this to clarify and prompt clearer communication between myself and the participants.

Parr (2001) discusses corporeal methods of data collection. Parr describes how she embodied (involuntary and purposeful) actions which lead to more affective relationships with mental ill-health participants who were portraying the same behaviours.

For a field researcher like myself, the process of observing "different" or "strange" bodily movements and reactions to them helped not only to identify and make contact with people with mental health problems but also to understand something about how social difference is made in public spaces. (Parr, 2001, p. 161)

From Parr's (2001) autobiographical account we can acknowledge that research relationships are complex, ethically questionable (not solely by means of good and bad), contradictory and that emotions and affect are very strongly entwined in mental health research encounters. Although Parr's (2001) account is much more corporeally focussed it is important to note the ways that researchers undertake strategies to enable a sense of security in emotional research interactions. In my anxious interactions with participants I was reminded of the scrutiny one feels when experiencing mental ill-health problems in different embodied spaces.

To add to my anxiety I had no outlet for which I could discuss the information that was shared with me. I would at this point like to advocate to students, researching intersectional case studies on mental health, the importance of psychological support in understanding their participants and separating themselves from the data. It can be fundamental, when dealing with sensitive information. I tried to remove my anxious sense of self from the stories of participants. Scholarship argues that such efforts would be impossible (see Bondi, 2007) but through re-grounding oneself, researcher's mental health may be slightly re-balanced. Each story was unlike any other but it wasn't as if the interviews became any less emotive for me and true to a researcher's nature my questions compounded. In reflection, I think the unfamiliarity of the participants exaggerated my feelings with the exception of interviewing my father.

My view of the 'kiwi bloke' is influenced by my father. He has limited conversational capacity and he is a man who is self-sufficient and simplistic in his needs and desires. The 'kiwi bloke' hasn't necessarily had an easy life and often puts on a façade to hide his emotions; choosing not to critically examine or philosophically approach his hardships. The 'kiwi bloke' is often expected to be the backbone of the (nuclear) family. He may be expected to be reliable and selfless and value his loved ones above himself. The research topic was partially inspired by my dad and I chose to interview him in the research because, in my eyes, he is a typical 'kiwi bloke'.

I was previously aware, to some extent, of dad's experiences with depression. Interviewing my father brought many of my previous insights to light but as I reflect on the experience, I realised that there was more to dad's narrative than I had first anticipated. Dad asked me not to identify him by name when quoting him in the research. However, he did give me permission to discuss our interview in the methodology.

Geographers have not yet theorised interviewing relatives in methodological processes so I drew on previous research experiences whereby I interviewed my mother (Keppel, 2011).

Initially, in the interview with dad I wanted to uphold my role as researcher over my daughter identity/relationship. I wanted to maintain the same level of intimacy that I had given my other participants, however, this interview was unique. As I conducted the interview I jotted down my emotions. I felt surprised, nervous, sad and empathetic. In some moments I even felt irritable when my father's world-view drastically differed from mine. There were also happy moments which were inspired by our shared and unique sense of humour.

When transcribing the interview I also heard how dad was impatient to answer my list of questions and how I was impatient to listen to his answers. I recognised changes in my voice which echoed the feelings I had jotted down. We both tried our best to understand one another. When listening to the recording, I found it hard to accept how different we are, which ultimately made me feel sad. There is almost 50 years of experience, understanding and social discourses which separate my world-view from my dad's and this cannot be remedied within a research context.

I hadn't anticipated my father to be exceptionally thoughtful when answering my questions simply because of previous conversations with him. I noticed that dad found it easier to answer questions about someone he identifies with as opposed to answering questions directly about himself. Therefore, I prompted him with hypothetical situations that he could relate to and I found that his answers were definably more intuitive. To end the interview, I heard myself express love and appreciation for my dad's participation and again for letting me discuss the experience here in this chapter.

As previously experienced, interviewing family enabled me to gather rich and relevant data and I felt less intimidated interviewing an older man whose character I could vouch for. Researchers should not feel that by somehow interviewing family members that one is compromising the accuracy of the research. Motivations to include family as participants should be offset in honest methodologies and I believe that this area holds immense insight for emotional geographers.

## **Summary**

In sum, this chapter has given an open and critical account of the methodological framework. There are productive links between feminist theory and qualitative methodologies. The need for men's mental health research, to be conducted, assisted with the recruitment of participants. By discussing the benefits and limitations to my methods I have shown how multiple methods are imperative to qualitative investigations and how, through mixing techniques, fewer questions are left unanswered.

Each method has its benefits and limitations. Interviewing is thought to be the most valuable technique undertaken in social science research. Solicited diaries and qualitative questionnaires are helpful in providing individual opinions and critical reflection. These three methods have helped me to understand men's emotional subjectivities in relation to space, place and mental ill-health. Critical discourse analysis provides a lens to analyse mental health promotion in Aotearoa New Zealand and I found adopting Waitt's (2010) techniques for CDA to be most instructive.

Following Bondi's (2005) debate for geographers to reflect on the practice of interviewing and researcher/participant relations, I detailed my emotional experience interviewing and gave specific insight as to how I felt interviewing my father. I discussed my own position in relation to the research. It is with this lens that I fold into the next chapter where I discuss the empirical material.

## Chapter Four: Re-Imaging the 'Kiwi Bloke'

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This chapter maps out the discursive and material relationship between men and mental health promotion in Aotearoa New Zealand. There are three points of analysis. First, I argue that there is a 'new national imaginary' emerging around men's mental health promotion in Aotearoa New Zealand. This 'new national imaginary' plays on hegemonic masculine ideals to include the 'kiwi bloke' in mental ill-health experiences. "National space is an imaginary, it is an imaginary which is actually, literally, embodied in the real local spaces of one's street, neighbourhood and city, where it is either reinforced or undermined" (Sandercock, 2002, p. 207). I add to this quote by arguing that a 'national imaginary' can both be reinforced and undermined simultaneously, and I explain this through CDA. I examine the advertisement which was used to promote 'winning ways to wellbeing' and mental health awareness week 2011. The "Get in the Game: Training for Happiness" poster and postcard is produced by the Mental Health Foundation of New Zealand. I also critique the series of John Kirwan's mental health advertisements which are represented in the "Depression: There Is A Way Through" campaign and his autobiographical novel *All Blacks Don't Cry: A Story of Hope* (Kirwan & Thomson, 2010). I tease out rugby union discourse which paradoxically re-image hegemonic masculinity to both include and discipline men who experiences anxiety and depression.

Second, I detail how the 'new national imaginary' of men's mental health promotion, influenced through Kirwan's mental health advocacy, creates a discursive geography of hope. I am adapting Lawson's (2007b) ideas around developmental geographies of hope to mental health geography. In this way, I explain how discourses affect men's emotional mental health experiences and the ways in which men relate to Kirwan's mental health advocacy.

Third, I show how this 'discursive geography' of hope influences men's autonomy, empowerment and resistance in response to mental illness stigma. I argue that gendered and mental health discourses influence power relations which are felt and negotiated by men who experience anxiety and depression. New discourses assert that 'true strength' is embracing one's emotions and working towards positive wellbeing. Within the experiences of mental ill-health, there is autonomy for men to assert themselves 'in place' and to resist being 'outsiders'. In this way, men paradoxically resist masculine ideologies and the dichotomisation of social life into fixed, gendered and marginalising leagues. Payne (2004) argues that gendered norms affect men's relationships with healthcare professionals and the ways in which men relate to healthcare information.

The social construction of masculinity, in both developed and many developing countries, highlights the idea that men must present themselves as physically and emotionally strong. In order to be masculine, men are required to hide their emotions, and to deny their need for help, which may lead men to ignore signs of deteriorating health until it is too late. (Payne, 2004, p. 206)

The above quote highlights how the social and discursive construction of masculinity affects men's material healthcare practices. Thus, I critically deconstruct the ways in which New Zealand media positions men's mental ill-health experiences. By reinforcing that men with anxiety and depression find ways of disrupting the stigma associated with mental 'illness', this thesis introduces a more intimate geography of hope (as opposed to developmental geographies of fear, political instability and terrorism). This intimate geography of hope gives voice to men's emotional and mental ill-health realities. This chapter closes with a critical summary and I suggest ways in which future health geographies can expand investigations of masculinities, emotions and discursive spatialities.



Figure 6. Mental Health Awareness Week 2011

(Source: Mental Health Foundation of New Zealand, 2011. Reprinted with permission)

### A New National Imagination: Men and Mental Ill-Health

Figure 6 is a copy of the Mental Health Foundation’s poster and postcard advertisement which promotes Mental Health Awareness Week 2011 (MHAW). With support from Ministry of Health Manatū Hauora, various foundations and community trusts, the Mental Health Foundation encourages New Zealanders to support MHAW, as an annual event, in the second week of October. The theme for 2011 was “Get in the Game: Training for Happiness” which ran alongside the Rugby World Cup and promoted “winning ways to wellbeing” (Mental Health Foundation of New Zealand, 2011).

The poster was designed and constructed in Christchurch and is underpinned by research based in Aotearoa New Zealand as well as literature reviews and research conducted in the United Kingdom. The poster's creators speak to the audience from an 'educated' perspective in asserting better ways to wellbeing. Although the intended audience was defined as the general public, the output was tested by "key sector audiences" such as media professionals, healthcare workers and sports personal (A. Bradley, Northern Development Manager for the Mental Health Foundation of New Zealand, personal communication, 15 May, 2012).

The 'self-help' poster informs the audience of everyday actions they may take to maintain mental wellbeing. The representation was developed relying on the 'national compliance' that New Zealand residents have an interest in, and intimate relationship with, rugby union. The text *plays* on national sports culture to captivate the 'kiwi audience'.

Rugby has been variously defined as a sport for gentlemen or barbarians, as an elitist or egalitarian sport, and even as a way of life of secular religion; but more typically as a man's sport and rarely, if ever, a woman's. (Pringle, 2002, pp. 57, italics in original)

Pringle (2002) discusses the politics of rugby in the context of Aotearoa New Zealand. From the above quote, the rugby discourse can be read to interpret that the audience is male, of pākehā or Māori decent, passionately interested in rugby as a 'lifestyle', able bodied and physically extroverted. Pringle (2002) reinforces that rugby influences hegemonic masculinity and assigns ways of being male which glorify hard, non-emotional bodies. Traditionally, mental and emotional health has been gendered feminine and geographers, such as Davidson (2003), have solely investigated the relationship between women's experiences of mental ill-health and place. Moreover, New Zealand masculinity has long been associated with notions of emotional control and rationality (Johnston, 2009; Law et al., 1999).

Morin, Longhurst and Johnston (2001, p. 119) maintain that rugby is an important site of analysis in New Zealand geographies because “the ‘rugby bloke’ is a symbol of national identity formation”. Thus, ‘kiwi’ men, who disrupt gendered health stereotyping, through their emotional and embodied experiences of anxiety and depression, undergo social and spatial marginalisation (Payne, 2004). By using rugby to promote mental wellbeing, the text resists traditional gendered and health ideologies, producing a counter discourse to the feminization of mental ill-health. The poster encourages men to access knowledge in order to work towards positive mental health and wellbeing. Star (1999a) upholds that rugby union representations exemplify various, omnipresent, competing and contradictory discourses. Through the use of rugby, and ‘hard man’ themes but within the context of mental and emotional health, the poster is paradoxical.

The image takes precedence over the text in this representation. The black and white rugby jersey, splattered with dirt, is symbolic of the All Blacks. White stars frame the bold words “GET IN THE GAME: TRAINING FOR HAPPINESS” which are designed to form a crest. The crest, which is a standard feature on sports jerseys and school uniforms, signifies conformity. The crest is strategically placed over the heart, invoking notions of national pride and hegemonic masculinity. Moreover, it represents the All Blacks and the values that they embody in a social context. The image can then be read to uphold the bona fide popularity of our ‘home grown’ rugby stars and asserts a disciplined way of managing men’s mental wellbeing.

O’Connor’s (2002) study of pākehā men’s health perceptions found that All Black rugby players and sportsmen are rendered prime examples of ‘healthy’ masculinities and O’Connor’s participants measured their own health against these forms of embodiment. It is unsurprising then that the producers, of the “Get in the Game: Training for Happiness” text, employ rugby discourse to create a ‘new national imagination’ around men and mental health.

The promotion introduces mental health to the 'kiwi bloke' identity, but men who do not respond to rugby and sport are excluded. The repetitive use of dirt, in this image, reinforces notions of hard work and effort but also the physical ability to 'muck in' or 'get in the game'. In this instance, the embodiment of dirt on the rugby field upholds notions of New Zealand 'machoism' and verifies a tough, working class masculinity which is both privileged and eroticized in Aotearoa. Dirt is 'in place' on these muscular, rugby union playing bodies as opposed to being 'matter out of place' (see Campkin & Cox, 2007). On the rugby field, anxiety ceases to *surface* around dirt as abject. Alternatively, fears may be placed around clean bodies. A clean body, on the rugby field, may raise questions around one's masculinity and ability to participate in such 'hard man' activities (Hardy, 2007).

Having the physical and 'gendered' capacity to embody rugby's *dirty* tactics has been overlooked in New Zealand geographies. The notion that rugby bodies must be manly, rugged and dirty could be analysed in future research. For example, are clean male bodies seen in or out of place? How do hyper-hygienic masculinities emotionally experience gendered spaces? These are just two possible questions for future thought.

The poster's text can be read informatively to uphold the metaphors that are visually displayed in the picture. Coloured white and green, and displayed in a variety of font styles, the text reads:

Introduce these simple strategies into your life and you will feel the benefits. Start small. Work at it. Get in the game!  
Huna Pātiki, he puēhu, he ahi, ka wero.

1. It feels good to **give**. Everybody has something to offer. How will you play your part?
2. Do what you can, enjoy what you do, **be active** and move your mood.
3. **Take notice** of the world around you. Savour the moment. What are the simple things that bring you joy?
4. **Keep learning** throughout your life. Seek out new experiences and challenge yourself.
5. People are stronger when they pull together. Who could you **connect** with today? (Mental Health Foundation of New Zealand, 2011)

Playing on the simplistic and active nature of the 'kiwi bloke' mythology, the text naturalizes belonging to this social category. The text uses descriptive and emotive language, evoking a very embodied and emotionally active approach to controlling one's mental ill-health. Through language, the text becomes more relatable to 'kiwi blokes' who experience mental ill-health. The key themes in this discourse relate to the words: give, active, leaning, take notice and connect. These words reflect notions of team work which are applied in sports such as rugby union. What is more, they reinforce some of the themes which emerge in the Kirwan advertisements.

The text is purposefully 'stepped out' under numbers. The numerical catalogue of the text goes further to reflect rugby coaching styles (as discussed by Kirwan & Thomson, 2010) and the importance of 'reaching out' and team work. Themes of strategy and order can both literally and metaphorically enable control and success in a rugby context. In a critical sense, such themes can also be linked to masculine ideologies which are "those ideals, traits and practices that shape what members of a social group construe as appropriately male" (Law et al., 1999, p. 13).

The "Get in the Game: Training for Happiness" discourse jumbles Cartesian dualisms which alienate rationality from emotion, clean from dirty, masculine from feminine, illness from health, hard from soft and strong from weak (Moss & Dyck, 2003). The poster utilises and reflects facets of New Zealand 'machoism' to unshackle the discourses which marginalize men with anxiety and depression. As a result, this 'new national imagination' creates a discursive geography of hope for men who experience anxiety and depression to be included in society.

### **A Discursive Geography of Hope**

John Kirwan's mental health advocacy also seeks to upset these dichotomies by urging men to re-image hegemonic masculine ideologies through addressing their emotional and mental ill-health. As I have previously emphasized, Kirwan is a national spokesperson for mental health awareness and this belief is justified as recently as June 2012 when

Kirwan received a knighthood from Queen Elizabeth II (Gray, 2012). Kirwan's autobiography is read as self-help literature and his identity can be interpreted as a hybrid collaboration of traditional masculine ideologies as well as characteristics which substantiate a 'new man' identity (Jackson, 1991). Kirwan creates a new geography of hope for the 'kiwi bloke' to be pro-active about mental ill-health, embrace his emotions and find spaces of belonging. Kirwan conveys a strong masculine identity, setting forth to 'rescue' the 'weak'.

I'd like my story to be like the strong arm that reaches over the side of the rescue boat and plucks you out of the sea. I've been where you're at, and now I'm well and I've figured out a way to keep myself well. (Kirwan & Thomson, 2010, p. 12)

Kirwan is both a *hard* man and a man who appears to be in *touch* and 'in control' of his emotions and mental wellbeing. His rugby union background renders him as a privileged body and therefore his identity predominantly goes unchallenged. Kirwan's recent 'miss judgement', over securing players for the Auckland Blues rugby team, however, opened up public feedback which linked his rugby coaching abilities to his mental ill-health and discursively rendered him as 'soft' or 'unstable' (ONE NEWS, 2012). This example gives evidence of the ways in which mental illness stigma is still prominent in New Zealand society. Kirwan's identity can then be read to occupy a hybrid position between his embodiment of rugby stardom and his mental health identity.

I think there's an aspect of New Zealand culture and upbringing that's sort of macho, and because of that, males in particular struggle to come to grips with their own true emotions. What they think they should be feeling has a lot of weight, and they can find it really hard to deal with full-on emotion – maybe crying or opening up. Every time a man says 'harden up' to a son who is dealing with a really difficult emotional issue, it's another nail in the coffin. (Kirwan & Thomson, 2010, p. 52)

Kirwan's quote highlights the nature of New Zealand 'machoism' and provides an outlet for men to embrace their emotions in the angst of mental ill-health. Kirwan's autobiography plays on the masculine idea of 'conquering the beast' as he discusses his paradoxical journey to

emotional control and fearlessness through a willingness to understand and embrace his emotions and his depression. Dualisms, which assert that emotions and nurturing are behavioural characteristics which belong to women, operate to feminize 'kiwi men' who embrace their emotions and practise mental healthcare. This ideology is being counteracted through Kirwan's new emotional discourse. Kirwan both resists and upholds the feminization of emotions by stating:

When life throws its challenges and disappointments at you, it's okay to have an emotional response. It's really important to understand that you can be angry, you can be sad, you can want to cry, and all it means is that you're angry, or sad, or need to cry. (Kirwan & Thomson, 2010, p. 161)

Kirwan simplifies the expression of emotions to relate to masculine values. In this way, Kirwan is re-imagining emotions as simplistic 'kiwi male' attributes and thus at the same time, he is maintaining that men's emotions are quite different from the intensely felt and communicable emotions of women. In his autobiography, Kirwan writes that emotional wellness is part of what happens when you live a balanced life and the participants in the research agree. Joe states that mental and emotional wellbeing: "affects mind, body and soul (EVERYTHING). It's not something to be fought rather, just another part of who we are as individuals and something to be embraced and worked on" (Questionnaire, July 2012, capitals in original).

Furthermore, Kirwan promotes emotional wellbeing and mental health through an active approach to everydayness. Through my analysis of the Kirwan advertisements ("Depression: There Is A Way Through" campaign) I found a new mental health discourse which can be divided into six main themes: hang on to hope; reach out to someone; have a plan; know your triggers; stay active; and enjoy the little things.

The sense of 'hang on to hope' permeated nearly every advertisement within the "Depression: There Is A Way Through" campaign. I gauged from the source of primary data that *hope* is an influential and important aspect in shaping the everyday spatialities of men with anxiety and depression.

In the same way that Kirwan (2010) wants his story to be the 'strong arm', that reaches over the rescue boat and plucks you out of the sea, his advertisements reinforce the notion of hanging on to hope and that there is a way through depression. This was especially meaningful to Joe who draws on Kirwan's mental health advocacy to understand his own experience of depression.

Joe: I think the John Kirwan [advertisements] mean the most to me. Given, not only that he is a bloke but the fact that he is an ex-All Black and he epitomizes, I guess, what New Zealand is not willing to stand up and look at. He's a guy, he's a sportsman, he's a hard man but he's had a mental 'illness'. I think that for me, meant a lot. (Interview, May 2012)

Joe discusses the need for more informative mental health campaigns, which explain what it feels like to be depressed or anxious, nevertheless the Kirwan advertisements give Joe hope and allow him to reach out and get support for his mental ill-health. This reality in itself solidifies the ways in which material bodies are discursively affected (Moss & Dyck, 2003). Kirwan highlights the fear associated with experiencing depression. Sandercock (2002, p. 208) maintains that "discourses of fear emerge in different cities and societies at particular historical moments and are linked to profound structural changes of a socio-spatial as well as economic kind". The men in this research also acknowledge the difficulty it takes to accept and address their mental ill-health differences as they experience power and resistance through the discursive construction of material realities. Kirwan and the men in this research, re-assert that masculine qualities are situated in overcoming the fear of experiencing mental ill-health, and finding the courage to address their mental and emotional wellbeing.

Joe: Many people don't understand. They say, you know, "snap out of it, 'harden up', you'll be fine"- which is the exact opposite, instead of addressing [mental ill-health] head on. (Interview, May 2012)

The nature in which New Zealand men try to manager their health concerns on their own, due to gendered health expectations, is being re-imaged by Kirwan's discursive geography of hope.

Jim explained how it was easier for him to seek mental healthcare, when he became depressed, because he was made aware of other people's experiences. Knowing he is not alone and that there is a way through depression, gives Jim a sense of hope.

We live in a world of growing fearfulness, one in which interpreting deployments of both fear and hope become ever more necessary. Fear and hope are powerful emotions that shape human actions in political, social, economic and environmental realms. (Lawson, 2007b, p. 335)

Kirwan stresses the importance of 'hanging on to hope' and reaching out for support by saying: "you need to tell someone - loved ones, doctors, psychologists, psychiatrists - just reach out. And if you tell someone and they don't get it, go and tell someone else, until you get someone who gets it" (Ministry of Health, 2007).

In one of the 'Depression: There Is A Way Through' advertisements, Kirwan identifies himself as a staunch man who initially saw getting help as a weakness. Reaching out and getting support is a 'big step' which Kirwan maintains, is vital because one of the biggest fears can be the unknown possibility of regaining a sense of mental 'normality'. In this advertisement, the visual imagery shows Kirwan and son in an active nature space and as his son (bravely) climbs trees (a typical 'kiwi kid' activity), he reaches his hand out to Kirwan for support. Kirwan's son jumps into his father's arms. The visual reinforces the father as 'hero' discourse. The son's embodiment can be read metaphorically to interpret that men should feel that they can reach out to others for help, in the face of struggle. Reaching out and accessing support, usually deemed to be a feminine trait, is being counteracted through the gendered visual imagery and language in this advertisement. Joe and Michael agree that reaching out and being diagnosed relieves some of the angst around mental ill-health.

Joe: I don't think it affected my willingness to seek support, it was more a case of I didn't know what was going on therefore I didn't know how to address it. I was always willing to seek support once I knew what was cooking. (Questionnaire, July 2012)

When I asked Michael whether he believed that his previous knowledge of mental ill-health affected his willingness to seek support (or not) he said: “I think it did in some ways. Not knowing is probably the worst thing” (Questionnaire, July 2012). A sense of knowing ‘arms’ the men with power and autonomy as well as an ability to resist social and spatial marginalization. In other words, this discursive geography of hope, which is produced through the new national imagination of mental health promotion, enables men to feel a sense of empowerment, agency and resistance to mental illness stigma in their material experiences of anxiety and depression.

### **Men, Power and Resistance: Discursively Producing Materiality**

Mental ill-health has rendered bodies in and out of place for many decades (Wolch & Philo, 2000). I re-assert that “by explicitly acknowledging agency, resistance and empowerment in the everyday lives of this group, the discursive and material construction of the ‘mental patient’ will be disrupted and questioned” (Parr, 2008, p. 2). I believe this is an important agenda for intersectional mental health geographies. “It’s a crippling disease if you let it be” (Kirwan & Thomson, 2010, p. 70). This quote can be read to imply that there is autonomy within the experiences of mental ill-health, for one to take control and ‘conquer the beast’, and Kirwan writes about the ways in which he “beat the big D” (Kirwan & Thomson, 2010, p. 73). Kirwan uses masculine terminology to re-create the mental patient and emancipate men who feel marginalized through their mental ill-health experiences.

The agency for one to control their mental ill-health, by being in touch with their emotions, supports a Foucauldian (1972) perspective of power and discourses. Foucault (1972) theorizes that power and discourses are fluid and negotiable through socio-spatial interactions, as opposed to solely operating in a hierarchy of masculine power relations. The participants in this research experience multiple power relations because of their gender and mental ill-health.

Pringle (2002) asserts that discourses are multiple and competing, therefore, people are able to exercise their social influence or power on varying socio-spatial platforms. Parr (2008) discusses how contemporary mental health patients find new, positive ways to participate in spatialities. Parr (2008) states that people who experience mental ill-health are now seen trying to “actively re-shape themselves [in order] to create spaces in which marginality and marginalized collective identities can be embraced and valued” (Chouinard, 1999, p. 142, cited in Parr, 2008, p. 2). These notions were true for a number of the men who contributed to this research. The participants find their own methods of subjectification as they experience anxiety and depression. Jim and Harry, for example, individually find ways to use their experiences for the positive reinforcement of other people’s mental health.

Jim: I'm almost glad I went through this. It caused me to gain a healthier work-life balance. I am also better able to recognise the signs of depression in others and that helps me relate then to them better. When I am dealing with students, who I can see are depressed, [I can now] better manage the situation towards good outcomes for them. (Solicited diary, July 2012)

Jim can now recognise distress in others and offer them support, which in some social spaces, renders him as a privileged body rather than as a body ‘out of place’. Furthermore, as Jim is now able to help other men in certain spatial contexts, he performs a geography of care and illustrates how new social relationships are being produced through historical exclusions (Lawson, 2007a). Andrew, Jim and Harry also talked about how they are more ‘in tune’ with what their mind and body are telling them about the state of their mental health. Jim said that “having been through it [a depressive episode] I’m more cautious as to what my body is telling me and while I can’t make a diagnosis, under no means, I can see the signs in others” (Interview, May 2012). This notion adds to the argument that the mind and body cannot be separated in the experience of emotional and mental ill-health. Anxiety and depression are outwardly and inwardly felt through men’s bodies. As Moss and Dyck discuss “the relationship between the sides of a dualism is not mutually exclusive; rather, each side contains parts of the other” (Moss & Dyck, 2003, p. 14).

The men identify connections between the representations of New Zealand 'machoism' and the ways in which they experience anxiety and depression. The discursive body of representation affects the material body of experience bodily experience, which is tied up in notions of power, domination and control (Moss & Dyck, 2003). I asked the men to explain their understandings of New Zealand masculinity and their interpretation of the 'kiwi bloke'.

Jim: Um I think with any cultural stereotype there are difficulties you have when you don't live up to it. I thought I was through all of that but for a long time my father didn't respect the profession I have chosen and he made that apparent right from when I was very young because it didn't fit with the stereotypical 'kiwi bloke'. (Interview, May 2012)

Moss and Dyck (2003) maintain that the body constitutes and conveys social, political and psychological meaning and that bodies are imbued with power as they affect and are affected through discourse and materiality (Moss & Dyck, 2003, p. 15). Jim's quote highlights the relationship between the material body of experience and the discursive body of representation. These concepts are interrelated rather than mutually exclusive and Joe adds to this argument in his interview.

Joe: I'm in touch with my emotions, I feel and I think that [the 'kiwi bloke'] image doesn't need to be broken down but it needs to be added to, in the sense that, there needs to be an understanding with the 'kiwi bloke' that: "hey: it's alright to cry, it's alright to talk, it's alright to say how you feel". I think that, that image, has affected me. I felt constrained, restricted and as though I'd be judged for saying how I felt because I didn't conform. (Interview, May 2012)

Harry maintains that typical New Zealand men wouldn't commonly share their inner feelings. The discursive contradictions of gendered mental health representations are felt by some men. Harry, for example, identifies the discursive gender boundaries surrounding emotion and mental ill-health.

Harry: They [New Zealand men] keep a lot of things closed in. They're probably less likely to share or understand or want to talk about depression whereas women would share that with their friends a lot more easily. I couldn't imagine a group of guys sitting at a pub, talking about how depressed they are. (Interview, June 2012)

This quote symbolizes the perception that New Zealand men silently cope with their mental ill-health (at least initially in the onset of anxiety and depression) as opposed to openly seeking healthcare. Through Harry's emotional experience of anxiety and depression he disrupts gendered stereotypes and acknowledges the ways in which New Zealand 'machismo' is disrupted through his being.

Henry describes how the 'kiwi bloke' has been taught to look after his own problems and he said that by no means, would he discuss his mental ill-health with other people: "In my experience I don't think you'd burden other people with your mental health problems, you would just get on with it and do the best to get through it" (Interview, June 2012). Harry and Henry exemplify the way in which participants are able to indicate and communicate how power and discourse shape their (spatial) life worlds (Pringle, 2002).

The notion that 'kiwi blokes' deal with their concerns inwardly, initially influenced some of the men's difficulties seeking support for their mental ill-health. O'Connor (2002) upholds that health choices are gendered and susceptible to biopsychosocial relations and subjective agency. When asked whether or not 'kiwi bloke' stereotyping had affected Kahu's experience of depression and anxiety he said: "Initially it did. Like I said: when I was in denial I didn't want to accept that I was depressed" (Interview, June 2012). For O'Connor's (2002) participant's too, stoicism affected health care practices for two main reasons. First, men felt that consulting a doctor permitted a loss of control and autonomy over their own bodies. Second, due to the nature of New Zealand 'bloke' sub-culture, men believed that they were better 'equipped' to ignore pain than women and some of O'Connor's participants took a 'she'll be right' approach to health care. Quite clearly, the men in this research acknowledge that their mental ill-health is different from other people and Frank states: "[The term] 'mental health experiences' is a good way to put it" (Interview, June 2012). This notion reinforces Curtis's (2010) concept which asserts that one's mental health fluctuates on a complex spectrum and is influenced by a wide range of phenomenon and place.

While Kirwan's (2010) narrative recognizes subjectivity in mental ill-health experiences he also upholds a medical lens to destabilize illness as weakness. Kirwan uses rugby metaphors to compare physical ill-health (or injury) with mental ill-health whereby the former is privileged over the later. In this way, Kirwan is re-gendering mental ill-health to include hegemonic masculine ideologies by stating: "you go to training every day; you go to the gym and spend an hour and a half there. Why can't you go to a specialist and spend an hour and a half on your brain?" (Kirwan & Thomson, 2010, p. 125). Joe also chooses a medical lens to make sense of his how his mental health has changed.

Joe: I'd say to people "Look I've got severe depression" and they wouldn't understand that there is actually some sort of chemical imbalance in my brain and that I need medication to bring that back to normal. My way of explaining it to people would be really simple. (Interview, May 2012)

Using a medical lens to simplify mental ill-health, so that reaching out for help isn't as threatening to men's sense of self and social relationships, is one of the coping mechanisms men use to maintain mental stability and resist emotional discourses of weakness. Men can adopt hegemonic masculinity when it is [spatially] desirable but the same men can, at other moments, choose to distance themselves from hegemonic masculinity (Connell & Messerschmidt, 2005, p. 841). By channelling a discursive geography of hope the men sustain positions allowing them to avoid the social marginalization enforced through gendered and mental ill-health discourses (Jefferson, 2000 cited in Connell and Messerschmidt, 2005).

Kirwan's influential geography of hope advocates for men to strategize their ill-health. Kirwan uses rugby coaching metaphors to relate to men. He believes that in order to stabilize wellbeing, men need to have a plan because "if you have a plan you can cope with whatever life throws at you" (Ministry of Health, 2010b). Kirwan aligns the importance of having tactics and strategies in place, similar to those employed in rugby coaching, in order to get through depression. The interviews confirmed that having a plan is beneficial for men's mental health.

Joe's strategy for getting through depression is undertaking research in order to understand his mental ill-health and help the people around him understand his experiences. In his interview, Joe discusses being "hacked off" at friends and family who didn't empathize with him and he talks about referring friends and family to the 'Depression: There Is A Way Through' campaign and the website [www.thelowdown.co.nz](http://www.thelowdown.co.nz).

Joe: Even my dad didn't really understand so I use to get real 'pissed off' with him... he would say the wrong thing [the things] that I didn't need to hear. I would say [to dad] "look, just get on and do some research and try to understand it".  
(Interview, May 2012)

Harry's method for regaining mental health is similar to Joe's strategy. Harry conducts substantial online research to examine what depression is and to explore preventative measures, which he can undertake, in order to keep himself healthy. Harry consults and researchers a wide range of approaches - from holistic perspectives to biomedical theories - to help him manage and heal his mental ill-health. Akin to Joe, Harry then participated in psychiatric care and to this day, he manages his mental health with a positive outlook on everydayness.

For Peter, Frank and Jim, having warmth and natural light in their everyday spaces was one method for keeping well. Frank planned on making his new home his healthy space. Instead of needing to escape his living space, Frank wanted his home to be a 'retreat' in instances where he may become anxious or depressed. For the men who have a plan, depression and anxiety becomes more manageable on an everyday scale. As Joe said: "It's [depression] going to hurt you but it's not going to ruin you and you will get through it if you want to. [Knowing] that for me was really important" (Interview, May 2012). Knowing what triggers anxiety and depression is another theme which helps to create a discursive geography of hope. Some of the men thought that there could be more mental health promotion around the triggers of depression and anxiety.

Harry: There is some information but not a lot of it is preventative. So you know [the information] was more around what to do once you have depression and being able to deal with it but it wasn't particularly good about making you aware of the things that can trigger it off. (Interview, June 2012)

Each person's experience can be slightly different but it is possible to tease out some common triggers from a biopsychosocial perspective. Robbins (2004), draws on biomedical theories which assert that there are subtle gender differences between the onset, experience, manifestation and duration of mental ill-health. Robbins (2004, p. 362) maintains that "[a] biopsychosocial approach is critical to understanding the illnesses of men and finding strategies for treatment".

John Kirwan: For me it was really important to understand the signs and realise that they were just warning signs. I think anxiety for me was leading into the depression. I was having anxiety attacks and they were the warnings to sort it out. I needed to understand that I was out of balance. I needed to understand the triggers. I needed to understand when I needed to stop. Know your triggers. Know your warning signs. (Ministry of Health, 2007).

Andrew and Harry speak about their warning signs. The men's sleeping patterns, work/life balance and their emotional responses to other people influences their wellbeing. Andrew describes how 'knowing his triggers' and recognising his warning signs positively affects his mental health.

Andrew: It's [recognizing the triggers] much faster now and I think that is why I have had such a good run health wise recently because I have learnt to understand my processes a lot more, stopped blaming myself and also started recognising where my weak spots are I guess, around people. (Interview, May 2012)

Harry: The whole thing around depression and mental health is the fact that often you go sliding down this tunnel or vacuum and you're not even aware of it. I now recognise [the warning signs] because I know all of the symptoms so there are certain things, triggers, like the sleep factor. It's almost like sleep deprivation or perhaps not eating well? [Those things] will have an effect after a period of time because there is no balance. Work/life balance is important. So being able to, you know, almost self-medicate myself in a lot of ways. (Interview, June 2012)

Balance was another important aspect which transgressed from the men's narratives. Many of the participants attribute wellbeing to maintaining an 'even keel' mentally.

Joe: Wellbeing to me is being happy in oneself through your health, your relationships and also your esteem. It's more than just health or relationships or esteem alone because when one of these is out of balance, then the others also lose their balance and everything gets strained. [Wellbeing] must be viewed as a whole, not as individual parts. (Questionnaire, July 2012)

Staying physically strong relates to principles which construct hegemonic masculinity in Aotearoa New Zealand. It is also a key aspect to staying well which is introduced in the "Depression: There Is A Way Through" campaign and lived out by the men. Repressing mental and emotional ill-health through an active outdoors approach to health, however, is an ambiguous parody to achieving wellbeing and reinforces the mythology of the 'kiwi bloke'. Nevertheless, Jim, Michael, Joe, Frank and Harry all comment on the mental benefits of physical exercise.

Michael: I used exercise, whether it was with a team every week or going to the gym every other day. This helped me stay not only physically active but helped me stay mentally fresh. (Solicited diary, June 2012)

Michael's quote coincides with the 'staying active' theme that Kirwan introduces in the "Depression There Is A Way Through" campaign. The campaign represents healthy spaces as active, 'outside' or social spaces such as the beach, pool, rugby field or park space (Ministry of Health, 2010a). Frank agrees, promoting an athletic New Zealand lifestyle can be a positive method for getting men to be pro-active in maintaining their mental health. Frank's perspective rests on his experience of embodying the hills. Exercising in the hills is 'therapeutic' for Frank.

Frank: Getting out, tramping and climbing. I would spend huge amounts of time doing things like that which were really 'key' for my mental health. Just the physical [notion] of having a hill in front of you. You put your head down and your bum up and you'd sweat and puff your guts out- up the hillside [and] you get that endorphin release and you don't think about much else. I think mentally it's therapeutic. (Interview, June 2012)

For Joe, it was his running that he felt was mentally and physical therapeutic for him. Joe talks about using running spaces to escape the negative emotions that are tied to material spaces such as the university space.

Joe: Just the running [where] I didn't have to think about anything. I didn't have to worry about university. I didn't have to worry about anything else because I said "this is my hour to get out and get some fresh air". I essentially had no cares in the world for that hour. So for me that was an important space. (Interview, May 2012)

Kahu highlights how beach and nature spaces (gardens and native walking spaces) are beneficial for his mental wellbeing. In these spaces Kahu is autonomous to connect with loved ones or be around people but in a discrete manner where his mental ill-health isn't objectified. These spaces offer an alternative environment in contrast to Kahu's isolated, chaotic and physically inactive work space. By using outdoor spaces to nurture their emotions, the men re-tune themselves to the environment and disrupt the 'hard man' performances which are associated with rough, rural spaces. Being in therapeutic spaces, away from the stress and pressures of life, allows the men to appreciate life, enjoy the little things, and reconnect with their inner desires of a healthy self.

Kirwan discusses how actively relaxing and enjoying the little things is a method to building mental health. In one of the "Depression There Is A Way Through" advertisements, Kirwan is positioned on a beach, surrounded by family and seen embodying surfing as an active outlet. The theme of an active New Zealand lifestyle is again present in this advertisement. When mental health and wellbeing are connected to sport, these notions become relative to hegemonic characteristics of 'kiwi' men. Kirwan says it's about "enjoying the little things" and he relates the concept back to discourses which speak of emotional simplicity, mental and physical balance (Ministry of Health, 2007). A sense of positivity infiltrates each advertisement and Harry identifies how having a positive mind set and having people surrounding him of like mind, relieves some of the symptoms which he experiences through depression and anxiety.

Harry said: “I really try, very much, to have positive thinking people around me: that can definitely have an impact” (Interview, June 2012). For men with depression and anxiety, having positive spaces and influential people, who can empathize with the men, is paramount to the ways in which men elicit power relations, experience place and recover from mental ill-health and these themes are supported in the new discourses asserted through Kirwan’s mental health advocacy.

## **Summary**

The new national imaginary of men’s mental health promotion, in Aotearoa New Zealand, is re-gendering depression and anxiety using rugby discourse and the six key themes: hang on to hope, have a plan, reach out to someone, know your triggers, stay active and enjoy the little things. I have shown how New Zealand masculine discourses are being challenged and re-imaged in the experience of mental ill-health and how the ‘new national imaginary’ uses rugby discourse to entice the ‘kiwi bloke’ to be pro-active about his mental health. The analysed material (“Get In The Game: Training For Happiness”; “Depression There Is A Way Through” campaign; and *All Blacks Don’t Cry: A Story Of Hope* autobiography) is helping to create a privileged knowledge which seeks to empower ‘kiwi’ men who have felt overwhelmed and ‘emasculated’ at times by their mental ill-health. Although the ‘new national imaginary’ of men’s mental health promotion both subverts and reinforces hegemonic masculinity it nevertheless produces a discursive geography of hope.

A new toughness - having courage and maintaining wellbeing, as a daily task - is reinvented as “true toughness, true courage” (Kirwan & Thomson, 2010, p. 56). In order to relate to the ‘kiwi bloke’, physical methods to wellbeing are promoted in mental health advertising and many of the participants in this research supported the notion that physical activity is mentally therapeutic for managing anxiety and depression.

The relationship between mental health promotion and men’s emotional everyday encounters with anxiety and depression are mutually constituted through notions of power, autonomy, and resistance.

A discursive geography of hope enables men with anxiety and depression to re-construct the 'mental patient' identity and find new ways to enhance their everyday emotionalities. Although Aotearoa New Zealand is proactive in changing perspectives, associated with mental ill-health, Parr (2008) maintains that the lives of people, who experience fluctuations in their mental health, can still be temporarily and spatially formidable.

In Chapter Five I discuss the intimate mental health experiences of nine 'kiwi' men. I examine how these men find meaningful spaces and I discuss the ways in which they respond to health and gender discourses in micro-social spaces. I draw on a Foucauldian disposition and I use 'a radical body politics' to address the ways in which men's identities are performed and negotiated in and through their everyday emotional spatialities.

## Chapter Five: Emotionally Embodying Low Places and Anxious Spaces in Aotearoa New Zealand

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In this chapter I tease out the gendered strands of mental ill-health which are emotionally felt, embodied and negotiated in different spaces, such as public place, home spaces and traditionally therapeutic countryside spaces where men feel a rootedness or attachment to place. This chapter discusses how men emotionally embody the places listed above through their experiences of anxiety and depression. "Attention to emotions helps us understand what the material really is and to delve into the *how* of politics, inclusion and exclusion" (Wright, 2012, pp. 1116, italics in original).

Firstly, I discuss how men identify with a sense of wellness and I argue that wellbeing is not exclusively felt in opposition from ill-health. I maintain that biopsychosocial relations influence men's performances of 'normative' masculine and mental health identities in social spaces. One way in which men achieve 'normal' performances is by creating a subjective space which wraps round the men like a bubble and offers them a sense of protection from the discrimination of other people.

Secondly, I examine men's emotional and mental health experiences through two spatial scales: public or social spaces and the more intimate spaces men feel at home in. Social spaces create men as objects. In social spaces, men are open to the gaze and presence of hegemonic others and mental 'illness' discrimination. To navigate and mitigate omnipresent gendered and health power relations, men retreat into meaningful spaces where they feel a sense of home and a 'rootedness' or attachment to place.

Thirdly, I represent the ways in which men experience the home - or a sense of homeliness - and renegotiate their identity, nurture their positive emotions and regain mental stability. Men's relationships with the home both reinforces and challenges conceptual notions of home as private, stable, safe space and as a 'normatively feminine space' discussed in the

agoraphobic feminist geographies of Joyce Davidson (2003). It is significant to note that the spatial boundaries, for men who experience anxiety and depression, cannot be simply or neatly placed in a dichotomy separating public and private space. Rather, the men in this research embody a plurality of spaces which are meaningful in terms of remedying, maintaining or enhancing their mental and emotional health.

While the men in this research experience similarities to agoraphobic women, their mental, emotional and gendered responses to space and place have strong points of difference. The participants in this research recognise that their mental health experiences and emotional responses differ from hegemonic masculine expectations of the 'kiwi bloke' and therefore, the men construct more 'socially acceptable' performances to render themselves as 'bodies in place'.

### **Emotionalized Masculinities: Performing Mental Health**

By exploring the relationships between the discursive and the material, feminist poststructuralist geographers are gaining a richer understanding of socio-spatial embodiment (Moss and Dyck 2003). Akin to chronic illness the experience of anxiety and depression is about being ill and healthy at the same time. From moment to moment one's mental health can fluctuate and although mental ill-health can manifest in physical bodily symptoms, it is not always obvious that one may be feeling anxious or depressed. Mental health and emotions flow and are experienced on an intricate spatial spectrum (Cutis, 2010). As both the participants and I understood it, definitions of *well* are relative. Not only is wellness place specific, wellness cannot always be separated from the experience of ill-health (Moss & Dyck, 2003).

For ethical safety, the research participants had to indicate that they were currently *well* and that they felt no distress in discussing their experiences. Through body language and verbal gestures, however, wellbeing transpired as an emotional state which is not ultimately experienced (all of the time or) in isolation to other emotions. Initially, in his interview, Harry agreed that he was well enough to discuss his mental ill-health

experiences but as the interview progressed, Harry went on to say that at times he still experiences 'belts' of anxiety and depression (Interview, June 2012). For other interview participants, I 'read' them at times as nervous, anxious, confused, sad, numb and sometimes indifferent, as they temporarily re-lived their past experiences of depression and anxiety. Davidson (2003) maintains that disordered emotions exceed 'normal' everyday expressions and emotive articulations (cited in Bondi et al., 2007). Andrew describes his emotional state at times when he is anxious or depressed.

Andrew: [It's] feeling like I am out of control with my feelings and I can't do anything about it and often I'll just have to wait, ride it out and be patient. When I was first going through those depressive states I'd beat myself up quite a bit and not understand why it was that I couldn't be well. I think it's just a feeling of being really dark and foggy. You can't see clearly and your thoughts aren't straight. It's kind of hard to describe the emotional state because when you're there, there is no real logic to that space. It just feels like you're numb and empty. (Interview, May 2012)

Andrew's emotional embodiment of anxiety and depression disrupts binaries of health/illness and reason/emotion as being mutually exclusive oppositions. It is evident that health and illness cannot be isolated in opposition to one another. Moreover, Robbins (2006) theorizes that the mental and emotional symptoms of depression and anxiety are physically expressed through mental construction. At times when the men feel depressed or panicked, they are conscious of their social, embodied behaviours around the gaze and presence of other people.

The notion that men consciously perform a state of mental and emotional health in public spaces, so to avoid social objection, fortifies how minds and bodies produce experience in place. The emotional and mental health of men, who have dealt with instances of anxiety and depression, are produced, negotiated and affected through spatial relations. As Kirwan writes: "I had a public image that often meant that I was under the media spotlight. The pressure was on me to perform, both on the field and in public" (Kirwan & Thomson, 2010, p. 18).

Davidson and Milligan (2004) discuss performing the absence of emotion. When feeling anxious or depressed men, who want to avoid identification and ridicule, perform the absence of emotion. Andrew elaborates on this concept.

Andrew: I conceal [emotions] from my friends and from the people that I associate with and sometimes, if I'm going out, if there is a social function or if there is something on, if I don't want to talk about it often I can over-compensate by being louder. The anxiety I can't cover up at all but I won't talk about it with people because, again, it's that stigma. (Interview, May 2012)

Andrew dismantles the dualism confining rationality from emotion. Bondi (2009) maintains that reason is never free from emotion, rather reason and emotion are intertwined and powerfully articulated, rising in us, through embodiment. Bondi et al. (2007) assert that much of the symbolism of place is tied up conceptually and experientially in emotion and that emotional places are infused with mediation and articulations of the self. Andrew's quote also highlights the way in which he emotionally participates in social space to avoid being seen as different. "Difference is an attribute of 'them'. They are not 'like us' and therefore they are threatening" (Beck, 1998, p. 130 cited in Sandercock, 2002, p. 206). Andrew fears being objectified as 'different' therefore he subjects himself to normalised emotional performances of 'kiwi' masculinity and mental health. By performing a state of mental 'normality' he resists being socially and spatially excluded. Andrew maintains that anxiety, however, is an emotion that he cannot conceal and so he physically withdraws himself from spatial interactions when he begins to feel anxious.

England and Simon (2010) maintains that fear, can and is, often based on social perceptions of threat which shape people's mental maps and their everyday geographies. "The way in which people spatially express their mental maps of fear and anxiety is often through their paths and actions" (England & Simon, 2010, p. 203). Without creating a 'subjective space', Andrew by-passes social spaces when he is anxious.

Andrew's mental map of fear re-aligns his spatial expression and considerably affects Andrew's spatial consumption. Although Andrew's journey shares common threads with the experiences of agoraphobic women, his passage through space and place purposefully ensures that his masculinity and mental health remains un-questioned. Robbins (2006) discusses how there are subtle differences between the onset, experience and treatment of depression and anxiety for men and women and this notion can be related to discourses surrounding socialized gender expectations. Frank expressed his frustration towards society's expectations around the role of 'kiwi' men as fathers and providers. Frank hears healthcare professionals describe some men as being careless about their mental wellbeing.

Frank: [The statement] 'men don't care about their health' makes me irate... I mean, do you think guys enjoy working 60 hours a week and not seeing their children grow up? You know? [scoffs in disbelief] I know for a fact they don't. I mean, most of us have had fathers that, you know, had to divorce themselves from the experience of their children, essentially, through love and wanting to provide for them... I'm not saying it's justified or right that men - in the past - turned to alcohol and various things to deal with some of their anguish and mental illness but you've got to look at some of the bigger picture stuff. (Interview, June 2012)

Frank is very passionate about the need for healthcare systems to make a space for men to be pro-active towards maintaining their mental health. Frank believes that social 'hunter/gatherer' expectations and responsibilities prohibit men from understanding and addressing their mental ill-health issues. Harry also alluded to this notion in his interview when he talked about concealing his mental ill-health from his family. By concealing his depression, Harry believes that he is protecting his loved ones from the "burden" of his emotional turmoil (Interview, June 2012). Harry's view of the 'kiwi bloke' is assembled around ideas of the 'family man' and this considerably influences his decision to perform a hegemonic masculine and 'normal' mental health identity around his family. Andrew also has concerns about his ability live out the family man identity when he embodies anxiety and depression.

Andrew: Not being a good parent. That was the hardest thing. Having a child who wanted to play and do stuff and you're pinned to the mattress and constantly exhausted.  
(Questionnaire, July 2012)

Men practice subjectification by maintaining high standards of masculine performances which are enlivened by their concerns about being objectified by hegemonic others both in public and private spaces. The participants believe that New Zealand society needs to open the barricades of hegemonic masculinity which inhibit men from nurturing their emotions and mental wellbeing. When I asked Jim whether 'grand narratives' of the 'kiwi bloke' affect his emotional wellbeing and social relationships, he discussed how he felt in relation to his wife's expectations of the 'kiwi bloke'.

Jim: I think the identity [of the 'kiwi bloke'] had to be re-mediated around my wife because she is not from New Zealand. Her experience of New Zealand males is very much [orientated around] the family man, stereotypical 'kiwi bloke' [identity] as well as the Asian expectations of what is expected from a husband or a man. (Interview, June 2012)

Many of the participants identified the hegemonic mythology of the 'kiwi bloke' as family man. I signal the above quote to delineate further, the ways in which men practice subjectification or discipline themselves to perform an 'inclusive' masculinity. This is the point at which the discursive mythology of the 'kiwi bloke' affects, and brings into men's consciousness, the material practices they choose to embody in space and place (Moss & Dyck, 2003). I put forward the idea that men perform the absence of emotion and 'normalized' states of mental health as subjects in an attempt to redress the power laden contingency of the Other's ability to justify these men as objects. I maintain that the discursive consciousness of mental health representation affects the material realities of New Zealand men who experience anxiety and depression.

## **Men as Object: Pressurizing Social Spaces**

I am ashamed of myself as I appear to the Other. By the mere appearance of the Other, I am put in the position of passing judgement on myself as an object for it is an object that I appear to the Other. (Sartre, 1993 p. 222 cited in Davidson, 2003 p. 75)

A mutually constituted relationship forms between the Self and the Other which cannot be dichotomized through lived experience in place. Social and spatial interaction lessened when men felt depressed or anxious due to the concerns of the public eye or other people's perceptions of men as objects. Yarnal et al. (2004) maintain that masculine discourses position men's embodiment with rationality, strength and control in public places. 'Kiwi bloke' discourses prescribe men's bodies as hard and tough hence alternative masculine identities are left open to the objectification and gaze of others. In socially mediated spaces, men are alert to the ways in which other people survey them. Jim, for example, thinks that his social circle sees his mental ill-health as a weakness.

Jim: The females around me sort of saw me as this very strong person who had achieved a lot... and [who] was always the one fixing all the problems. I think it was difficult for them to come to terms with the fact that I had weaknesses. (Interview, May 2012)

Commonly, throughout the research, the men discussed their concerns about embodying 'peopled' places during episodes of anxiety or depression. Young (1998) defines public space as "indoor or outdoor space to which any persons have access" (cited in Yarnal et al., 2004, p. 688). Harry explains how his emotions and mental ill-health affect his spatial consumption.

Harry: When I've been depressed [being in public places] is the last thing you want to be doing. You don't want to be in a library or a pub because... everything feels like 'not you'. You don't want to be there [and] you don't belong. You feel more in control [in private spaces]. Plus, you haven't got other people penetrating into your space. (Interview, June 2012)

Harry sometimes feels a sense of de-personalization due to other people 'penetrating' his space in public or 'peopled' places. His mental ill-health renders him as an 'outsider' in these encounters. Sandercock (2002, p. 205) states that: "strangers bring into question the dissolving of boundaries and the dissolution of identity". Harry feels as though he doesn't belong in 'peopled' places when he feels depressed and this relates back to his perception of the 'kiwi bloke'. For Harry, the typical 'kiwi bloke' is someone he identifies as strong, sporty and a generally positive, happy person. When feeling anxious or depressed many of the participants were unable to embody salutary emotions or perform a 'rational masculinity' and they discussed how their desire and ability to embody social spaces was compromised by their fears of other people's (hegemonic) perceptions.

Sandercock (2002, p. 215) argues that: "fear in the city is not a simple reflection of social realities but is a complicated production of that 'reality' through the power of discourse (from everyday talk to advertising, to official documents about the city)". Social spaces can then be read as highly pressurized places that "intrude on the boundaries of fragile selves and renders the task of putting on an appropriate, protective 'face' in order to 'blend in' virtually impossible" (Davidson, 2003, p. 141). Andrew explains how he reacts to pressurizing social spaces and how he feels about his mental state in the presence of other people.

Andrew: I do feel like I have to put on a mask, in a lot of social situations or public situations - to try and cover up the things that are going on inside me - around mental health especially. (Interview, May 2012)

The stigmatization of mental ill-health still felt through men's emotional everyday interactions. Men find new methods of resisting and renegotiating their anxious and depressed subjectivities. Davidson (2003, p. 83) states that "many sufferers find that they need some kind of assistance to keep up their 'guard' (metaphorical and/or material) and distance from others". The agoraphobics in Davidson's (2003) study discuss how they create a 'subjective space' in order to comfortably

embody public places. Andrew creates a 'subjective space' by encasing his body with clothing and fashion accessories if he (absolutely or urgently) has to enter public places. Pringle (2002) maintains that subjectification is concerned with the techniques people actively use to constitute and transform themselves or practices of the self and Andrew illustrates this in his diary narrative.

Andrew: When I'm feeling anxious, depressed, or both, and I have to be in public for some reason, one strategy I found helpful is to wear sunglasses, a hat, and earphones. Doing so makes it feel like I'm in a bubble and insulated from everything around me. The effects of the presence of people on my anxiety are less if I'm listening to music, behind glasses and under a hat. Somehow it feels like armour in a way, and the negative thoughts that sometimes arise from being around people don't get out of control. (Solicited diary, July 2012)

Andrew uses his corporeality to constitute his experience of social space and by doing so: renders his-self both in and out of place, paradoxically, at the same time. The pressurization embedded in social spaces, which is in part materialized through discursive relations, affects men's social identities and the ways in which they express themselves in place. This is not to say, however, that a positive sense of place for one man would not conjure up negative emotions for another man. Places awaken different emotions for different people, affecting how men feel about their wellbeing and mental ill-health. Joe talked about how the temporal embodiment of his chaotic (part time) workspace can be a positive influence on his state of mind and wellbeing. In contrast to Joe's sense of workplace, Jim said that his workspace is the last place he desires to be when feeling anxious or depressed.

Bondi (2009, p. 448) writes that "the binary distinction between reason and emotion is closely linked to a gender binary in which emotion is associated with femininity and reason with masculinity". The workspace, for Joe, acts to discipline him to focus on his job role, distance his thoughts from his mental ill-health and embody a 'rational masculinity' that would otherwise be dissolved by embodying his emotions. Emotions are fluid and malleable to socio-spatial relations.

To such a degree, Joe's workplace enables him to perform a 'normalized' masculine identity but at other times, Joe is undermined by fearful emotions and concerns about the possibility of future employment. Joe and Kahu both feel that future employers may perceive their mental ill-health as a weakness or disability. When I asked Joe and Kahu whether (or not) they chose to conceal their mental ill-health experiences from certain people in places, they aired some concerns. Joe and Kahu felt that they could be rendered un-employable due to their mental ill-health.

Joe is cautious to tell people about his depression in the university space. He worries about "prejudicing" himself from future employment and so he chooses not to openly identify as depressed with influential academics in his field (Interview, May 2012). Kahu re-told a story he had read about in the local newspaper. Kahu spoke of a redundancy situation which resulted after a man informed his employer that he had been diagnosed with depression. Later on in our discussion, I asked Kahu whether he chooses to conceal his mental ill-health experiences from other people (or not).

Kahu: Well again it's that stigma. I mentioned the [newspaper] story where people perceive you as 'broken'. I don't think I'm broken, not when I'm under medication, but in a competitive world where you've got to make your way, if you have a disability and people perceive that as a negative then it is best not to let them know. (Interview, May 2012)

Aside from Kahu's immediate family members and two close friends, I was the only other person he confided in about his experience with depression. This illustrates the extent to which respondents fear and avoid mental 'illness' discrimination by being attentive to the types of people and places they absorb. Manzo (2005) maintains that experiences in place is what creates meaning, rather than places themselves. She discusses how one's relationship to place is based on a history, regardless of whether place affiliations are positive or negative. Kahu's story materializes this concept. Based on the negative social history of mental ill-health in Aotearoa New Zealand, above and beyond his sense of home, Kahu chooses not to socially or spatially identify as being depressed. Only as a power-laden 'insider' can Kahu identify as having experienced depression.

Each participant commented on the spaces and places they embody as 'insiders' and 'outsiders' and the ways in which space enables men to live out and feel both positive and negative emotionalities. Henry's negative experience in a New Zealand place, for example, has 'soured' him from ever returning to live in New Zealand on a permanent or semi-permanent basis. Henry once lived in a coastal town situated in the Coromandel and located in the North-East of Aotearoa New Zealand. Although the geographic location is a popular holiday destination, which entices hundreds of holiday-makers in the summer season, Henry experienced his first episode of depression in this place and so the place-meaning was tied up in painful or negative emotions. Manzo (2005, p. 76) states: "places form a 'web of meaning'". Henry's experience illustrates how places are emotional and furthermore, how emotional places create meaning for men. New Zealand was symbolic of negative meaning for Henry, however, he went on to say that he finds 'taking off' to new surroundings, in his adopted country, gives him a sense of hope, drawing him away from negative place-based emotions. Henry's story emphasizes how he creates a sense of belonging and identity which moves across and over space. Furthermore, he shows how space and place affect men's emotional knowing. That is, what men know about themselves and what men know about themselves-in-place.

The men were at different times both positively and negatively involved in spaces due to their mental ill-health and subjectivity. Meaningful spaces, where men nurture their emotions and mental health, are extremely important for becoming well and for giving men an essence of hope. England and Simon (2010) that social markers (gender, class, race, sexuality) are important aspects to shaping people's emotional relationships with space and place and the ways in which people find place of belonging. Finding spaces of belonging, for marginalized groups, is central when other groups are not so accepting of them (Manzo, 2005). I add that health should be examined as a social marker in relation to geographies of fear. In the next section I detail men's intimate and emotional geographies relating to homeliness.

Sandercock (2002) states:

We need to look harder at the nature of fear in the city, and the ways in which it is related to notions of home, homeliness, and belonging because, if such fears cannot be legislated out of existence, we will need different approaches to managing our co-existence in the shared spaces of neighbourhoods and cities. (Sandercock, 2002, p. 205)

### **Intimate Geographies of Homeliness**

At the heart of each man's mental ill-health experience is a process of knowing. Coming to terms with the ways in which their mental health can change is both an unsettling and an awakening journey. The progression to a state of self-knowing, realization and regained mental health, is fraught with an assembly of different emotions which are felt, resisted, avoided, and sometimes nurtured paradoxically in the home.

As discussed in Chapter Four, knowing the triggers of depression and anxiety is an important aspect in relation to men's mental ill-health management. For some men, knowing the nature of anxiety and depression also meant knowing the spaces that are most affective in terms of regaining mental and emotional health. Space acts to define men, just as men can be seen to determine the nature and experience of space and place. Place teaches men to know themselves and to know what triggers them to feel healthy or unwell. Peil (2009) states:

Home [is] a material and an affective space, real or imagined, that is formative of personal and national identity, shaped by everyday practices, lived experience, social relations, memories, and emotions (Peil, 2009, p. 180).

Andrew had learnt, from his duration in an isolated country space, that in order to be healthy he needs to create a sense of home in urban spaces. Andrew doesn't desire to be constantly surrounded by people but Andrew had learnt that when people are more easily accessible to him, he is more equipped to deal with fluctuations in his mental health. Bondi *et al* (2007) asks us to consider: how and in what ways are people emotionally involved in spaces? Andrew and Harry describe how they are emotionally involved in the home and in particular they highlight their relationships with

their bedroom spaces. I maintain that the bedroom is an 'emotive workshop' because Andrew and Harry use their bedroom spaces to work towards or establish an emotional relationship between psychological wellbeing and psychological ill-health. Andrew and Harry use their safe and private bedroom spaces to explore and adjudicate their emotional wellbeing and mental processes.

Davidson (2003) asserts that one of the main reasons people with mental ill-health experience the home as the safest place is because the home can be viewed as a "retreat into a normatively feminine space where gendered boundaries are protected and potentially reinforced" (Davidson, 2003, p. 70). While the home is linked to notions of femininity and men's subjectivities are concealed, or protected in the home, men also use homely spaces (above and beyond the materiality of house and home) to reconstruct a healthy sense of self, emotional wellbeing, and cognitive control. Furthermore, the 'burden' of nurturing and caring for men in the home is not placed on the shoulders of women, as some research suggests (see Blunt & Dowling, 2006 for a synopsis). Alternatively, the men in this study take it upon themselves to nurture and care for their mental ill-health in meaningful, homely spaces.

Much like the space of the firehouse (Yarnal et al., 2004), the home, in particular the bedroom, is a hybrid space which allows for men's emotional expression and the nurturing of self-development. Traditional feminine and masculine values are blurred in these homes, and in a temporal sense, so too are the dichotomies which endeavour to depict understandings of public (masculinities) and private (femininities). Homely spaces allow men to privately nurture their positive emotions. Because this is not always possible in their material home, due to the presence of others in the home (including loved ones), men find meaningful places to re-kindle their mental and emotional health. The unique processes of time spent in homely and in meaningful spaces, enables men to 'ground' themselves and re-establish a positive sense of self. The fear, which men embody in public space, is evaded by finding positive attachments and rootedness to place. A sense of home relates to feelings of autonomy.

A home may be a space for men to relax in and renegotiate their mental ill-health, sometimes, amongst the understanding of friends and whānau. Michael, for example, found a sense of home and an attachment to place outside his residential dwellings.

Michael: I made a new friend who helped me through what I was dealing with. It was at her home that I felt most at home, comfortable, warm and at peace (Solicited diary, July 2012).

In his diary narrative, Michael wrote about how finding a meaningful home space, with a person who could offer him support, grounded him in his recovery and helped him overhaul his depression. Blunt and Dowling (2006, p. 3), maintain that “A house is not necessarily nor automatically a home, and personal relations that constitute home extend beyond those of the household” and this is evident in Michael’s narrative. The home is a paradoxical space, occupying a realm between public/private, reason/emotion, health/illness and masculine/feminine. Spaces in the home are also fought with feelings of liberty and imprisonment. Andrew explained this concept in our interview. I asked Andrew to elaborate on the spaces and places he feels most comfortable in when he experiences anxiety and depression.

Andrew: A bed- definitely bed with depression. It’s kind of like a good and bad space. It’s good because you feel safe but then you feel guilty and you feel trapped because you can’t get out of bed. You just feel exhausted and low energy as if you have run a marathon but it certainly beats being up [out of bed] or outside your home. In flatting situations definitely because I guess the way I associate a flatting experience is that anything that’s not your bedroom is public space and you can’t necessarily control who’s going to be in that space, you don’t want to talk and you look like crap. Being in bed, under the duvet, is definitely the place and that really helps with anxiety as well... it’s kind of like hiding. (Interview, May 2012)

Even the most ‘helpful’ of spaces are forged with a plurality of positive and negative emotions. Andrew embodies his bedroom to nourish a positive state of mind. He hopes that his bedroom space will relieve him of his negative emotions, but at the same time, Andrew is faced with new feelings of guilt and confinement because leaving his bedroom, would not be therapeutic in his reality of anxiety and depression.

For many of the participants, the home acts as a material construct which they chose to embody in order to distance themselves from other people. The material home is also in perpetual negotiation due to the presence of others. I asked the men which places relieve negative emotions felt through the experience of anxiety and depression (or not).

Jim: In the house, we were living in, it was quite often the spaces she (his wife) didn't go or the times she wasn't awake. I would go to places where I could sit and places where it was quiet and where I didn't have to worry about other people. (Interview, May 2012)

In this example, interpersonal relations impact place meaning and the experience of home for Jim. To produce a more thorough account of meaningful spaces, Manzo (2005) asks us to question what is 'not seen' to be 'at home'. The house, in which Jim lives, is a negotiated space and because of these articulations, he finds a sense of home in a space which can be understood as a 'therapeutic' place (Curtis, 2010). Jim experiences a sense of homeliness through his dwellings in country spaces.

Jim: For me now, it's mostly places in the countryside, by a lake or by a river. I find after a while, that buildings [in the city] start closing in on me and even though I love cities... I can't stay there for too long... I have to drive to the countryside and get out and sit there for an hour. (Interview, May 2012)

While there is 'no such home' physically situated in the country landscapes that Jim chooses to visit he leaves his residential dwelling to embody a sense of comfort, safety, privacy and wellbeing in the country. The house, in which Jim and his wife live in has all the typical characteristics which make up a home (possessions, furnishings and spaces), however, in his experiences of anxiety and depression the house is not felt to be a home for Jim.

Feminist geographers uphold the belief that 'home', although a concept widely recognised throughout a vast number of cultures and societies, is subjective and place specific. Furthermore, by looking exclusively at the materiality of the home, researchers miss some insights into people's full social worlds (Peil, 2009). Kahu's sense of homeliness is attached to a beach space in his home town.

Manzo (2005, p. 70) attests that “our relationships to places go beyond the realm of residence and even the metaphor of home”. Kahu’s spatial realities disrupt the notion of home as singular, stable and material construct.

While Kahu feels at ease with his mental and emotional state of mind at the beach, realistically he has very little control as to the ‘goings on’ in that space, including the presence and gaze of other people upon him in the beach space. Kahu’s meaning of home can be theorized through an ‘insiders’ and ‘outsiders’ perspective on space and place. Although Kahu’s conception of homeliness doesn’t support traditional conceptions of masculinities in the home, or even home as a private space (see Blunt & Dowling, 2006), Kahu’s home is a place where he feels a sense of rootedness and as though he is an ‘insider’.

Frank’s home is also paradoxical and is in a process of ‘becoming’. Moreover, Frank highlights how he is positively involved in nature spaces. The hills hold meaning for Frank and help him to regain mental health and wellbeing. Because Frank feels as though he can’t always realistically occupy a place in the hills, when he feels depressed or anxious, he imagines a new home space which he hopes will become his most positive and healthy space.

Home is also an idea or an imaginary which is imbued with feeling. These may be feelings of belonging, desire and intimacy (as, for instance, in the phrase ‘feeling at home’), but can also be feelings of fear violence and alienation. These feelings, ideas and imaginaries are intrinsically spatial. Home is thus a spatial imaginary: a set of intersecting and variable ideas and feelings, which are related to context, and which construct places, extend across spaces and scales, and connect places. (Blunt & Dowling, 2006, p. 2)

Frank talks about how he desires his home imaginary to have native flora and fauna and how such elements would create a sense of belonging, health, positivity and rootedness. Frank’s home imaginary is emotionally infused with feelings of desire, belonging and hope.

Frank: We've got some land that I'm going to build on later this year and we spend a lot of time there. That is quite a strong place for us. I get a similar kind of experience there [akin to the hills] and there are native trees there and that's something that is really positive for me. So if I can make that home, in all profound senses of the word, and make it a really happy and positive place for me to be then yeah, that's the plan. [I will] get some native [plants] growing on it [the land] and lots of vegetables, a nice warm house, piles of fire wood for me to chop. That is the plan for the home, to become a really really really healthy place to be. (Interview, June 2012)

Thinking about his ideal home space, helps Frank to define a sense of Self. In turn, Frank's identity influences the materiality and symbolism of his future home space.

Exploring place meaning by primarily examining experience of the residence of rootedness in a community leads us to assume that those who do not have strong, positive affective bonds with their residence are placeless. (Manzo, 2005, p. 68)

Through the narratives of Kahu and Frank, I argue that a sense of homeliness is felt beyond one's residence and that rootedness and attachment to place is subjective. 'Kiwi' men constantly negotiate their subjective relationships with space and place. Their experiences of inclusion and exclusion and their ability to emotionally attach a sense of Self to meaningful or homely spaces is a response to the discursive and material relations that circulate socio-spatialities in Aotearoa New Zealand.

## **Summary**

In this chapter I have focussed on men's intimate geographies of emotion and belonging; the ways in which 'kiwi' men perform 'normalized subjectivities in 'peopled places', influenced through discursive frameworks; and how meaningful spaces or a sense of homeliness is constituted in the experience of anxiety and depression. The emotional and spatial realities of men who embody anxiety, depression and a myriad of positive and negative emotions, challenge a number of ontological philosophies about social life. I have demonstrated how emotions and mental health are shaped through socio-spatial relations as well as the many ambiguities which men mentally construct and feel through their bodies.

I have applied Moss and Dyck's (2003) 'radical body politics' to men's emotional and spatial experiences of anxiety and depression. The complexities of mental ill-health entice researchers to use holistic approaches to interpret space-based understandings of social life. It is not without influential discourses that men's emotional realities are materially determined and embodied. It is evident too, that biopsychosocial relations help fabricate men's spatial performances in their power-laden desires to feel included in space and place.

Meaning and space are mutually constructed and experience in place is shaped through positive and negative emotional realities. In other words, a positive connection to place, felt by one man, is not guaranteed to elicit the same feelings for another man. Men's performances in 'peopled places' are modified through their own subjectification of the Self and the ways in which they are constructed as the Other. In a response to social spaces, men embody alternative spaces where they can nurture a positive sense of wellbeing or take time to heal their negative mentalities. Many of these alternative spaces are felt as homely places. It is vital that scholars continue to examine the gendered ambiguities of place belonging and the home. Through the participant's experiential senses of homeliness, I have proven that house and residence do not always line up as characteristics of home and belonging.

Drawing on health geography and the empirical work of feminist poststructuralist geographers who endeavour to explore the gendered experience of emotional spatialities, this chapter has enabled 'kiwi' men to voice their emotional and mental health experience which are constructed, lived out and affected through space and place. In the next chapter, I conclude the study by returning to and answering the main research questions: How do men respond to mental health promotion and hegemonic representations of the 'kiwi bloke' which are upheld and privileged in Aotearoa New Zealand? How do men, with anxiety and depression, experience the emotionality of places? What are men's intricate and fluid relationships to space and place? I also provide a 'hopeful' discussion on the future geographical research which can continue to bridge the many aspects which make up our social identities and spatialised experiences.

## Chapter Six: Conclusion

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I embarked on this research journey with both personal and academic motivations in mind. I wanted to discover how the discursive body of men's mental health promotion - represented through the New Zealand media - affects how men with anxiety and depression emotionally experience space and place. In this chapter I summarise the thesis by first highlighting the initial research questions that I posed in Chapter One. First, I asked: how do men respond to mental health promotion and hegemonic representations of the 'kiwi bloke' which are upheld and privileged in Aotearoa New Zealand? Second, I asked: how do men, with anxiety and depression, experience the emotionality of places? Third, I asked: what are men's intricate and fluid relationships to space and place? I recapitulate the arguments I have addressed throughout the research. I then address the concerns that this research has raised as well as the need for furthering questioning and academic exploration. Finally, I discuss how this research contributes to and correlates geographical understandings of masculinities, emotion and mental ill-health.

In Chapter One, I introduced the research questions and discussed the contextual framework. I outlined the nature of men's mental health in Aotearoa New Zealand and how mental ill-health has already received attention through the efforts of various individuals as well as the Ministry of Health Manatū Hauora and the Mental Health Foundation of New Zealand. As a contractor for the Ministry of Health, the Mental Health Foundation draws on the personality and advocacy of former All Black, John Kirwan who openly identifies as having experienced anxiety and depression. Through a hybrid masculine identity, such as Kirwan's, mental health and wellbeing becomes relative to 'kiwi' men. Kirwan's hegemonic identity, as well as the ways in which his identity incorporates 'new man' characteristics, has opened up a space for New Zealand men to question, address and enhance their mental and emotional health.

I described how experiences of anxiety and depression create a myriad of mental, emotional, social and physical symptoms to which an individual may embody for any given amount of time. Such affects are rendered different or 'abnormal' and thus can considerably affect how New Zealand men (who are supposed to be hard, tough and rational) interact emotionally, socially and spatially.

In Chapter Two I examined health geography research and feminist poststructuralist perspectives on ill-health, emotions and place. The literature examines the ways in which masculinities (hegemonic and alternative) are discursive, material and spatial. Geographers have argued for a subversion of Cartesian dualisms such as masculine/feminine, straight/gay, public/private, nature/culture, rational/emotion, mind/body or Self/Other. The intersectional research lens meant seeking holistic approaches to mental health research. Curtis (2010), Robbins (2004, 2006) and Moss and Dyck (2003) offer a more nuanced, politicized and gender focussed framework. Consulting their scholarship, I maintain that mental ill-health is materialised by biopsychosocial and discursive relations, the three realms of the body and notions of identity or the relationship between the Self and Other.

The 'kiwi bloke' mythology is a national imaginary and an exclusive identity, achievable only through participating in 'hard man' activities (Hardy, 2007; Law, 1997; Law et al., 1999; Longhurst & Wilson, 1999; K. M. Morin et al., 2001; Pringle, 2002; Town, 1999). I drew on Connell and Messerschmidt (2005) to theorize that masculinities are perpetually plural and subject to change through, and differ in, space and place. Through the work of Foucault (1972) and Pringle (2002) I argued that power relations are omnipresent and negotiable through micro-spatialities. This was an important perspective to uphold as the participants in this research, do indeed, live through a plurality of power-laden and emotional spaces and places. O'Connor (2002) also upheld this disposition as he re-told his emotional experience playing rugby as a youth. Finally, I outlined research which examines how emotions create place meaning.

As I continued to maintain that biopsychosocial relations and bodily politics affect experience-in-place, I drew on the work of Manzo (2005), Yarnal et al. (2004), Davidson (2003) and Lawson (2007a, 2007b, 2009) and I asserted that researchers need to insert multiple sites of analysis when considering topics in critical health geography. While the empirical work of these theorists substantially differs, each piece offers insight into how gendered discourses, health and emotions impact the ways in which material bodies experience space.

In Chapter Three I discussed the qualitative methodology undertaken to conduct this research. A mixed/multiple methodology was necessary in order to analyse the complexities of (discursive, material and symbolic) space, gender, emotions and mental ill-health. I had nine men promptly offer to participate in the research, which I believe, fortified the importance of the research to be conducted. I completed CDA on mental health advertisements, which can still be found, circulating New Zealand media. I conducted semi-structured interviews, solicited diaries and follow-up questionnaires with nine men, who identify with, or live in Aotearoa New Zealand. The research methods were chosen based on their ability to emancipate men's perspectives on their mental ill-health. The work of previous scholars suggested that interviewing, solicited diaries and questionnaires are appropriate and therapeutic interfaces for collecting sensitive data. The methodological practice is both innovative and new and it contributes to feminist poststructuralist understandings as to the ways in which emotions are an intricate and complex part of the research encounter. I detailed the emotional research relationship when I discussed my own positionality and experience interviewing my father.

In Chapter Four I depicted what I term 'the new national imaginary' of men's mental health promotion in Aotearoa New Zealand. This 'new national imaginary' plays on facets of hegemonic New Zealand 'machoism' and rugby union discourse to relate to the 'kiwi' bloke and by doing so, a discursive geography of hope is produced. In turn, this discursive geography of hope enables men to materially embody and feel a sense of empowerment, agency and resistance in contrast to mental illness stigma.

I argued that wellness and ill-health are not embodied or emotionally felt as mutually exclusive. The men challenge conceptualisation of health/illness through their discursive relationship to, and material embodiment of, space and place. A new discourse of hope asserts that strength a characteristic of men who work on fostering positive emotions. The 'new national imaginary' and discursive geography of hope suggests that men can strategize their mental ill-health recovery by hanging onto hope, reaching out for support, getting to know what triggers their mental ill-health, enjoying the little things and by doing their best to stay active even through their mental ill-health.

Sandercock (2002) maintains that national space is an imaginary, which can either be reinforced or undermined through lived experience and in 'real' spatial worlds. I add to this statement by arguing that a 'national imaginary' can both be reinforced and challenged through discursive bodies of representation. In the last section of Chapter Four, I paid attention to how the participants live-out their discursive geographies of hope. I argued that men negotiate the omnipresence of power relations and in this way, men are able to elicit power and autonomy depending on their temporal relationships in space and place. Interestingly, the men demonstrated their understandings of how hegemonic New Zealand masculinity has affected their political and material actualities and new social relationships or geographies of care.

In Chapter Five I discussed the intimate emotional and embodied geographies of New Zealand men and the ways in which mental health and masculinity is constructed and performed through space and place. I maintained that wellbeing is place specific, performed and negotiated through men's emotional embodiment. Biopsychosocial relations frame the experience of anxiety and depression and men's mental ill-health subjectivities differ from those of women. The participants convey how grand narratives of the 'kiwi bloke' as the 'family man' have shaped both what men *fear* and how they respond to their angst through socio-spatialities. As social space prescribes men's bodies with rationality, control and fearlessness, men who experience anxiety and depression can be seen to perform the absence of emotion.

Encasing one's sense of Self in a 'subjective' space, using clothing and music accessories, was one method that Andrew used to construct a personal space in social environments or 'peopled' places. For the men in this research, who experience 'abnormal' fluctuations in their mental and emotional health, feeling 'out of place' occurs in spaces whereby hegemonic New Zealand masculinities are privileged. However, the men can adopt masculine performances in order to feel a sense of inclusion in these spaces. One method for Andrew was to create a personal bubble. Andrew used his 'subjective space' to move across space and place and feel 'normal'. To avoid becoming objectified by others, the men put on a mask and conduct 'normalized' performances of masculinity and mental health. Alternatively, men's 'mental maps of fear' lead them into more intimate and meaningful spaces.

On the one hand, some men embody their homes and bedrooms as intimate and meaningful spaces. In these spaces, men can mend their negative emotions and nurture or enhance their positive emotions. On the other hand, some men experience a rootedness or attachment to place outside their residential dwellings and find therapy in moving across different spaces. I emphasize that the fluid nature of place meaning and spatial belonging is based on experience-in-place and that men's experiences-in-place are infused with a plethora of emotions. Moreover, experience-in-place for one man does not automatically constitute a similar experience, or emotional response, for another man.

I have also shown how mental ill-health affects physical wellbeing and the ways in which men embody a plurality of spaces and places. Once again, this notion leads me to disrupt perceptions of mind/body as polar opposites. Mental ill-health is affected by the relationship between men's mental, emotional and spatial embodiment. This thesis has unveiled a consciousness which moves beyond solid and stable categorizations of public/private, masculine/feminine, mind/body, rational/emotion, health/illness and home/homelessness.

I maintain that 'kiwi bloke' hegemony has made it difficult for men to embrace their mental and emotional health but that men who experience anxiety and depression are not completely powerless in their everyday spatial emotionalities. The men who participated in this research, clearly exemplify the way in which the discursive, material, social and political is gendered through experiences of health and place and moreover, how structure and agency are performed, through space, to subvert oppressive power relations. I now move on to discuss possible considerations for future geographical research.

### **Considerations for Future Research**

Throughout this thesis I have raised significant questions which future geographers could address. Building on the work that incorporates queer theories, such as Town (1999), research could examine how men's mental health and wellbeing are affected by sexual education in New Zealand schools. More broadly, research is needed to understand the relationship between sexuality, men's mental health and place. O'Connor (2002) chose to examine masculinities and emotion through his rugby autobiography. Although I have discussed how rugby is vividly defined as a 'man's sport', why not question the ways in which rugby discourses affect how women play-out and emotionally embody sports culture in and through space and place? I also alluded to the fact that researchers could begin to question 'clean bodies' in relation to space and place. How do 'clean' bodies experience inclusive and exclusive spatialities? What are the links between mental ill-health (such as Obsessive Compulsive Disorder) and cleanliness?

While it is uplifting to retell the ways in which emotions are negotiated and resolved in the research process, I believe that geographers could endeavour to express further, how emotions are contained, 'rationalised' and unresolved in these encounters. And how does place affect emotional research experiences? In Chapter Three, I made the point that interviewing my father was an emotional geography in itself.

The intricate and ethically questionable nature of interviewing family members can be offset in honest and exploratory methodologies. This is a topic I would embark on in future geographical research.

I believe that interviewing family members is a worthy enquiry for feminist geographers to explore. What is more, we can question the ways in which family members feel in the research encounter. Is retrospective censorship an issue when interviewing family? And, can or would family members decline being researched due to their emotional actualities? This last question leads me to pose another: how do social researchers decline 'undesirable' forms of participation? I retold my awkward encounter with recruiting a participant whom I did not initially believe to be suitable for the research. What have other researchers experienced when examining sensitive or emotional topics?

I touched on the fact that Frank's emotions were strongly communicated via his telephone interview. Was this because I was solely relying on my sense of sound to try and understand him? And how effectively do telephone interviews, and other virtual methodological practices, help express people's intimate emotional geographies?

Building on the narratives of the men in this research, I want to suggest that geography could stand to examine further, more intimate geographies of hope in the response to fearful spaces. I made the point that health (as well as class, race, gender and sexuality) should also be considered as a marker of social difference which shapes people's emotional spatialities. Lawson (2007b) has flagged the importance of researching geographies of hope in a response to fear produced through geographies of war, terrorism, political security, democracy and development. If geographers are to produce a 'third wave' of mental health geography, as Wolch and Philo (2000) suggest, there is potential for geographies of hope to be underpinned with subjective motivations of political change. I have adapted geographies of hope to incorporate the intimate, emotional and mental health experiences of New Zealand men.

Geographers still need to consider a nexus of research topics so that the everyday spatial realities of people are enhanced. Geographers have begun to look at the relationship between gender, fear and place (see Brownlow, 2005; England & Simon, 2010; Lawson, 2007b; Valentine, 1989).

I argue that producing 'hopeful knowledges' that give voice, and stand to emancipate marginality, should be an important research agenda. "We rarely hear from those folks whom official discourse classifies as Other about *their* fears" (Sandercock, 2002, pp. 216, italics in original). With the above quote in mind, I encourage scholars to investigate the ways in which marginalised groups emotionally embody and identify with meaningful spaces. Such research would bestow more intimate geographies of hope and geographies of care to transpire.

Insufficient work has been cultivated towards scrutinizing the geographies of men's fears: their fears of difference underpinned by notions of the Other; men's fear of the Self as they live out alternative social positions; and men's fears of the ways in which environments discipline them as subjects to *not fear*. This, I maintain, is an area in human geography which posits academic exploration. We could ask: how is fear created in response to hegemonic discourses and gendered through space and place? How do discursive relations limit women's and men's emotional expression of fear, hope or a position existing in-between understandings of fear and hope? How are 'hopeful' spatial imaginaries materialised by male identities? This last question could also serve to fulfil Robbins' (2004) assertion that: although connections between the psychological and corporeal date back to ancient Greek philosophy, the mind and body relationship needs more consideration in contemporary mental health literature and "more needs to be done to fully understand male responses to stress, anger, deep emotion, illness and injury" (Robbins, 2004, p. 362).

Norm (2001) has also highlighted a space which geographies of masculinities can examine in more depth. Research could explore the 'unusual' role of men caring for men in society (Yarnal et al., 2004).

Three of the men, interviewed in the research, discussed their desire and ability to draw on their experiences in a way which empowers them to comfort and advise others. Furthermore, I discussed how the burden of caring for men in the home - in this research - is no longer placed on the shoulders of women. With this said, scholars could investigate further how men care for themselves and others in different spaces.

Future research could also examine how men use their mental health knowledge to care for and assist other men who experience anxiety and depression and the emotional currents, which are created in and through spatially mediated relationships. Lawson (2007a) calls for geographers to expand research on care ethics to further expose the inner-workings of unequal power relations.

Hegemonic masculine discourses take for granted and naturalise men as supposedly rational and stable thinkers absent from the fluidity of emotions. By adding men into emotional and health geographies, this thesis is empirically and methodologically innovative. This thesis builds on the work of Manzo (2005) who conducted a broad but considerate study of people's emotional experience-in-place. Manzo (2005) maintains that the intersections of identity create different emotional experiences of place and such studies warrant further academic attention.

I have demonstrated how gendered and mental health discourses affect the material emotionalities of New Zealand men. Men who experience anxiety and depression have intricate relationships to different places which affect and are affected by discourses that uphold notions of hegemonic New Zealand masculinity.

I summarise by highlighting that this study paves the way for researchers to build on men's emotionalities in relation to health and new intimate geographies of hope. This thesis has made aware the importance of men's mental health and wellbeing in Aotearoa New Zealand and alerts geographers to the timely agenda of adding marginalized men's voices into feminist poststructuralist research. What this study has shown is that emotions are central to the ways in which mental ill-health is felt and embodied in place, by New Zealand men.

I want this thesis to stand as a geography of hope, which speaks to the ways in which 'kiwi' men emotionally experience space and place, through their realities of anxiety and depression. Using an intersectional lens of analysis, this research has opened up the spaces of emotional experience, mental ill-health and geographies of masculinities.

I can only *hope* that researchers continue to examine further the relationship between embodied mental ill-health experiences the emotionality of space and place. Jim provides the last words of this thesis:

Jim: The demands of a 'successful' (as sold on television) life suit only a narrow set of mental perspectives. People with even slightly different brain functioning can find it difficult to operate in our society. Yet humanity needs diversity. We need to find ways to make people, with even the most unique 'brain wiring', an asset in society. It can be done. (Interview, May 2012)

## Appendix One: Solicited Diary Information Sheet

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Re-Imaging the 'Kiwi Bloke': Low Places and Anxious Spaces, in Aotearoa New Zealand

Thank you for taking the time to consider being a part of this research. I am a master's student in geography at Te Whare Wananga o Waikato/The University of Waikato. I am completing this research under supervision, as part of academic assessment, required for the Master of Social Science.

The primary focus of this research is to understand and explore the relationship between New Zealand men who experience anxiety and depression and places. I'd like to find out how and in what ways different places have affected your mental health and wellbeing.

Your involvement:

I would like you to keep a written diary so that I may use your narratives in my research. I will provide you with a blank book in which you can record your story. Alternatively, I can provide you with a blank CD to store an electronic document on, if you would prefer to type your story out on the computer. Please write what you would like to share with others about the way place and space affected you when you were unwell.

In your diary or journal, you may like to discuss:

- What places you visited and how they impacted on your mental health;
- What emotions you felt in the different spaces or places;
- How you felt in your work space when you experienced depression or anxiety;
- How you felt in your home space;
- How people, in the spaces you visited, made you feel about yourself;
- How you felt about yourself in the different places you visited;
- Whether or not you found certain spaces to be more therapeutic than others;
- You may, or may not, like to discuss the space of the car or the space of the garden or any public spaces you visit and;
- You may, or may not, like to discuss both good feelings and negative feelings in which you experience and/or a spectrum of different emotions in which you may have felt.

## Appendix Two: Interview Schedule

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### Participant preferences

- Have you been clinically diagnosed with depression or anxiety?
- Are you currently well and able to talk about your mental health experiences?
- What do you think of the terms *anxiety* and *depression*?
- Are these terms meaningful to you?

### Mental health promotion and gender in New Zealand media

- Have you seen any of the advertising campaigns, in the New Zealand media, which target mental health and wellbeing?
- How do you feel about the advertising campaigns which target men's mental health in New Zealand?
- Have you used any resources, produced by New Zealand media, to help you through your experiences of anxiety and depression?
- What kind of resources?
- Do you, personally, find the campaigns effective?
- Can the campaign be more effective?

### Mental health

- Do you experience anxiety, depression or both?
- How and in what ways?
- Have you had clinical help with your experiences? Please explain?
- Can you tell me a little bit about your past experiences of mental ill-health?
- Was there an event that you feel may have triggered or affected your mental health and wellbeing?
- Can you tell me about your current state of mental health?
- Have you been offered support in the town/city you live in?
- Have you been able to seek support in the town/city you live in?
- Have you had support in different spaces?
- Which spaces or places are effective in supporting you or not when feeling anxious or depressed? Explain?

### Space/place

- Have you had any experiences where a space or place has affected your mental health?
- Which spaces (if any) have relieved feelings of anxiety or depression? And can you please explain?
- Do you have a 'therapeutic' place you go to when experiencing anxiety or depression?
- Do you try to conceal your mental health experiences in certain spaces?

- Which spaces (if any) have accentuated feelings of anxiety or depression? And why do you believe that was?
- Can you describe the emotions you feel, in different places, when feeling experiencing anxiety or depression?
- Which spaces (if any) do you feel 'out of place' in when feeling anxious or depression? And why do you believe that is?

**Relationships and identity:**

- Do you try to conceal your mental ill-health experiences from certain people?
- What is your idea of the typical 'kiwi bloke'?
- Do you think of mental ill-health when you imagine the stereotypical 'kiwi bloke'?
- Has this stereotype or representation affected your identity as a man who experiences anxiety and depression?
- Have you had to explain to people your relationship with mental ill-health?
- Have other people impacted the way you see yourself, in terms of your mental health/wellbeing?
- Have you ever felt pressured to be hard and tough when experiencing anxiety and depression? For example has someone ever told you to 'harden up'?
- Have you ever felt unable to speak about your experiences because you are a man?
- Has someone ever made you feel positively towards your experiences of anxiety and depression?
- Has someone ever made you feel negatively towards your experiences of anxiety and depression?
- Have you found male friends are supportive when you have been feeling down or anxious? Explain?
- Have you found female friends are supportive when you have been feeling down or anxious? Explain?
- Do you prefer to speak to men or women about your mental ill-health experiences? Please explain?
- Are there any **other topics** that you wish to discuss around your emotions, mental health and gender?
- Do you have any questions for me?

## Bibliography

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- Auckland District Health Board. (2012). *Stress and anxiety*. Retrieved from <http://www.headspace.org.nz/young-people/stress-and-anxiety.htm>
- Baxter, J. (2009). Content analysis. In R. Kitchin & N. Thrift (Eds.), *International encyclopedia of human geography* (pp. 275-280). Oxford, England: Elsevier.
- Berg, L. D. (2009). Discourse analysis. In R. Kitchin & N. Thrift (Eds.), *International encyclopedia of human geography* (pp. 215-221). Oxford, England: Elsevier.
- Berg, L. D., & Longhurst, R. (2003). Placing masculinities and geography. *Gender, Place and Culture*, 10(4), 351-360.  
doi:10.1080/0966369032000153322
- Blunt, A., & Dowling, R. M. (2006). *Home*. New York, NY: Routledge.
- Bondi, L. (2005). Making connections and thinking through emotions: Between geography and psychotherapy. *Transactions of the Institute of British Geographers*, 30(4), 433-448.
- Bondi, L. (2007). The place of emotions in research: From partitioning emotion and reason to the emotional dynamics of research relationships. In J. Davidson, L. Bondi & M. Smith (Eds.), *Emotional geographies* (pp. 231-246). Hampshire: England: Ashgate Publishing Group.
- Bondi, L. (2009). Emotional knowing. In R. Kitchin & N. Thrift (Eds.), *International encyclopedia of human geography* (pp. 446-452). Oxford, England: Elsevier.
- Bondi, L., Davidson, J., & Smith, M. (2007). Introduction: Geography's 'emotional turn'. In L. Bondi, J. Davidson & M. Smith (Eds.), *Emotional geographies* (pp. 1-17). Hampshire, England: Ashgate Publishing Group.
- Bracken, P., & Thomas, P. (2002). Time to move beyond the mind body split - The "mind" is not inside but "out there" in the social world. *British Medical Journal*, 325(7387), 1433-1434.
- Brookes, B. L., & Thomson, J. (2001). *Unfortunate folk: Essays on mental health treatment, 1863-1992*. Dunedin, New Zealand: University of Otago Press.
- Brown, M. P. (2000). *Closet space: Geographies of metaphor from the body to the globe*. London, England: Routledge.

- Brownlow, A. (2005). A geography of men's fear. *Geoforum*, 36(5), 581-592.
- Campbell, H. R., Law, R., & Honeyfield, J. E. (1999). 'What it means to be a man': Hegemonic masculinity and the reinvention of beer. In R. Law, H. R. Campbell & J. Dolan (Eds.), *Masculinities in Aotearoa/New Zealand* (pp. 166-186). Palmerston North, New Zealand: Dunmore Press.
- Campkin, B., & Cox, R. (2007). *Dirt: New geographies of cleanliness and contamination*. London, England: I B Tauris.
- Chapman, R. (1988). The great pretender: Variations on the new man theme. In R. Chapman & J. Rutherford (Eds.), *Male order* (pp. 225-248). Longdon, England: Lawrence & Wishart.
- Connell, R. W., & Messerschmidt, J. W. (2005). Hegemonic masculinity: Rethinking the concept. *Gender and Society*, 19(6), 829-859.
- Cope, M. (2010). Coding qualitative data. In I. Hay (Ed.), *Qualitative research methods in human geography* (pp. 284-294). Toronto, Canada: Oxford University Press.
- Craig, C. (2007). *Associationism and the literary imagination: From the phantasmal chaos*. Edinburgh: Edinburgh University Press.
- Curtis, S. (2010). *Space, place and mental health*. Farnham, England: Ashgate.
- Davidson, J. (2003). *Phobic geographies: The phenomenology and spatiality of identity*. Aldershot, England: Ashgate Publishing Limited.
- Davidson, J. (2010). Phobias and safekeeping: Emotions, selves and spaces. In S. Smith (Ed.), *The Sage handbook of social geographies* (pp. 369-388). London, England: SAGE.
- Davidson, J., & Milligan, C. (2004). Embodying emotion sensing space: Introducing emotional geographies. *Social & Cultural Geography*, 5(4), 523-532.
- Davidson, J., & Smith, M. (2009). Emotional geographies. In R. Kitchin & N. Thrift (Eds.), *International encyclopedia of human geography* (pp. 440-445). Oxford, England: Elsevier.
- Dunn, K. (2010). Interviewing. In I. Hay (Ed.), *Qualitative research methods in human geography* (pp. 101-138). Toronto, Canada: Oxford University Press.
- Duruz, J. (2010). Floating food: Eating 'Asia' in kitchens of the diaspora. *Emotion, Space and Society*, 3(1), 45-49.  
doi:<http://dx.doi.org/10.1016/j.emospa.2009.08.002>

- Elwood, S. (2000). Lesbian living spaces: Multiple meanings of home. In G. Valentine (Ed.), *From nowhere to everywhere: Lesbian geography* (pp. 11-28). New York: Haworth.
- England, M. R., & Simon, S. (2010). Scary cities: Urban geographies of fear, difference and belonging. *Social & Cultural Geography*, 11(3), 201-207. doi:10.1080/14649361003650722
- Foucault, M. (1972). *The archaeology of knowledge*. London, England: Tavistock Publications.
- Foucault, M. (1989). *The birth of the clinic: An archaeology of medical perception*. London, England: Routledge.
- Genovese, B. J. (2004). Thinking inside the box: The art of telephone interviewing. *Field Methods*, 16(2), 215-226. doi:10.1177/1525822x04263329
- Gray, W. (2012, July 10). Kirwan knighted for health work. *New Zealand Herald*. Retrieved from [http://www.nzherald.co.nz/nz/news/article.cfm?c\\_id=1&objectid=10810622](http://www.nzherald.co.nz/nz/news/article.cfm?c_id=1&objectid=10810622)
- Hardy, N., A. (2007). *A real (wo)man's beer gendered spaces of beer drinking in New Zealand* (Unpublished master's thesis). University of Waikato, Hamilton, New Zealand. Retrieved from <http://hdl.handle.net/10289/2362>
- Holley, H. L. (1998). Geography and mental health: A review. *Social Psychiatry and Psychiatric Epidemiology*, 33(11), 535-542. doi:10.1007/s001270050091
- Jackson, P. (1991). The cultural politics of masculinity: Towards a social geography. *Transactions of the Institute of British Geographers*, 16(2), 199-213.
- Johnson, L. (1992). Housing desire: A feminist geography of suburban housing. *Refactory Girl: A Feminist Journal*(42), 69-76.
- Johnston, L. (1996). Flexing femininity: Female body-builders refiguring 'the body'. *Gender, Place and Culture*, 3(3), 327-340. doi:10.1080/09663699625595
- Johnston, L. (1998). Reading the sexed bodies and spaces of gyms. In H. J. Nast & S. Pile (Eds.), *Places through the body* (pp. 244-262). London, England: Routledge.
- Johnston, L. (2009). The body. In R. Kitchin & N. Thrift (Eds.), *International encyclopedia of human geography* (pp. 326-331). Oxford, England: Elsevier.

- Johnston, L., & Longhurst, R. (2010). *Space, place, and sex: Geographies of sexualities*. Lanham, Maryland: Rowman & Littlefield Publishers.
- Johnston, L., & Longhurst, R. (2012). Embodied geographies of food, belonging and hope in multicultural Hamilton, Aotearoa New Zealand. *Geoforum*, 43(2), 325-331.  
doi:<http://dx.doi.org/10.1016/j.geoforum.2011.08.002>
- Johnston, L., & Valentine, G. (1995). Wherever I lay my girlfriend, that's my home: The performance and surveillance of lesbian identities in domestic environments. In D. Bell & G. Valentine (Eds.), *Mapping desire: Geographies of sexualities* (pp. 99-113). London, England: Routledge.
- Jones, P. A. (2007). Researching the geography of mental wellbeing. *Journal of Mental Health*, 16(4), 439-443.  
doi:10.1080/09638230701482386
- Kearns, R., & Moon, G. (2002). From medical to health geography: Novelty, place and theory after a decade of change. *Progress in Human Geography*, 26(5), 605-625.  
doi:10.1191/0309132502ph389oa
- Keppel, J. J. (2011). *Shaping bodies: Destination denim* (Unpublished directed study). The University of Waikato, Hamilton, New Zealand.
- Kirwan, J., & Thomson, M. (2010). *All Blacks don't cry: A story of hope*. Auckland, New Zealand: Penguin Books.
- Law, R. (1997). Masculinity, place, and beer advertising in New Zealand: The southern man campaign. *New Zealand Geographer*, 53(2), 22-28. doi:10.1111/j.1745-7939.1997.tb00495.x
- Law, R., Campbell, H., & Schick, R. (1999). Introduction. In R. Law, H. Campbell & J. Dolan (Eds.), *Masculinities in Aotearoa/New Zealand* (pp. 259 p.). Palmerston North, New Zealand: Dunmore Press.
- Lawson, V. (2007a). Geographies of care and responsibility. *Annals of the Association of American Geographers*, 97(1), 1-11.  
doi:10.1111/j.1467-8306.2007.00520.x
- Lawson, V. (2007b). Introduction: Geographies of fear and hope. *Annals of the Association of American Geographers*, 97(2), 335-337.  
doi:10.1111/j.1467-8306.2007.00539.x
- Lawson, V. (2009). Instead of radical geography, how about caring geography? *Antipode*, 41(1), 210-213. doi:10.1111/j.1467-8330.2008.00665.x
- Longhurst, R. (1997). (Dis)embodied geographies. *Progress in Human Geography*, 21(4), 486-501.

- Longhurst, R. (2000). Geography and gender: Masculinities, male identity and men. *Progress in Human Geography*, 24(3), 439-444. doi:10.1191/030913200701540519
- Longhurst, R. (2009). Interviews: In-depth, semi-structured. In R. Kitchin & N. Thrift (Eds.), *International encyclopedia of human geography* (pp. 580-584). Oxford, England: Elsevier.
- Longhurst, R., & Wilson, C. (1999). Heartland Wainuiomata: Rurality to suburbs, black singlets to naughty lingerie. In R. Law, H. R. Campbell & J. Dolan (Eds.), *Masculinities in Aotearoa/New Zealand* (pp. 215-228). Palmerston North, New Zealand: Dunmore Press.
- MacKian, S. C. (2009). Wellbeing. In R. Kitchin & N. Thrift (Eds.), *International encyclopedia of human geography* (pp. 235-240). Oxford, England: Elsevier.
- Manzo, L. C. (2005). For better or worse: Exploring multiple dimensions of place meaning. *Journal of Environmental Psychology*, 25(1), 67-86.
- Matahaere-Atariki, D. C. (1999). A context for writing masculinities. In R. Law, H. Campbell & J. Dolan (Eds.), *Masculinities in Aotearoa/New Zealand* (pp. 104-117). Palmerston North, New Zealand: Dunmore Press.
- McGuirk, P. M., & O'Neill, P. (2010). Using questionnaires in qualitative human geography. In I. Hay (Ed.), *Qualitative research methods in human geography* (pp. 191-216). Toronto, Canada: Oxford University Press.
- McKendrick, J. H. (2009). Mixed and multiple methods. In R. Kitchin & N. Thrift (Eds.), *International encyclopedia of human geography* (pp. 128-133). Oxford, England: Elsevier.
- Mental Health Foundation of New Zealand. (2011). *Get in the game: Training for happiness*. Retrieved from <http://www.mentalhealth.org.nz/page/5-Home>
- Mental Health Foundation of New Zealand. (2012a). *Making mental health everybody's business*. Retrieved from <http://www.mentalhealth.org.nz/page/5-Home>
- Mental Health Foundation of New Zealand. (2012b). *Men and depression*. Retrieved from [http://www.mentalhealth.org.nz/file/downloads/pdf/file\\_87.pdf](http://www.mentalhealth.org.nz/file/downloads/pdf/file_87.pdf)
- Meth, P. (2003). Entries and omissions: Using solicited diaries in geographical research. *Area*, 35(2), 195-205. doi:10.1111/1475-4762.00263
- Ministry of Health (Producer). (2007). Depression: There is a way through it. Retrieved from <http://www.youtube.com/watch?v=9nkZQZfSCs>

- Ministry of Health (Producer). (2010a). John Kirwan depression TVC. Retrieved from <http://www.youtube.com/watch?v=ofc62mLD-UA>
- Ministry of Health (Producer). (2010b). John Kiwan depression TVC. Retrieved from <http://www.youtube.com/watch?v=cZ9yRhCiLfA>
- Ministry of Health Manatu Hauora. (2001). *Like minds like mine national plan*. Retrieved from <http://www.likeminds.org.nz/page/24-about-like-minds-like-mine>
- Ministry of Health manatu Hauora. (2009). *Depression: JK's programme*. Retrieved from <http://www.depression.org.nz/content/home>
- Ministry of Health Manatū Hauora. (2010). *Suicide facts: Deaths and intentional self-harm hospitalisations 2008*. Retrieved from <http://www.health.govt.nz/publication/suicide-facts-deaths-and-intentional-self-harm-hospitalisations-2008>
- Ministry of Health Manatū Hauora. (2012). *Men and depression*. Retrieved from [http://www.depression.org.nz/ContentFiles/Media/PDF/Men\\_and\\_depression.pdf](http://www.depression.org.nz/ContentFiles/Media/PDF/Men_and_depression.pdf)
- Moorfield, J. C. (2003). *Māori dictionary: Te aka Māori-English, English-Māori dictionary*. Retrieved from <http://www.maoridictionary.co.nz/>
- Morin, K. M., Longhurst, R., & Johnston, L. (2001). (Troubling) spaces of mountains and men: New Zealand's Mount Cook and hermitage lodge. *Social and Cultural Geography*, 2(2), 117-139. doi:10.1080/14649360120047779
- Morrison, C. A. (2012). Solicited diaries and the everyday geographies of heterosexual love and home: Reflections on methodological process and practice. *Area*, 44(1), 68-75. doi:10.1111/j.1475-4762.2011.01044.x
- Moss, P., & Dyck, I. (2003). *Women, body, illness: Space and identity in the everyday lives of women with chronic illness*. Lanham, MD.: Rowman & Littlefield.
- Murray, G., Judd, F., Jackson, H., Fraser, C., Komiti, A., Pattison, P., et al. (2008). Big boys don't cry: An investigation of stoicism and its mental health outcomes. *Personality and Individual Differences*, 44(6), 1369-1381.
- O'Connor, A. M. (2002). Young pakeha men's conceptions of health, illness and healthcare. In H. Worth, A. Paris & L. Allen (Eds.), *The life of Brian* (pp. 139-158). Dunedin, New Zealand: University of Otago Press.
- ONE NEWS. (2012). *Kirwan 'disappointed' in Ma'a Nonu shifting south*. Retrieved from <http://tvnz.co.nz/news>

- Parr, H. (2001). Feeling, reading, and making bodies in space. *Geographical Review*, 91(1/2), 158-167.
- Parr, H. (2008). *Mental health and social space: Towards inclusionary geographies?* Oxford, England: Blackwell Publishing.
- Payne, S. (2004). Gender influences on men's health. *The Journal of the Royal Society for the Promotion of Health*, 124(5), 206-207. doi:10.1177/146642400412400510
- Peil, T. (2009). Home. In R. Kitchin & N. Thrift (Eds.), *International encyclopedia of human geography* (pp. 180-184). Oxford, England: Elsevier.
- Philipp, A., & Ho, E. (2010). Migration, home and belonging: South African migrant women in Hamilton, New Zealand. *New Zealand Population Review*, 36, 81-101.
- Phillips, J. (1987). *A man's country?: The image of the pakeha male, a history*. Auckland, New Zealand: Penguin.
- Pringle, R. (2002). *Living the contradiction: A Foucauldian examination of my youthful rugby experience*. Dunedin, New Zealand: University of Otago Press.
- Renzetti, C. (1997). Confessions of a reformed positivist: Feminist participatory research as good social science. In M. Schwartz (Ed.), *Researching sexual violence against women: Methodological and personal perspectives* (pp. 131-143). Thousand Oaks, CA: SAGE.
- Robbins, A. (2004). Introduction to men's mental health. *The Journal of Men's Health & Gender*, 1(4), 359-364.
- Robbins, A. (2006). Biopsychosocial aspects in understanding and treating depression in men: A clinical perspective. *The Journal of Men's Health & Gender*, 3(1), 10-18.
- Rose, G. (2012). *Visual methodologies: An introduction to researching with visual materials* (3rd ed.). London, England: SAGE.
- Sandercock, L. (2002). Difference, fear and habitus: A political economy of urban fears. In J. Hillier & E. Rooksby (Eds.), *Habitus: A sense of place* (pp. 203-218).
- Sibley, D. (1995). *Geographies of exclusion: Society and difference in the west*. London, England: Routledge.
- Smith, C. J. (2009). Mental health. In R. Kitchin & N. Thrift (Eds.), *International encyclopedia of human geography* (pp. 64-69). Oxford, England: Elsevier.

- Soanes, C., & Stevenson, A. (Eds.). (2006) *Agoraphobia* (11th ed.). Oxford, England: Oxford University Press.
- Star, L. (1999a). 'Blacks are back': Ethnicity, male bodies. exhibitionary order. In R. Law, H. Campbell & J. Dolan (Eds.), *Masculinities in Aotearoa/New Zealand* (pp. 229-250). Palmerston North, New Zealand: Dunmore Press.
- Star, L. (1999b). New masculinities theory: Poststructuralism and beyond. In R. Law, H. Campbell & J. Dolan (Eds.), *Masculinities in Aotearoa/New Zealand* (pp. 36-45). Palmerston North, New Zealand: Dunmore Press.
- Theunissen, M. (2012, February 4). Silly journey for serious problem. Retrieved from [http://www.nzherald.co.nz/mental-health/news/article.cfm?c\\_id=699&objectid=10783398](http://www.nzherald.co.nz/mental-health/news/article.cfm?c_id=699&objectid=10783398)
- Thien, D. (2009). Feminist methodologies. In R. Kitchin & N. Thrift (Eds.), *International encyclopedia of human geography* (pp. 71-78). Oxford, England: Elsevier.
- Tourism New Zealand. (2012). *New Zealand all black great: John Kirwan*. Retrieved from [http://www.newzealand.com/travel/media/features/personalities/personalities\\_nz-all-black-great-john-kirwan\\_feature.cfm](http://www.newzealand.com/travel/media/features/personalities/personalities_nz-all-black-great-john-kirwan_feature.cfm)
- Town, S. (1999). Queer(y)ing masculinities in schools: Faggots, fairies and the first XV. In R. Law, H. R. Campbell & J. Dolan (Eds.), *Masculinities in Aotearoa/New Zealand* (pp. 135-152). Palmerston North, New Zealand: Dunmore Press.
- Valentine, G. (1989). The geography of women's fear. *Area*, 21(4), 385-390. doi:10.2307/20000063
- Waite, G. (2010). Doing Foucauldian discourse analysis - Revealing social realities. In I. Hay (Ed.), *Qualitative research methods in human geography* (pp. 217-240). Toronto, Canada: Oxford University Press.
- Watkins, D. C., Green, B. L., Rivers, B. M., & Rowell, K. L. (2006). Depression and black men: Implications for future research. *The Journal of Men's Health and Gender*, 3(3), 227-235.
- White, A. (2006). Men and mental wellbeing - encouraging gender sensitivity. *The Mental Health Review*, 11(4), 3-6.
- Whitton, G. (2001). Masculinities and Men's Health. *Agenda*, 16(47), 99-104. doi:10.1080/10130950.2001.9675939
- Winchester, H. P. M., & Riofe, M. W. (2010). Qualitative research and its place in human geography. In I. Hay (Ed.), *Qualitative research*

*methods in human geography* (pp. 4-25). Toronto, Canada: Oxford University Press.

Wise, A. (2005). Hope and belonging in a multicultural suburb. *Journal of Intercultural Studies*, 26(1-2), 171-186.  
doi:10.1080/07256860500074383

Wolch, J., & Philo, C. (2000). From distributions of deviance to definitions of difference: Past and future mental health geographies. *Health and Place*, 6(3), 137-157.

Worth, H., Paris, A., & Allen, L. (2002). *The life of Brian: Masculinities, sexualities and health in New Zealand*. Dunedin: University of Otago Press.

Wright, S. (2012). Emotional geographies of development. *Third World Quarterly*, 33(6), 1113-1127. doi:10.1080/01436597.2012.681500

Wylie, J. W. (2006). Poststructuralist theories, critical methods and experimentation. In S. Aitken & G. Valentine (Eds.), *Key methods in geography* (pp. 289-310). London, England: SAGE.

Yarnal, C. M., Dowler, L., & Hutchinson, S. (2004). Don't let the bastards see you sweat: Masculinity, public and private space, and the volunteer firehouse. *Environment and Planning A*, 36, 685-699.

Zournazi, M. (2002). *Hope: New philosophies for change*. London, England: Routledge.

