

'She feels I hold too much in': exploring romantic intimacy, mental illness and masculinity

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This research begins to explore relationships between masculinity and mental health, as experienced by men. For this paper, I have selected small excerpts of speech to explore patterns in how men described their experiences of mental health problems as they impacted on relationships with women. Employing a discourse analytic perspective, I identified three patterns of intimacy where men interwove talking about their relationships with women and their experiences of mental distress. Discourse analysis can be thought of as uncovering the cultural resources used by people to construct their identity and relationships that would otherwise remain tacit.¹

Research has shown that men with physical disabilities emphasise the importance of emotion and trust in communication as defining features of their intimacy with romantic partners. This involves a negotiation of masculine notions of sexuality, which stress the physicality of sexual intimacy unavailable to them due to physical disability.² We might expect that men with mental disabilities might also handle intimacy differently, since relationships with self and others are strongly affected by mental health problems. There appears to be very little literature that systematically addresses men's views about mental health problems and intimacy; this research begins to address that gap.

Focusing on the material structure of gender relations, attention has been paid to the notion of hegemonic masculinity, ie the practices employed by men in order to sustain and legitimate a dominant and privileged position in their relationships to women.³⁻⁵ A discourse analytic perspective suggests that men are involved in a process of positioning "themselves in relation to conventional notions of the masculine".⁶ Together these strategies suggest that attention must be paid to men's descriptions of their relationships with women alongside the nature of the positions they assume within these relationships.^{7 8}

Relationships between women and men are a critical site for the construction of masculinity and femininity.³ For the purpose of this paper 'intimacy' is defined as talk by men about their close relationships with women contributing to the formation of masculine identity. My questions are: how do men negotiate conventionally

masculine notions of manhood that reject emotional expressiveness? What influences do dominant and privileged forms of masculinity have over patterns of intimacy? How are women portrayed within this process? In what ways do men who have experienced mental health problems resist conventional masculinity? And what consequences do these processes produce in relationships between women and men?

A similar study found that although men had experienced long-term unemployment they had not necessarily moved away from hegemonic forms of masculinity.⁹ We might also expect to find that the experience of mental illness would not necessarily bring about the adoption of equitable practices by men even though mental illness might lead to different patterns of relating.

Interviewing men: Face-to-face interviews

Excerpts from three face-to-face interviews with men have been selected for this discussion. The larger study involves investigating mental health problems as they impact upon masculinity as a whole. The research conducted by Lapsley, Nikora and Black into recovery from mental health problems provided a context from which I designed the larger study.¹⁰ A semi-structured interview schedule was employed where men who have experienced mental health problems were given freedom to talk about themes of masculinity as they related to their lives. They were selected according to their identification as male and Pakeha (NZ European) and were recruited through professional and personal networks. Face-to-face

interviews were chosen so as to produce a rich source of qualitative data.^{11 12} The interviews were recorded on audiotapes and transcribed with basic notation. By matching the gender of the participant with the interviewer it was anticipated that the participant would more readily and safely talk about their experience.

Three patterns of intimacy

Intimacy within a mental health discourse

Jo, in his mid-thirties and currently employed, told me that a manic phase destroyed his first marriage, but now, in his second marriage, he and his wife actively discuss and co-manage his mental illness. Jo talked of being emotionally inexpressive until a suicide attempt confronted him with the nature of his mental health problem. He and his wife began a gruelling process of marriage counselling from which a pattern of emotional expressiveness emerged and continued in their relationship. Reflecting on intimacy, he believes this relationship has been his first 'close' relationship.

Discussing a period of depression, he frames intimacy between him and his wife within a mental health discourse. He says, "So you don't really notice yourself out of it [depression], you just notice yourself in there. I spent, my wife spends more time with me self-monitoring I suppose just to make sure I know where I'm at ..."

Jo's description of being 'close' to his wife draws upon a mental health discourse that suggests monitoring one's mental health status prevents mental distress and promotes recovery. He says his wife encourages him to be emotionally open and together they adopt monitoring practices. This pattern of intimacy stimulates openness between them, his wife "likes that I share with her. She feels I hold too much in". The self-monitoring pattern of intimacy enhances and constitutes an aspect of the intimacy of their marriage.

Intimacy within a self-awareness discourse

Bill, now in his early fifties, talked of two marriages ending with suicide attempts that have led him to emphasise the importance of self-awareness as a self-protective strategy. In recent times his romantic relationships have developed 'complications' and at these times he experiences "spinning out. Everything turns to shit, I lose my focus, and I lose my balance, I just, you know." Contending with emotionally 'spinning out' is made more complicated by women who are 'stuck into that mode of thinking', that is, lacking self-awareness. He says, "I certainly know what my feelings are, I'm certainly really in tune with what's going on for me. I have to contend with other people who aren't." He went on to recount the history of a recent relationship. A feature was a mutual identification over issues of trauma and recovery experienced during their lives.

The pattern of intimacy Bill described provided a stable emotional platform to begin a romantic relationship at the same time maintaining his own mental health. Such an account of intimacy gives explicit esteem to frankness and self-awareness, allowing this potential new partner to negotiate relationship options she was comfortable with. Bill says of her decision:

... she decided that she couldn't handle a relationship because of her stuff that happened to her as a child. She just, closed herself off and she's not able to have sexual relationships with men... But we ended up becoming friends in the end *quite good friends*. I know she does like me, if she was able to have sexual relationships she probably, she would, she's not able to and I'm not going to.

Through an account of intimacy with self-awareness at its centre, Bill and his friend were able to negotiate a mutually fulfilling friendship whilst maintaining his own mental health.

Intimacy within a heterosexual discourse

Anastra, in his 40s, married, unemployed and a father of three children spoke with great enthusiasm about the role of women in his life. He spoke to me of a history of sexual promiscuity as a prominent and exciting feature of his life. This sexualised pattern of relating to women was imbedded within heterosexist notions of gender relations, saying they "[women] are God's greatest gift to man ...". He described a sexualised pattern of intimacy through which he has gained support when he has experienced mental distress:

That soft melodic tone of the voice of a woman is something that mellows the soul. And makes you more, what's the word, sort of within yourself you can, um, retreat within yourself and feel that there's something there. I'm a breast man myself, you know. I enjoy all aspects of women. I think that they are gorgeous.

The pattern of intimacy described by Anastra is constituted through a heterosexual discourse. Women are constructed as sexualised objects that provide sensual comfort that "mellows the soul".

Conclusion

Drawing upon various discourses the three men display diverse patterns of intimacy, which offer them different ways of relating to women. Anastra's account resembles hegemonic masculinity in light of the privileged nature of the relationship he described. Jo and Bill adopted discourses that appear to have enhanced both intimacy and their mental health simultaneously resisting conventional notions of masculine inexpressiveness.

However, positions in gender relations are contradictory. An enhanced pattern of intimacy may not reflect the presence of non-oppressive practices in other dimensions.⁸

This paper is the initial analysis of talk around relationships with women, in which intimacy emerged as a concern. Other relationship issues included custody cases, separation and divorce, breaking up and homicide. The larger study will also explore the impact of mental health problems and mental health institutions on fatherhood, employment, manhood and sexuality.

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