

## General

# "I Don't Think I Have Depression, but Just a Bad Self-Esteem and Self-Worth": Accounts of Men's Experiences of Depression in Online Interactions.

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Across the world, depression rates are consistently lower for men compared to women, while suicide rates are higher, especially for middle-aged and elderly men. Evidence suggests that culturally dominant standards of masculinity restrict emotional expressiveness in men and render help-seeking unmasculine. This masculine norm of emotional restraint encourages some men to act out their emotional pain by adopting practices that are damaging to themselves and others. Researchers have suggested that the role of masculinity ideologies in the stoicism of men with depression deserves further exploration. In response to this call, the present study sought to explore how depression in men is constructed in online forums. Data were collected from five asynchronous discussion forums and one YouTube video and associated commentaries. Data were analysed using constructivist grounded theory. Findings show that the online interactions of men with depression often demonstrated stoic practices, which were underpinned by adherence to regressive masculinity norms (which uphold rigid gender performances and perpetuate gender inequality). Additionally, some men's stoicism was supported through the subordination of female partners. Finally, younger forum users often expressed anti-stoic messages and took a more critical approach to conventional gender norms, often speaking out for the value of humanity and equality over gendered dominance and power.

### Highlights: 5 bulletpoints summarizing the most important points

- **Depression in men is often misrecognised**  
Masculinity norms often discourage emotional expressiveness in men, leading to atypical symptoms in men (e.g., anger, substance misuse, and somatic complaints), which are often overlooked.
- **Stoicism is a dominant theme in men's coping with depression**  
Masculinity ideals that prioritise autonomy, control, and emotional restraint encourage men experiencing depression to self-manage their distress.
- **Female partners of men with depression often become unwitting supporters of their partners' stoicism**  
This occurs through a process of subordination which leads to female partners neglecting their own emotional needs.
- **Changing perspectives on masculinities**  
Younger men show signs of embracing more emotionally open and egalitarian masculinity ideologies, challenging stoicism and promoting emotional expression.

### • The study calls for gender-sensitive mental health initiatives and further research

Suggestions included the development of psychoeducational resources tailored to men, strategies for challenging stoicism, and a deeper understanding of the effects of men's emotional restraint on partners and family dynamics.

### Introduction

Globally, diagnoses of depression are less common among males (4%) than females (6%) (WHO, 2023). Sex differences in diagnoses of depression have been observed across 204 countries, with these differences appearing more pronounced among older adults, and in those aged 55-59 years (Li et al., 2023). Indicatively, in the United States, rates of depression are between 1.5- and 3-times higher in females (APA, 2013). In the UK, moderate to severe symptoms of depression were reported in 2022 by 19% of women and 14% of men, whilst depression rates were higher in ages 16-29 years for both females (35%) and males (22%) (ONS, 2023). However, evidence about suicide rates in the UK shows that in 2023 suicide rates were significantly higher in males (17.4 per 100,000) than females (5.7 per

100,000), with men aged between 45 to 49 years being most at risk (25.5 per 100,000) (ONS, 2023).

One explanation for this apparent irregularity is that depression in men may not always be identified accurately (Gough & Novikova, 2020), which may be linked to men themselves not making the connection between their symptoms and recognised experiences of depression (House et al., 2018; Sierra Hernandez et al., 2014; Thompson & Bennett, 2015). This could lead to underreporting depression or presenting with variable experiences of depression that makes recognition of depression in men by healthcare professionals challenging (Call & Shafer, 2018; Mackenzie et al., 2019; Möller-Leimkuhler, 2002; Stiawa et al., 2020). This effect is often augmented by some men considering symptoms of depression such as moodiness or anger or diminished ability to experience pleasure as stable personality traits (Epstein et al., 2010), thus potentially downplaying the clinical significance of symptoms of depression (Brownhill et al., 2005; Ridge et al., 2011). Other men may underreport experiences of depression because their sense of masculinity conflicts with emotional expressiveness (Addis & Hoffman, 2017; Galasiński, 2008; Staiger et al., 2020) and help-seeking (Cole & Davidson, 2018; Rice et al., 2016; Seidler et al., 2018; Staiger et al., 2020).

### The presentation of depression in men

Evidence suggests that men who experience depression often exhibit atypical symptoms such as irritability, alcohol and substance abuse, difficulty in exercising self-control (Cavanagh et al., 2016; Sharpley et al., 2014), or a narrow set of symptoms, which include somatic symptoms and anhedonia (Sharpley et al., 2016). Irritability was found to be the most common symptom in men among a sample of 1004 18-year-old German males, as assessed by the Gotland Scale for Male Depression (Möller Leimkuhler et al., 2007). Additionally, an American study (Genuchi & Mitsunaga, 2015) showed that in a sample of 548 University students, males scored higher than females on the externalising symptoms section of the Masculine Depression Scale (Magovcevic & Addis, 2008), evincing some men's difficulty in voicing emotions. Acting out emotional states thus becomes an option for some men with depression - an approach which has been associated with experiences of *stoicism* (Jansz, 2000). Empirical evidence has documented anger (Genuchi & Valdez, 2015), substance abuse (Brownhill et al., 2005; Kilmartin, 2005), or other risk-taking behaviour (Lester, 2014), as prevalent acting-out practices among some men who cope stoically with depression.

In addition, given that being the primary provider for the family remain societal expectations of men, it is not surprising that some men experiencing depression may cope by immersing themselves in work and working long hours (Brownhill et al., 2005). Unfortunately, such maladaptive responses, which often mask the real problem, may attract praise from employers, which may unwittingly reinforce overworking as an appropriate coping mechanism (Brownhill et al., 2005). Essentially, all of the above are unhelpful ways of self-managing depression (Gough & Novikova,

2020; Robertson, 2007), which deprive men of outlets for emotional support (Gough, 2018), leaving them feeling rejected and isolated (Ramirez & Badger, 2014).

While some men may use unhelpful strategies to self-manage their depression, evidence suggests that, under certain conditions, some men experiencing depression are inclined to take a more proactive and effective approach using helpful strategies (Fogarty et al., 2015; Johnson et al., 2012; Seidler et al., 2018). For example, research has shown that men who find it difficult to confide to others about their depression in face-to-face situations often turn to the internet to gather information that may help them make informed decisions about their health-related difficulties and the need to seek professional help. The anonymity and the indirect contact afforded by the internet make it possible for people to search for information and to interact with each other through online synchronous and asynchronous discussion groups whilst still maintaining a level of privacy (Nimrod, 2012). Therefore, online spaces can provide men experiencing depression with a seemingly safe and supportive environment where they can explore a broader range of emotional responses beyond anger and aggression (Olliffe et al., 2012). Moreover, engaging with online self-help resources reinforces the legitimacy of seeking help, as the internet is widely perceived as a credible and accessible source of support for everyone (Holzinger et al., 2012).

### The role of masculinity ideologies in men's health practices

The relationship between men and mental health appears to be tentative at times, highlighting the need to explore the role of masculinity norms in men's responses to mental health. However, such explorations are often misguided by theoretical conceptions of masculinities as a unitary and homogeneous entity, which reinforce constructions of men as irresponsible and masculinities as inherently problematic (Robertson et al., 2016). Conversely, considering men's health practices as "institutionalised practices located in structures of power" (Hearn, 1996, p. 206), allows for a more nuanced inquiry into how dominant masculinity discourses (Emslie et al., 2006) may influence some men's responses to their mental health needs. Within this theoretical lens, masculinities can be viewed as "configurations of practice" situated within a historically defined gender order (Connell, 1995, p. 81), where the "active, reflexive and political nature" of masculinities (Ferree, 2018, p. 15) may steer how men navigate power structures, including in the management of depression. Following this approach can help highlight the role of social and cultural contexts in men's health practices and help eschew essentialist approaches which position masculine practices within the individual, as personality traits or as a matter of volition, disregarding extrinsic influences (Gough & Robertson, 2017). This perspective of masculinities as configurations of practice, rather than as individual traits, allows for an exploration of ideological struggles for dominance within a gender hierarchy (Bridges & Pascoe, 2014).

Dominant masculinity discourses have been explored through the concept of *hegemonic masculinity* (Emslie et al.,

2006), which has emerged from American feminist theory (Donaldson, 1993). Connell (1995) further developed this concept in her influential book *Masculinities*, defining hegemonic masculinity as a configuration of masculinities that men may subscribe to in their efforts to meet culturally defined masculinity norms. Connell (1995) identifies four main masculinity patterns: *hegemonic masculinities* – a fluid and changeable gender configuration that adapts to historical conditions to ensure the dominance of men and the legitimacy of patriarchy (typically aligned with heteronormativity); *subordinated masculinities* – a gender space that is occupied by men who do not meet normative masculinity ideals e.g., strength courage and independence (e.g., LGBTQI+ people); *complicit masculinities* – a gender space that is occupied by men who although they do not fully meet normative masculinity standards, they implicitly support gender inequalities and male ascendancy; and *marginalised masculinities* – expressions of masculinity that may align with dominant masculinity norms but are limited in their ascendancy due to factors such as race or class.

It is understood that men may pursue the advantages associated with dominance (i.e. patriarchal dividends [Connell, 1995]) through an arbitrary sense of *entitlement* (Kimmel, 2013) and through a process of aggressively competing with and dominating others (Kupers, 2005). Connell's theory has been influential to the extent that research in men's health may have, unintentionally, overemphasised the role of hegemonic masculinity in the gender hierarchy, resulting in less attention being paid to other forms of masculinity and the potential contribution of those other masculinities to the adoption of unhealthy behaviours by men (Gough, 2006). More recent theoretical developments include *inclusive masculinity* (Anderson, 2009), where men adopt egalitarian views and use their power to support and empower others. Additionally, Scambor et al. (2014) suggest that the growing number of men prepared to take on caring roles – previously seen as incompatible with masculinity – signals a shift toward what the authors term 'caring masculinity'. Lastly, Bridges and Pascoe (2014) observed that hegemonic masculinity itself may be evolving. They propose the concept of *hybrid masculinities*, where men maintain masculine advantage by adopting selective elements of progressive gender discourse without challenging gender inequality. A related concept, *pastiche hegemony*, which has been proposed by Atkinson (2011) suggests that men adopt chameleon-like practices (Atkinson, 2011, p. 41) to maintain dominance in changing cultural contexts.

This gendered perspective allows for theorising how some masculine configurations could achieve power through a process of discursively distancing oneself from hegemony, or by constructing dominance as less meaningful than some marginalised and subordinated gendered configurations (Bridges & Pascoe, 2014). For example, a study involving male participants drawn from a domestic violence intervention programme, showed that participants employed discursive practices (e.g., described themselves as middle-class people with egalitarian views whilst they constructed violence as part of working-class machismo

culture), which helped distance themselves from disapproved masculine practices (Ehrlich & Levesque, 2011).

However helpful Bridges and Pascoe's (2014) suggestions are, they still draw attention to what's wrong with some men's practices. In light of the view that men may, at times, demonstrate positive approaches to their mental health (Fogarty et al., 2015), perhaps richer understandings of men's health practices could be reached where research moves away from a focus on men's unhelpful ways of coping with depression (Whittle et al., 2015), and towards a consideration of positive ways of managing depression (Sloan et al., 2010; Whittle et al., 2015). In this respect, the idea that men are more likely to engage with healthier practices where those practices are perceived as normative is worthy of further consideration (Gough & Robertson, 2017; Seidler et al., 2016). A way that this could be achieved may be through the involvement of men's life partners, as has been shown in a study of Canadian men with depression and their partners conducted by Coen et al. (2013). The researchers interviewed 9 men and their female partners and found that their male participants had been helped to cope positively with depression through their female partners' validation of their emotional expressiveness and vulnerability. The authors claimed that, with their female partners' help, the men in their study managed to soften aspects of their masculinity, and this helped the male partners to identify alternative ways of being masculine, whilst selectively maintaining some more traditional masculine traits.

Further suggestions about how to overcome a deficit-view of men in future research include considerations of the ways in which men construct masculinities as configurations of practice (Robertson & Gough, 2010; Seidler et al., 2016). A line of inquiry that could help shed light in this area would be to explore how men experiencing depression talk about their depression in more naturalistic settings, such as in online forums, with their peers, and without being distracted by the presence of researchers (Gough, 2016). This draws on suggestions that "Allowing men to define distress for themselves in qualitative research will probably open up important insights into 'invisible' aspects of their emotional life" (Ridge et al., 2011, p. 154). Aspects of men's lives may become invisible as a function of social desirability when men are involved in re-enacting masculinity norms during interviews (Ridge et al., 2011). Researching naturally occurring discourses, such as those occurring in online spaces, can help circumvent this epistemological challenge, while also contributing to the scientific understanding of depression in men in novel, participant-driven ways (Athanasiadis, 2017). Additionally, online forums offer the advantage of allowing users to connect with a large number of people regardless of geographical limitations (Morison et al., 2015; Robinson, 2001). These digital spaces are also valuable for capturing the views of younger men on mental health, as a significant portion of young people engage with online mental health resources (Kauer et al., 2014).

## Research aims

This research project was established to help to enhance understandings of the following areas: (a) how depression in men is constructed and negotiated in naturalistic settings; (b) the role of masculinity norms in men's mental health practices; (c) processes that sustain or help to transcend stoicism in men with depression; and (d) lines of inquiry that may hold promise for further research. In pursuing these aims, naturally occurring interactions were sought, ensuring the absence of researchers in order to avoid the re-enactment of masculinity ideologies (Emslie & Hunt, 2009; Gough, 2016; Ridge et al., 2011). This included online forums, as these have been suggested as suitable spaces for naturally occurring interactions, which could provide new insights into the informants' experiences (Gough, 2016), while covering large geographical areas (Morison et al., 2015; Robinson, 2001).

## Methodology

### Research design

Ethical approval for this study was granted by the Research Ethics Committee of Leeds Beckett University, UK (Approval reference numbers: 24784 and 88160). A qualitative approach was adopted to help capture the nuanced ways in which men experiencing depression construct depression and how these constructions influence their health practices (Gough & Robertson, 2017). Data were collected, using purposive sampling in Phases 1 and 2, and theoretical sampling (Charmaz, 2014a) in Phase 3. The data collection process reflects an abductive approach to knowledge elicitation; we started searching for data that could help to elucidate the area of men's experiences of depression, and we allowed our data to guide us in the collection of further data that could help enhance our understanding of this area. In line with this, our data collection comprised three phases with each phase focusing on different aspects of experiences of depression in men, as follows: Phase 1: constructions of depression in men; Phase 2: experiences of partners of men experiencing depression; and Phase 3: discussions of stoicism in men experiencing depression.

### Data collection

The data included in this study spans from 2008 to 2021, reflecting the periods during which relevant online discussions were accessible. At the time of data collection, these online interactions represented some of the most detailed and publicly available discussions on men's experiences of depression. Given that access to online forums is often subject to change - due to shifting platform policies, content restrictions, and forum closures - retrospective collection of newer data was limited. As such, this dataset provides a rare and valuable snapshot of men's mental health discourse over time, allowing for a longitudinal perspective on how masculinity norms may be informing help-seeking behaviours. While newer discussions may exist, the insights gained from these historical interactions remain relevant,

particularly in understanding the persistence and evolution of gendered mental health narratives. The following sections describe each phase of the study in detail:

### Phase 1

The research process commenced in January 2016 with a search for online interactions on men's experiences of depression. The search criteria were: asynchronous conversations, which were in English, and which were either first-person accounts of men who were experiencing or who had experienced depression, or stories about significant other men (e.g., male partners or male family members) with experiences of depression. Applying these criteria led to the identification of five relevant forums. Four of these forums (i.e., [patient.info](http://patient.info), [depressionforums.co.uk](http://depressionforums.co.uk), [dealingwithdepression.co.uk](http://dealingwithdepression.co.uk); and [sane.org.uk](http://sane.org.uk)) included online interactions which consistently focused on men's experiences of depression. In total, across the four forums, there were 23 threads, and 1,323 posts (see [Table 1](#)). These online conversations occurred between May 2013 and May 2016.

### Phase 2

Phase 2 identified a unique set of data from a forum (i.e., [netdoctor.co.uk](http://netdoctor.co.uk)) that focused on the experiences of partners of men with depression. This data, which centred on the perspectives of partners, was analysed separately to explore the distinct role partners play in the mental health of men with depression. These were posted between March 2008 and September 2012 and consisted of 12 threads and 244 interactions.

### Phase 3

Following data analysis from Phases 1 and 2, it became apparent that additional data were needed to help illuminate the use of *stoicism* in men who experience depression, particularly in the conversations of younger people. Our search for suitable online spaces eventually led to YouTube, where 44% of users fall within the 25–44 age range (Social Films Ltd, [2023]). Videos created by male YouTube creators aged 18–30, living in the UK, and discussing their experiences of depression with a focus on stoicism, were searched for. Search criteria also included the presence of associated commentaries, with active commentary contributions in the last 12 months. A suitable YouTube video by a UK-based video creator (details of the video have been withheld to preserve anonymity) was identified and data from the video transcript and related commentaries were collected on 23 December 2021. The video and its associated commentary had been available since August 2018. The video's duration was 17:51 minutes and its transcribed version consisted of 3,044 words; the commentary had a single thread with 1,402 comments.

### Positionality

Charmaz (2017, p. 35) advises that the researcher's "explicit value position" is made clear at the start of the research. In view of this, we openly acknowledge our involve-

**Table 1. Descriptive information about online interactions from all three phases.**

Source	Phase 1				Phase 2	Phase 3
	Dealing with Depression	Patient Info	Sane	Depression Forums	NetDoctor	YouTube Video & Commentary
Total no. of words	60,000	14,000	13,000	4,500	55,000	Video: 3,044; Commentary: 51,200
No. of threads	1	9	9	4	12	1
Total no. of posts	1,144	99	63	17	244	1,402
Average interactions/thread	N/A (single thread)	11	7	4.25	20.33	N/A (single thread)
Period of interactions	05/2014–04/2016	02/2016–05/2016	11/2015–04/2016	05/2013–07/2015	03/2008–09/2012	08/2018–12/2021
1st author gender*	M:1 / F:0 / U:0	M:8 / F:0 / U:1	M:9 / F:0 / U:0	M:4 / F:0 / U:0	M:10 / F:2 / U:0	M:1 / F:0 / U:N/A
2nd author gender	M:6 / F:14 / U:4	M:10 / F:34 / U:3	M:3 / F:12 / U:12	M:2 / F:3 / U:1	M:16 / F:57 / U:29	M:249 / F:36 / U:Excessive
Average age of 1st authors in threads	Not known	18 (n=1)	43.3 (n=3)	21.6 (n=3)	22.4 (n=5)	Not known

\* M = Male, F = Female, U = Unknown

ment in the co-construction of meaning throughout this study. We explicitly recognise that the collection and analysis of the online interactions across all three phases of this research were conducted by the first author, as part of his doctoral thesis with guidance from the other three authors. As a team, we share a commitment to social constructivist perspectives into the personal, social, and political lives of participants. We view masculinities as social constructions that are historically situated and influenced by socio-cultural and political processes. We also acknowledge the inherently indexical nature of qualitative analysis (Parker, 1994). In addition, we adopt a critical stance, informed by our commitment to gender equality.

## Data and method of analysis

Descriptive characteristics of the posts and post authors, included in the analysis can be found in [Table 1](#). Across the three phases, 2,969 online posts, and one YouTube video were analysed. The posts were contained within 36 unique threads, and analysable text amounted to 200,000 words. It was often difficult to ascertain the age, gender and geographical location of informants, particularly as forum authors often used pseudonyms. This was the case across all three online spaces from which we drew data, and was especially evident in Phase 3 (i.e., the video commentaries), where authors sometimes posted brief comments that revealed little personal information. Nevertheless, in some cases we inferred gender based on contextual cues, such as language use, self-references, and interactions with others. The online forums included were all based and operated in the UK, and the Phase 3 YouTube video was attributed to a UK-based influencer. It was apparent that most online posts included in the analysis were written by people residing in the UK. However, some authors shared that they lived in

countries around Europe and as far as India and the US. Some authors did not make their location or cultural heritage known, but sometimes it was possible to surmise this via the authors’ use of American slang or spelling.

Given that interactions were about men’s experiences of depression, it is not surprising that most first-post authors, across the three phases, were identifiably male (n=33). Two further first authors were female and one first author’s gender was unknown. For second-post authors (those replying to first and subsequent posts), across the three phases, there were, n=286 male second authors and n=156 female second authors. Phases 1 and 2 had the highest number of female authors (n=120 female authors, and n=37 male authors). In Phase 3, n=249 authors were discernibly male and n=36 authors discernibly female. Ages across the three phases ranged from 13 to 51 years. Phase 3 appeared to contain proportionately more posts by adolescents and younger adults (i.e. in their 20s or early 30s).

Grounded theory (GT) was selected as the approach to data analysis, owing to GT’s ability to explore the relationship between hegemonic process and the social realities created by human actors (Anderson, 2002). Furthermore, we adopted a constructivist approach to GT, as proposed by Charmaz (2014a, 2014b, 2015), because it aligns with the relativist perspective needed to analyse online data in a way that builds a reflective analytic account of the mental health experiences of online contributors. All stages of the analysis were conducted by the first author, with the co-authors providing feedback on the analytic process and contributing to the refinement of the resulting interpretative account. In line with a constructivist grounded theory approach, initial coding, using line-by-line analysis, was completed (Charmaz, 2000; Strauss & Corbin, 1990) in each of the three phases. Adhering to Charmaz’s (2014a) sugges-



tions regarding quality criteria for constructivist grounded theory, we prioritised *credibility* (emphasising reflexivity) and *resonance* (ensuring relevance to participants' experiences) rather than seeking intercoder consensus in the development of our codes. The stage of initial coding was followed by focussed coding, involving grouping initial codes under overarching themes (Charmaz, 2015). Using a constant comparative process, comparisons between focussed codes were made and then related to emergent theoretical categories. Finally, comparisons between theoretical categories were undertaken (Birks & Mills, 2011). This process helped to develop a process model, for each phase, using abductive reasoning, which "links empirical observation with imaginative interpretation, but does so by seeking theoretical accountability through returning to the empirical world" (Bryant & Charmaz, 2007, p. 46). The evidence generated through the analysis is summarised below.

## Findings

The findings from the three phases of research are presented further below, organised into three core themes (or *core categories*, in traditional grounded theory terms) that emerged from the analysis of the collected data in each phase. A list of core themes and associated subthemes (or *focused codes*, in traditional constructivist grounded theory terms) can be found in [Table 2](#).

**Table 2. Core themes and subthemes from all three phases.**

***Phase 1 core theme: Expressions of emotional vulnerability and stoicism in men with depression***

### Subthemes

- Conceptualisation of depression as an illness
- Experiences of depression
- Forum support
- Negative coping with depression
- Positive coping with depression
- Acknowledgement of benefits of professional support
- Acknowledgement of benefits of forum support
- Emotional impact on self
- Dismay with professional support
- Impediment to help-seeking
- Lack of support from others

***Phase 2 core theme: Subordination and complicity of female partners of men with depression***

### Subthemes

- Conceptualisation of depression as an illness

- Impact of depression on relationship
- Exploration of experiences of depression in men
- Forum support
- Negative coping with depression
- Acknowledgement of benefits of forum support
- Female partner's emotional exhaustion
- Psychological impact on female partner
- Female partners' support

***Phase 3 core theme: Messages about anti-stoicism compassion and equality from younger people***

### Subthemes

- Constructing and negotiating depression
- Clarification of meaning of stoicism
- Stoicism affects everybody
- Recognition of role of masculinity in stoicism
- Stoicism in depression
- Detrimental effects of stoicism
- Valuing an anti-stoic approach
- Anti-stoicism associated with privilege/power
- Defending masculinity
- Easier for women to express emotion
- Challenging masculinity norms
- Feminism supports men's mental health
- Factors facilitating sharing feelings or expressing distress openly
- Conditional sharing of feelings or expressing distress
- Factors inhibiting sharing feelings or expressing distress
- Wish to address depression
- Peer support to other forum authors
- Benefits of an anti-stoic approach

## Phase 1 core theme: Expressions of emotional vulnerability and stoicism in men with depression

Phase 1 included online interaction about men's experiences of depression. In these interactions, male authors often constructed their depression as an illness. For example: "And it does not mean you feeling down has no value. It's a different kind of being ill" (DWD.2306). The causes of depression in men were often constructed as external to the person, almost like a pathogen had inflicted these men, without them having any control over this situation: "Depression warps your mind [...] corrupts your thinking." (YTB.141925, male).

In spite of these corporeal references, male authors often showed unwillingness to seek help, as the following demonstrates: "I get angry and irritated, but I would never

show those things to people. [...] how could they help any-ways?" (PI.0106).

As in this example, authors often implied that they were discouraged from externalising emotional difficulties because the world lacks understanding, and people are not receptive to calls for help:

Society is made up of people who largely couldn't care any less about each other. [...] Try taking a deep breath and drag out a sigh, and say, "Well, I'll tell you." [...] See how many actually give sympathy or offer a kind word out of more than a stock "polite response" (YTB.070414, male)

Some male authors suggested this included members of the immediate family:

My [female] partner wants to be supportive, but doesn't grasp how I'm affected and it seems expects me to continue to behave 'normally'. I suspect she's a little disgusted by my current lack of energy and motivation. So I've found it helpful to use Twitter groups where people understand what's going on. And I ended up here. (S.1320, male)

Frequently, authors used this approach to frame the self-management of their depression as a logical option that helped them demonstrate a keen interest in looking after their emotional needs: "I can come on here and talk about how I feel and people are kind enough to respond. (DWD.0406, male). Male authors often used this approach to justify their continued reliance on online forums. Sometimes, self-managing tactics served as a way of demonstrating resilience. For example, PI.1002 writes "Thinking of getting pills of the internet. If I feel better they have worked if they kill me they have worked so a win-win situation". The defiance that can be seen in "if they kill me they have worked" could be interpreted as indicative of a hegemonic approach, as it frames risking one's life as a heroic masculine act while portraying help-seeking as unmasculine (Branney & White, 2008; Cole & Davidson, 2018; Rochlen et al., 2010). Masculine-affirmative discursive practices can be seen in the narratives of some male authors who experienced depression, through frequent references to a struggle to maintain strength and independence: "Such early rejection and abuse made me self-reliant". (S.1305). More instances of masculine-affirmative responses were observed where male authors with depression framed their experience as a way of cultivating resilience in response to others not recognising their good intentions and claims to authenticity:

We live in an era where being honest is seen as "untactful" and "tasteless". I tell people exactly where they stand and come across very harsh at times but I can't help it. I'd rather be a honest introvert rather than a smile faking extrovert. (DF.1915)

The use of such discursive practices, which appeared to be minimising male dominance, are in line with evidence from Kendall (2000), who suggests that, at times, men downplay their dominance, as a way of safeguarding their patriarchal dividends (Connell, 1987, 1995). In the interac-

tions included in this research, this process seemed to be achieving this aim by steering attention away from some possibly hegemonic practices and onto practices that helped to frame the self-management of depression as a positive and pro-active approach, which attracted praise and encouragement from other authors: "keep sharing. so you won't feel alone. cause you're not!" (PI.1206). This helped these men to maintain masculine capital (de Visser & Smith, 2006) and thus a dominant role in the forum.

At times, this process was assisted by some male authors' use of 'guarded vulnerability' (Johnson et al., 2012), which helped these men to construct themselves as sensitive and interested in self-care. For example, DWD.2306 demonstrated guarded vulnerability when talking about his interest in self-care: "Found some great channels about men's clothing. [...] it's a nice thing to daydream about instead of feeling bad and sorry for myself". However, in another instance he demonstrated attitudes that aligned with stoicism: "I have had some calm moments lately and I think that it comes from [...] finding my own way. I need to be comfortable by being alone.". These can be understood as performative or chameleon-like practices, as in Atkinson's (2011) pastiche hegemony, that helped these men to present as emotionally vulnerable, open and authentic, whilst continuing to isolate themselves and to cope stoically, thus safeguarding their dominance. This approach is redolent of regressive masculinity spaces, in which men try to secure patriarchal dividends by designating a natural order for gender, where the top position is occupied by the strongest and most defiant.

## Phase 2 core theme: Subordination and complicity of female partners of men with depression

Phase 2 included a series of online interactions where female partners shared their experiences of their male partners' depression. The analysis of these online interactions showed that a significant number of female partners frequently endured the stoic coping of their male partners who experience depression, as suggested in the following:

He doesn't believe he's depressed - he said he just choose to stop taking part in family life. [...] (he has left for four days before - I begged him to come home) he said he didn't want to leave but he didn't want to be on this earth! I consoled him. (ND.0912)

Female partners often experienced considerable emotional exhaustion from having to endure their partner's stoic coping:

He wants space, but then I am 'avoiding' him. He wants to be able to do his own thing, but then it's wrong that I don't call him. I am not allowed to get upset because it makes him feel bad. I am not allowed to get angry because it makes him angrier. Apparently I am and have nothing, I just 'exist' in this life and never go anywhere or see anyone. That makes him angry. (ND.0505)

This often led these female partners to having to contemplate ending their relationship: "I want out of this sit-

uation before I suffer more. [...] I know that I deserve to be happy. [...] I need to leave" (ND.1201). Female partners were often pulled in opposite directions by their desire to leave the relationship and a concern for the potential effects of the break-up on their children's welfare: "I don't think I can take [his anger] any more. [...] If I didn't have kids I'm not sure I'd bother." (ND.0112, female).

Female partners often chose to stay in the relationships, and to persevere in their search for ways to help their male partner with their depression. For example:

I can't make him get help, or not leave if that's what he chooses, but I need to try everything to get him to seek out help and at least start to work towards getting better. (ND.0208)

This approach often attracted praise: "May I also add I think you're a pretty amazing person to stand by him, [...] for all your persistence and strength." (ND.1010, male).

These discursive practices seem to reflect a tendency to prioritise the needs of male partners with depression, whilst the women are subordinated through the designation of their role as auxiliaries to their partners. The decision of these female authors to remain in the relationship, despite the challenges, may implicitly suggest an acceptance of, or complicity in, their subordinate role (Howson & Hearn, 2019), and the ipso facto reification of their male partners' dominance (e.g., Anderson, 2009; Connell & Messerschmidt, 2005; Howson & Hearn, 2019). This process often left female partners with an almost compelling need to vent and to seek emotional support for themselves: "I just feel like I want to share my experiences with you". (ND.0401), so that they did not feel "alone and helpless" (ND.1614). Female authors' posts often highlighted a sense of loneliness or isolation, as seen in ND.0312's expression "like putting a message in a bottle" when she refers to posting on the forum for the first time. It is as if these women felt like castaways who had been stranded in an isolated place, highlighting the negative psychosocial effects of some men's stoic coping on their partners and other family members.

The subordination of these female partners seemed to have been normalised to the extent that it had become a reified practice, as shown in the below post, where a male forum user advises another male user of the benefits of emotional support for his partner, whilst the male partner's stoicism remains unchallenged:

There's hope she can start to see something of what you are going through and realise it's something apart from the relationship. And then she might benefit from some support of her own - it looks like plenty of people on this site are in "carer" or "dealing with" roles. Have courage. (S.0215's)

In addition, the subordination of women was frequently advocated by other women, via discursive practices that constructed women's subordination as a sign of love and commitment to their partner:

If you are reading this you care about yourself and your 'significant other'. Again the word significant. They

chose you to be with for being significant. You are... (ND.1618)

These implicit practices confirm the widespread reliance on culturally shared gender ideologies that designate dominant positions for men and the role of chaperones and custodians of men's dominance for women (Bourdieu, 2001; Pyke, 1996). Some male partners appeared to use patronising practices to reinforce gender roles and elicit compliance with their stoic coping, demonstrating these women's complicity in their subordinate role, possibly as a way to compromise (e.g., Anderson, 2009; Connell & Messerschmidt, 2005; Howson & Hearn, 2019).

### Phase 3 core theme: Messages about anti-stoicism, compassion and equality from younger people

Phase three involved an analysis of a male YouTube video creator's experiences of depression and the associated commentaries. Discussions of depression in the YouTube commentary contained a significant number of comments that reflected the use of masculinity norms that demand strength and the avoidance of emotional expressiveness, similar to our findings in Phases 1 and 2. For example, some male contributors described the emotional pain associated with depression in terms of corporeal experiences: "Suffering with a metal illness like depression ... Is like breaking your leg, then being forced to run on that leg" (YTB.130311, male). Other contributors described depression as an external entity that takes over the body: "that condition doesn't want to make you think positively" (YTB.161114), which aligned with evidence from Phase 1.

Typical ways of coping with depression shared in the video commentary included a tendency to restrain emotions and to cope silently: "When I am overwhelmingly sad, you will never see me cry. You will see me in pain, but it is always silent." (YTB.190604). Authors often acknowledged the negative impact of stoicism on their mental health and wellbeing, through expressions like "mental pain and emptiness" (YTB.080124), and "mental void" (YTB.021811). They also shared views that showed the detrimental effect of their stoic approach on their partners and other family members: "I have nothing to offer for her future and she deserved better... [...] she can find another man" (YTB.020821, male).

Similar to findings from Phase 1, some authors of commentary posts showed preparedness to be emotionally vulnerable as a way of demonstrating sensitivity and intelligence, aligning with evidence from Emslie et al.'s (2006) research. This underscores the use of guarded vulnerability, as a way of safeguarding masculinity by keeping the "un-masculine" help-seeking at bay (Johnson et al., 2012). This was often shown in discursive practices that positioned men as victims:

Men are generally seen as less valuable than a child or a woman. There are multiple instances and even clichés where someone is told to save the women and children but never say anything about the men. (YTB.142200)



Nevertheless, some authors, especially younger ones, shared comments that showed a more empathic and compassionate approach: "Feels like, as men, we are conditioned to think of showing feelings as weakness. It's a false narrative that needs to change". (YTB.011305, male). This seems to be indicative of a tendency of younger people to be adopting an anti-stoic approach, which was underpinned by a critical approach to gender: "Standing up for men's Right to be emotional (and in general too) is killing patriarchy and I would love to kill it" (YTB.011201).

At times, there was a sense that some authors were demonstrating practices that aligned with more progressive types of masculinity, like Anderson's (2009) inclusive masculinity. For example, one contributor commented about the YouTube video: "makes you realize how toxic is the man up thing" (YTB.261815), whilst another wrote: "Having to 'man up' and never show vulnerability is a mindset that needs to stop being perpetuated" (YTB.090116). Furthermore, there were a large number of positive comments about emotional expressiveness:

talking about mental health is the single biggest thing I ever did in my recovery from all this stuff. (YTB.220301, male)  
 What does make me feel better is talking through and articulating my feelings. (YTB.201905, male)  
 Know that when you're open to others, you invite them to be open to you, and you might even find yourself in a position to make the world a better place - one person at a time. (YTB.191618, male)

It transpires that, although at times some YouTube commentary authors demonstrated strong adherence to atavistic views on traditional, monologic (Peter et al., 2000) notions of masculinity, there was also evidence of more critical engagement with gender. Some authors of posts in the video commentary appeared willing to question latent assumptions about gender spaces, and to negotiate gender equality. Whilst there were messages that reflected inflexible, traditional, hegemonic views about the natural dominance of men, there were a lot of voices that spoke out in favour of normalising emotional expressiveness for men. Additionally, a lot of the posts in the commentary contained a clear message for the value of sharing emotions, which helps to de-stigmatise mental health difficulties. As Gough (2018) suggests, such positive messages help to question toxic masculinity, and this opens up possibilities for men to deconstruct and transcend stereotypical and inflexible masculinity norms.

## Discussion

### Stoicism in men with depression

Male post authors with experiences of depression generally expressed a wish to find understanding and support, and this encouraged perceptions of them as willing to be proactive in addressing their depression. This is consistent with evidence by Fogarty et al. (2015) about some men's preparedness to be vulnerable and proactive in addressing their emotional needs, which may, at times, be under-

pinned by a willingness to occupy more flexible masculinity spaces (Atkinson, 2011; Emslie et al., 2006; Matthews, 2015; Wetherell & Edley, 1999). Nevertheless, the lack of signs of action, and the continued return of these men to the online forums in search of emotional support, evoked the impression that they continued to self-manage their depression. As such, the positive approach that some exhibited towards help-seeking can be understood as a strategy used to distance themselves from dominant masculinities (Bridges & Pascoe, 2014; Ehrlich & Levesque, 2011; Wetherell & Edley, 1999), whilst still being anchored to masculine dominance (e.g., Baker & Levon, 2016; Hurd Clarke & Lefkowich, 2018; Robertson et al., 2016). Thus, although some were conveying the idea that they were open to adopting softer masculine spaces (Atkinson, 2011), their practices sometimes appeared to be aligning with ascendancy and dominance, in line with the "chameleon-like" performances that Atkinson (2011, p. 41) suggests.

Some male authors constructed mental health services as threatening to their autonomy, and online forums as safe and supportive spaces as noted by Gough (2018), Moss-Racusin and Miller (2016), and Oliffe et al. (2010). Male authors responded well to other forum user suggestions about accessing psychoeducational resources and taking up exercise or mindfulness. However, all appeared to be returning to the online forums for emotional support. It seemed that this process permitted these authors to circumvent professional support, whilst giving the impression that they were taking active steps to help themselves (Addis & Mahalik, 2003; Robertson et al., 2014).

### Men's stoicism sustained through the subordination of female partners

Online interactions in Phase 1 showed that some male authors' discursive practices demarcated the entire class of men as a homogeneous group, and this helped to distance these men from women and to construct their female partners as subordinate agents, whose support was critical in helping their male partners to stay strong. Female forum users often described their partners' experiences of depression in ways that align with emotional restraint and demonstrations of strength, resilience and autonomy, (Addis & Hoffman, 2017; Addis & Mahalik, 2003). This was reflected in some female partners' descriptions of their male partners' unhelpful practices (Bengs et al., 2008; Gough, 2016; Latalova et al., 2014; Sloan et al., 2010); which included emotional volatility and aggressiveness. This enhanced the impression that these men coped with depression in ways that were informed by an adherence to inflexible masculinity norms.

In our study of interactions between female partners, some female authors conveyed clear messages about feeling under considerable pressure to acquiesce to their male partners' struggle to remain in control. Male partners often used practices that their female partners described as toxic and which aligned with descriptions of toxic masculinity in the literature, such as "lack of consideration of the experiences and feelings of others, a strong need to dominate and control others, an incapacity to nurture, a dread of

dependency" (Kupers, 2005, p. 717). For example, female partners shared that their partners with depression often accused them of not understanding, expressed a loss of love for them, and voiced a desire to move away. Despite feeling pushed away, many female partners still wanted to offer support. This process is reminiscent of Ehrlich and Levesque's (2011) findings where male partners positioned themselves as sensitive and sensible men, and their female partners as subordinate agents, propagating taken-for-granted assumptions about the role of female partners in supporting masculine dominance.

Female authors also shared how they often felt that they were "walking on eggshells" around their male partners. This impacted negatively on the mental health of these women, and, at times, it was evident they were second-guessing how supportive they were to their partners. The whole process of domination and subordination left female partners feeling frustrated, confused and emotionally drained. Interestingly, this exhaustion was constructed by some male authors as an indication that female partners were using the wrong approach to support them. This process seems to reflect attempts by some men to safeguard masculine dominance through discursive practices that positioned these men as victims – a tactic which seemed to be succeeding in taking attention away from some male partners' hegemonic practices. This perspective helped to construct the "not being understood" practice of male partners as a strategy used to elicit complicity in their female partners' subordination (Connell & Messerschmidt, 2005; Howson & Hearn, 2019) by constructing male dominance as a naturalised norm (Howson, 2006; Howson & Hearn, 2019). The masculine configurations that appeared to be reflected in these practices seemed redolent of Connell's (1995) protest masculinity, Messerschmidt and Messner's (2018) concepts of dominating masculinities, and Duncan's (2015) hybrid hegemonic masculinity.

### Anti-stoic messages and progressive masculinities

Alongside the hegemonic undertones observed in some of the online interactions, there was a parallel, nascent, anti-stoic perspective, depicted in the more emotionally expressive posts and in the critical approaches to masculinities that were expressed by some younger authors, predominantly in the YouTube commentaries. This was particularly apparent in discussions of toxic masculinity. This contrasts with some existing evidence, which shows that younger men with depression often experience difficulties in expressing their emotions (e.g., Branney & White, 2008; de Visser & Smith, 2006; Frosh et al., 2002; Issakainen, 2014; Tang et al., 2014), which past researchers had associated with the presence of public stigma in younger people (e.g., Mackenzie et al., 2019). Evidence from the current study may be signifying that younger people are increasingly embracing more flexible masculinity spaces, such as Anderson's (2009) inclusive masculinity or Scambor et al.'s (2014) caring masculinity. Considering that some authors in the YouTube commentary appeared to be adolescents, it would be safe to surmise that the anti-stoic sentiment,

seemingly gaining momentum in this thread, could be related to younger people's increased access to more progressive views on gender, perhaps through the media, online platforms, and through exposure to more progressive gender ideologies at home and/or at school.

References to power inequalities in some of the posts provided an unequivocally profeminist ideological backdrop (e.g., Kimmel, 1993, 1998; Messner, 1998). Nevertheless, other posts used aggressive defence tactics, e.g., claiming that women's purported expectations that men will protect and provide for them served as a justification for men's dominance, in what appeared to be an attempt to construct men's ascendancy as natural and indisputable (Howson, 2006; Kimmel, 1993). The pro-hegemonic male authors' (defined as "masculine bloc" by Demetriou [2001]) perennial use of sexist and heterosexist comments seemed to be part of an effort to subordinate authors with profeminist views by intimidating them, often through sarcasm. Part of this maneuver was the pro-hegemonic bloc's claim to an "injustice" against men through discursive practices that encouraged the perception that men are being discriminated against and (effectively) pushed aside. Additionally, attempts to construct male dominance as a naturalised privilege was seen in the masculine bloc members' references to men having to be strong to protect themselves (e.g., to avoid bullying), women (i.e., men having to meet standards set for them by women), and society (i.e., by men being fit to occupy positions of power). Expressions of hypermasculinity in the discursive practices of some male authors, along with the construction of heteronormativity as a gold standard, seemed to create a distance from both women and some men, possibly suggesting the use of practices aimed at reifying dominance (e.g., Anderson, 2009; Morris & Anderson, 2015).

Conversely, a significant number of posts were suggesting that men need to transcend their stoicism by reuniting with their humanity, and by embracing emotional expressiveness and help-seeking – a finding in line with suggestions by other theorists (e.g., Duncanson, 2015; Elliott, 2016; Kimmel, 2013; Scambor et al., 2014). Since many of these forum authors appeared younger than 40 years of age, their keen interest in transcending stoicism through addressing gender inequalities adds credence to the argument about the emergence of a "new deal" for men (Messner, 1993; Underwood & Olson, 2019, p. 103). This is concordant with Underwood and Olson's (2019) suggestion that younger generations, at least in some societies, appear to be moving away from traditional hegemonic practices and feel increasingly more comfortable with practices such as emotional expressiveness, self-care and help-seeking which were previously perceived as feminised, and therefore un-masculine practices.

### Limitations

Thinking reflexively, we acknowledge that our dataset includes some online interactions dating back to 2008, which may appear dated. This reflects a limitation associated with the use of online data in research. Normally, consent would need to be obtained from individual forum au-

thors in interactions that are accessible only to registered users (Snee, 2013). This would not only be impractical but also conflict with our intention to observe online interactions unobtrusively. To address this, we selected interactions that were publicly accessible without the need to register as forum users, thereby bypassing the requirement to obtain consent (Jowett, 2015). Furthermore, there is established support for the use of publicly available online data that can be accessed by anyone with an internet connection (Jowett, 2015). It is generally recognised that informed consent is required from individuals who are actively invited to participate in research, but not from authors of publicly available content (O'Brien & Clark, 2010). However, our decision to rely solely on publicly accessible data significantly limited the range of available material, and as a result, one dataset from the NetDoctor forum dates from 2008 to 2014.

In addition, the authors would like to acknowledge that our insights of experiences of depression in men reflect the perspective of critical studies of men and masculinities, which may have led to an overemphasis of the role of masculinities in stoicism in men who experience depression. Furthermore, we recognise that our constructivist perspective may have shaped our interpretations of author practices, potentially leading us to observations or conclusions that relied on assumptions about masculinity spaces that male authors seemed to occupy. Moreover, we wish to acknowledge a limitation in our ability to situate the discussion to the experiences of specific cultural or ethnic groups. This limitation stems from the difficulty we encountered in identifying personal characteristics (including ethnicity, cultural background, and geographical location) for many forum authors. In addition, it is acknowledged that the present research mainly worked with binary conceptions of gender; it is possible that a more pluralistic approach to gender may provide a richer and potentially more helpful understanding of gendered health practices. Furthermore, the present study focused on atypical symptoms of depression in men, and on unhelpful practices through which men may self-manage their depression, because this has been highlighted in research as an area of concern, that this research wished to elucidate further. Therefore, there was little interest in symptoms of depression which are concordant with current diagnostic criteria.

## Suggestions for practice

The suggestions for practice included in this section are consistent with the salutogenic approach to men's mental health (MacDonald, 2011). These suggestions are intended for mental health educators, policy makers, and practitioners who support individuals who experience mental health difficulties. They may take the form of public or community-based initiatives aimed at raising awareness and facilitating prevention at the population level, or they may serve as interventions that complement the one-to-one work of mental health practitioners such as psychologists, psychotherapists and wellbeing practitioners.

A clear message emerging from the research is that some men could benefit from initiatives that aim to increase men's mental health literacy (Olliffe et al., 2016; Rice et

al., 2016). This could be achieved through psychoeducational material on depression that includes information on the possible differentiated ways in which men sometimes cope with depression, such as different types of stoic coping. Furthermore, mental health initiatives could include offering advice and services to partners of men who could be experiencing emotional difficulties, about effective ways to encourage emotional expressiveness and help-seeking in men. Additionally, the current research highlights the need for emotional support among partners of men who experience depression, suggesting that mental health services should develop or extend provisions to meet this need. In light of the prolific and sustained use of online discussion forums by both men with depression and their partners, support services could usefully be extended to online spaces. Considering that some men experiencing depression in the sampled interactions demonstrated a tendency to return to online interactions, even after acknowledging the need for professional help, there may be value in embedding or intersecting banner advertisements that offer signposting to psychoeducational material and relevant support services.

Evidence on men's preference for a conceptualisation of depression as an illness has implications for the promotion of self-care to men, in ways that some men would find it easier to engage with. This is something that has been suggested previously and the evidence from the current research further supports this position. Masculine affirmative approaches could include messages about "staying strong" and about mental health services aimed at men offering "consultancy" versus "therapy" or "counselling", in line with suggestions by Hammer and Vogel (2010) and also by Galdas (2013, 2015), and Galdas and Baker (2015).

Additionally, future mental health initiatives could consider the potential benefits of drawing clearer distinctions between acting-in and acting-out (Brownhill et al., 2002) manifestations of depression. This could help to clarify the possible relationship between irritability, anger, toxicity, and some men's self-managing practices. Lastly, men could be encouraged to identify a broader spectrum of feelings, other than anger and aggression (Olliffe et al., 2012), and to engage with healthier practices (MacDonald, 2011).

## Suggestions for further research

Future research could help to define signs of stoic coping in men more clearly, which could increase awareness and improve diagnostic accuracy of depression in men, as suggested in the literature (e.g., Brownhill et al., 2005; Cavanagh et al., 2016). Exploring how online communities and social media platforms influence men's expressions of depression and masculinity could also shed light on the role these spaces play in either reinforcing or challenging traditional gender norms. Additionally, as some men seem ready to challenge stoicism and masculinity norms, future research could examine how individuals experiencing depression can be supported in transcending or navigating culturally informed gender practices. This research should ideally include the perspectives of younger men and adolescents, particularly to explore generational shifts towards more

progressive, compassionate forms of masculinity. Furthermore, partner experiences warrant deeper exploration to better understand the emotional toll of men's stoic coping on their partners' mental health and wellbeing. Research could investigate how family dynamics influence men's decisions to seek help and how female partners, in particular, navigate their caregiving roles. Given the practical value of these suggestions, future research could explore co-designed interventions developed in collaboration with men or their partners. Finally, examining the effectiveness of peer support networks—both online and offline—could offer valuable insights into how these networks help men cope with depression and encourage help-seeking behaviour.

## Conclusion

In sum, stoicism was widespread in the data, which confirms the continued use of unhelpful self-managing practices by men with depression. This included the self-management of depression through continued participation in online forums. This practice was theorised as a function of adherence to hegemonic ideals, which designate strength, dominance and independence as desirable masculine characteristics (Courtenay, 2000; Fields & Cochran, 2011; Sierra Hernandez et al., 2014; Spindel, 2015). The evidence spotlights masculine hegemony and gender inequalities as a propagated denominator in men's stoicism (Connell, 1995; Courtenay, 2000; Fields & Cochran, 2011; Lamont, 2015; Thompson & Bennett, 2017). It is hoped that the findings of this research add to and extend existing knowledge on the potential role of traditional, orthodox, monologic, and regressive masculinities in the stoicism of de-

pressed men. Future research should take steps to illuminate further the role of hybrid-type masculine performances, as well as to explore the promising role of some more progressive masculinities, in ways that men can transcend their stoicism and find more effective ways to cope with depression.

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## Disclosure statement

The authors declare that there are no conflicts of interest.

## Data availability statement

The participants of this study did not give written consent for their data to be shared publicly, so due to the sensitive nature of the research supporting data is not available.

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