

# Masculinity, Identity and Mental Health in the Digital Age

## The Construction of Male Mental Health on Reddit

**Maria De Santo**

*University of Naples L'Orientale*

ORCID: <https://orcid.org/0009-0009-0773-5011>

Email: [mdesanto@unior.it](mailto:mdesanto@unior.it)

### Keywords

Mental health  
Masculinity  
representation  
Corpus-based CDS  
Reddit  
Emotional awareness

### Abstract

Social media platforms have emerged as prominent spaces for individuals with mental health issues to share personal experiences, seek information and peer support (Naslund et al. 2020; Bucci, Schwannauer and Berry 2019; Berry et al. 2017). These digital environments facilitate open discussions among users facing mental health challenges and help reduce stigma (Cheng 2024). The present study investigates digital discourses on mental health and well-being, with a particular focus on the representation of male mental health on social media. By analysing a corpus of Reddit posts, it explores the influence of hegemonic masculinity (Connell and Messerschmidt 2005) on users' perceptions and discursive practices. Grounded in Critical Discourse Studies (Wodak and Meyer 2016; Fairclough 2003) and corpus-based approaches (Baker 2023; Hunt and Brookes 2020), the study aims to advance understanding of the intersection between masculinity and mental health in online environments, while also investigating how social media discourses contribute to shaping representations of male mental health and evolving gender conceptualisations (Balirano and Borba 2020).

## 1. Introduction

Mental health is a dynamic and multidimensional state of well-being that enables individuals “to cope with the stresses of life, to realize their abilities, to learn well and work well, and to contribute to their communities” (World Health Organization 2022, 8). Although it is widely recognised that mental health is not merely the absence of mental disorder (American Psychological Association 2018a), there remains a need for a more consensual definition that acknowledges the importance of basic cognitive skills, flexibility, and the ability to “recognise, express and modulate one’s own emotions” (Galderisi 2024, 52-53). From a broader perspective, mental health and illness are not solely individual conditions but are deeply embedded in social, cultural, and historical contexts. Social roles, cultural systems of meaning, and institutional structures significantly shape how mental health is defined, experienced, and approached. As

Horwitz (2009, 19) argues, “the kinds of societies we live in and the sorts of cultural beliefs that we share shape the seemingly most innermost aspects of our thoughts, feelings, and behaviors.”

As a consequence, mental health should also be understood as a socially constructed concept, shaped by cultural expectations and social norms, including those related to gender. It has been highlighted that gendered differences in roles, responsibilities, and power, interacting with biological differences between the sexes, influence not only the types of mental health conditions experienced by women and men, but also how distress is recognised, expressed, and addressed (World Health Organization 2002). More recent evidence confirms and expands these observations by exploring how sociocultural constructions of masculinities affect men’s engagement with mental health care. According to a synthesis report by the WHO Regional Office for Europe (Gough and Novikova 2020), traditional masculinity norms – emphasising autonomy, self-reliance, and emotional control – discourage many men from acknowledging mental distress and seeking professional support.

Men’s experiences and expressions of mental health issues are deeply intertwined with culturally dominant models of masculinity, which are defined in opposition to femininity and are reinforced through normative constructs of autonomy, control, and emotional restraint. These ideals, closely aligned with the construct of hegemonic masculinity (Connell and Messerschmidt 2005), tend to limit emotional openness and stigmatise vulnerability, thereby adversely impacting men’s mental health and help-seeking behaviours (American Psychological Association 2018b).<sup>1</sup>

Against this backdrop, the present study seeks to advance critical understanding of the intersection between masculinity and male mental health in digital environments by examining how social media discourses contribute to shaping representations of male mental health and to evolving gender conceptualisations (Balirano and Borba 2020). More specifically, it examines the extent to which hegemonic ideals inform users’ perception and representation of male mental health, while also exploring how ideologies of gender and mental health are discursively constructed, negotiated, and contested in online settings. Building on this perspective, the study further investigates whether digital narratives of male mental health reinforce traditional constructions of male identity or contribute to the promotion of a more fluid and inclusive reconfiguration of gender identities.

Accordingly, the analysis focuses on social networking sites (SNSs), which have gradually emerged as digital participatory spaces where individuals share personal mental health

---

<sup>1</sup> The American Psychological Association (APA) *Guidelines for Psychological Practice with Boys and Men* (2018b) articulate a gender-specific perspective on mental health dynamics and underscore the socially constructed nature of masculinity. Their publication has prompted scholarly discussion about the Guidelines’ framing of traditional masculinity (Ferguson 2023; Levant et al. 2023).

experiences, seek information, connect with peers, and access emotional and social support (Naslund et al. 2020; Bucci, Schwannauer and Berry 2019; Berry et al. 2017). By fostering the development of what Eckert (2006) conceptualises as communities of practice, social media promote open discussion among users facing mental health challenges, reduce stigma around mental health (Cheng 2024), and support alternative narratives that resist medicalised or pathologising framings of distress. Furthermore, digital media affordances – such as interactivity, anonymity, and multimodality – enhance mental health literacy (Jorm 2020) and facilitate the circulation of both lived experience and professional knowledge, blurring traditional boundaries between experts and laypersons. More recently, mental health professionals are increasingly leveraging these environments, particularly highly multimodal platforms such as TikTok (Christiansen et al. 2025), to produce and disseminate specialised knowledge related to mental health and well-being (De Santo 2024).

Social media function as “new spaces of participatory communication” (KhosraviNik 2017, 593). They constitute interactive, multimodal, and collective environments contributing to community building and identity formation. In these spaces, language use is shaped not only by macro-level societal ideologies but also by the local interactional dynamics, including participants’ goals and the affordances of the digital medium (Hunt and Brookes 2020, 16).

Within this digital landscape, Reddit emerges as a widely used forum-based platform comprising thousands of subreddits, communities that function as “topically self-identified entities” with their own users, known as Redditors, and discursive norms (Medvedev, Lambiotte and Delvenne 2019, 4). Unlike many mainstream social platforms, Reddit prioritises anonymity (Brown et al. 2018). This affordance positions Reddit as a particularly suitable site for the present analysis, as it facilitates the emergence of discursive spaces where users may feel more comfortable addressing sensitive and stigmatised topics, including mental health and identity issues.

## 2. Methodology and data source

This study examines the interplay between men’s mental health and masculinity in contemporary online discourses through a corpus-based approach (Baker 2023; Baker et al. 2008) informed by Critical Discourse Studies (CDS) (Wodak and Meyer 2016; Fairclough 2003). It builds on the expanding field of corpus-based research on health communication (Brookes, Atkins and Harvey 2022; Adolphs et al. 2004), digital mental health discourse (Brookes and Collins 2024; Collins and Baker 2023; Hunt and Brookes 2020; Baker, Brookes and Evans 2019; Harvey 2012), and representations of masculinity and mental health in online environments,

including anxiety-support forums (Baker and Collins 2023) and manosphere-related communities (McGlashan 2023).

Drawing on Fairclough and Wodak's (1997, 258) conceptualisation of discourse as a form of social practice that "constitutes situations, objects of knowledge, and the social identities of and relationships between people and groups of people," the study explores how online discussions shape representations of male mental health and masculinity. Within this framework, combining corpus-assisted analyses with CDS enables the identification not only of hegemonic discourses, but also of "counter-examples which are much less likely to be uncovered via smaller-scale studies" (Baker 2023, 17). Accordingly, drawing on Wodak and Meyer's (2016, 12) observation that texts can constitute "sites of struggle" shaped by competing discourses and ideologies, this study explores digital discourses as arenas in which such struggles are articulated.

Seeking to shed light on the discursive tension surrounding masculinity and mental health in digital spaces, following Balirano (2014, 9), the paper takes as its point of departure the assertion that "it is only by engaging with the individual, personal accounts and perceptions of masculinities that it becomes possible to understand and critically discuss what masculinity, or rather different forms of masculinities might, at present, be." Hence, in order to uncover whether competing narratives of masculinity coexist in digital spaces, and how such discourses contribute to either reinforcing or challenging dominant gender ideologies, the research draws on a corpus of Reddit posts related to mental health and male psychological well-being.

The primary data source for this study is a specialised corpus, the Male Mental Health Corpus, henceforth MMH Corpus, specifically compiled for the purpose of this research between January and March 2025. As summarised in Table 1, the MMH Corpus (140,082 tokens; 120,689 words) comprises over 2,000 comments on male mental health, extracted from fourteen discussion threads across eight subreddits, published on Reddit between 2021 and 2025. The comments were selected based on thematic relevance and contextual diversity by using the platform's native search engine and querying the seed words *male mental health* and *men's mental health*. This procedure allowed the retrieval of comments engaging with the topic, including discussions in subreddits not exclusively devoted to men's mental health or gender discourse. In this way, the corpus captures a broader spectrum of perspectives not only associated with spaces related to the manosphere. The selected communities, indeed, include general forums such as *r/NoStupidQuestions* and *r/AskMenAdvice*, as well as more specialised or support-oriented spaces such as *r/mentalhealth*, *r/malementalhealth*, and *r/therapists*. The number of comments and total word count varies across threads, with "What's going on with men's mental health?" showing the highest level of engagement (710 comments, 44,761 words),

while the subreddit *r/malementalhealth* offers more focused, personal accounts through smaller but highly thematic threads.

Subreddit	Discussion	Year	Comments	Words
(1)r/AskMen	- Do you agree that men's mental health isn't viewed seriously in society? If so, what could account for this and why?	April 2024	151	9,104
(2) r/AskMenAdvice	- Do men care about their own mental health?	January 2025	525	20,377
(3) r/Askwomen	- How do you feel about men's mental health?	February 2023	53	3,687
(4) r/malementalhealth	- Being told not to cry	January 2022	22	2,044
	- It's exhausting to have to constantly perform masculinity	March 2025	15	570
	- Men don't care about their own mental health	February 2025	51	3,831
	- Men's mental health treatment is absolutely horrible	September 2023	40	4,317
	- What's your position on the manosphere and its intersection with men's mental health?	August 2021	43	5,022
(5) r/mentalhealth	- Who is actually trying to work on male mental health	August 2024	27	2,129
	- Are men allowed to be depressed or sad?	June 2024	133	7,103
(6) r/NoStupidQuestions	- Looking at male mental health from female perspective	June 2024	19	2,159
	- What's going on with men's mental health?	September 2023	710	44,761
(7) r/therapists	- Men's Mental Health	June 2024	85	4,154
(8) r/TrueOffMyChest	- Men's mental health still isn't taken seriously	October 2024	214	11,431

**Tab. 1:** The composition of the Male Mental Health Corpus

Each discussion thread was collected, cleaned, anonymised, and uploaded to *Sketch Engine* (Kilgarriff et al. 2014), an online corpus analysis software designed for the systematic study of language patterns across large collections of texts. The MMH Corpus was analysed using a combination of quantitative and qualitative tools and techniques, as discussed in detail in Section 3. Quantitative methods included keyword analysis (Brezina 2018), wordlists, and collocation analysis, aimed at identifying recurring lexical patterns and semantic associations around key terms, including *mental health*, *man*, *male*, and *masculinity*. Qualitative exploration, conducted through in-depth concordance analysis (Brezina and Gablasova 2018), enabled a close reading of discursive patterns in context, shedding light on how Redditors narrate lived experiences, express emotions, and negotiate masculine norms within discussions of mental health. This qualitative phase revealed a complex set of users' perspectives on masculinity, allowing for the identification of five discursive threads, which are explored in Section 4.

### 3. Exploring the intersection of masculinity and mental health: a corpus-based analysis

#### 3.1 Keywords analysis and frequency lists

A preliminary “point of entry” into the data (Adolphs et al. 2004) was established through keyword analysis, comparing the MMH Corpus to the English Trends Corpus<sup>2</sup>. Table 2 displays the top 25 keywords, along with their absolute and relative frequencies (per million tokens) in the MMH Corpus (target corpus) and the English Trends Corpus (reference corpus), as well as their keyness scores. As expected, the keywords foreground the thematic and ideological terrain that permeates the MMH Corpus, especially in relation to gender, affect, and mental health.

Lemma	Frequency		Frequency per million words		
	Target corpus	Reference corpus	Target corpus	Reference corpus	Keyness score
1 masculinity	103	198,591	735.28	2.01	244.8
2 men's	33	62,065	235.58	0.63	145.4
3 shitty	34	86,164	242.71	0.87	130.2
4 feminism	62	256,008	442.60	2.59	123.6
5 patriarchy	34	106,264	242.71	1.07	117.5
6 manosphere	17	4,537	121.36	0.05	117.0
7 gf (girlfriend)	28	75,162	199.88	0.76	114.1
8 mra (Men's Rights Activist)	18	28,962	128.50	0.29	100.2
9 shit	118	805,349	842.36	8.14	92.2
10 incel	16	30,280	114.22	0.31	88.2
11 therapist	103	828,562	735.28	8.38	78.5
12 masculine	27	166,093	192.74	1.68	72.3
13 idk (I don't know)	12	30,699	85.66	0.31	66.1
14 stoic	19	105,678	135.63	1.07	66.1
15 depressed	33	295,264	235.58	2.99	59.4
16 fuck	97	1,064,492	692.45	10.76	59.0
17 pussy	19	135,590	135.63	1.37	57.6
18 bro	32	304,386	228.44	3.08	56.3
19 emotion	221	2,696,285	1,577.65	27.26	55.9
20 stigmatize	14	80,811	99.94	0.82	55.6
21 feminine	32	315,875	228.44	3.19	54.7
22 mental	588	7,521,033	4,197.54	76.04	54.5
23 depress	35	368,121	249.85	3.72	53.1
24 gynocentrism	7	62	49.97	< 0.01	50.9
25 toxic	111	1,490,671	792.39	15.07	49.4

**Tab. 2:** The first 25 keywords with their absolute and relative frequency in the MMH Corpus and the English Trends Corpus, with keyness score

High-scoring lexical items including *masculinity* (keyness score: 244.8), *men's* (145.4), *feminism* (123.6), and *patriarchy* (117.5) point to a discourse that is deeply entangled with gender ideologies and socio-political narratives around male identity. Terms such as *manosphere* (117.0), *mra* (100.2), and *incel* (88.2) suggest an alignment of the corpus with the lexical and ideological landscape of online male communities, which are frequently positioned in critical – and at times antagonistic – relation to feminist perspectives and gender equity discourse. Also noteworthy is the recurrent presence of colloquial, emotionally charged or taboo terms, such as *shitty* (130.2), *shit* (92.2), *fuck* (59.0), and *pussy* (57.6), which reflect the informal and affectively charged nature of some Reddit discourses, often expressed in raw, unfiltered forms.

<sup>2</sup> *English Trends* is an English monitor corpus preloaded on the Sketch Engine platform made up of news articles. It has been regularly updated since 2014; as of March 2025, the English Trends Corpus contains more than 84 billion words (98+ billion tokens).

Meanwhile, lemmas such as *therapist* (78.5), *depressed* (59.4), *mental* (54.5), *emotion* (55.9), and *stigmatize* (55.6), confirm the centrality of psychological discourse and emotional self-awareness, underscoring the corpus's focus on mental health struggles and the associated social stigma. The keyword list thus validates the thematic focus of the MMH Corpus and foregrounds the hybrid and often conflicting discourses through which masculine identities and mental distress are constructed in online spaces.

Following Baker and Collins (2023, 29), a search was conducted to identify “fruitful sites” within the corpus where representations of masculinity were most likely to emerge. This involved examining a range of words related to men, masculinity, and mental health, drawing on both keyword analysis and frequency lists of lexical items, as well as terms encountered during preliminary engagement with corpus data. While the keyword analysis provided an initial interpretive orientation, the systematic examination of frequency lists of lexical items (excluding grammatical words) enabled the identification of five key lexical and semantic fields, each reflecting major areas of meaning related to masculinity and mental health. The five fields, together with their most frequent lemmas with absolute frequency (F) and relative frequency (RF) shown in parentheses, are presented below:

1. Masculinity, society and men's roles:

*boy* (F: 89; RF: 635.34), *brother* (F: 25, RF: 178.47), *culture* (F: 49; RF: 349.8), *father* (F: 29; RF: 207.02), *guy* (F: 153; RF: 1,092), *husband* (F: 25, RF: 178.47), *male* (F: 144; RF: 1,028), *man* (F: 2025; RF: 14,456), *masculinity* (F: 103; RF: 735), *role* (F: 41; RF: 292.62), *society* (F: 254; RF: 1,813), *social* (F: 179; RF: 1,277), *son* (F: 18, RF: 128.5);

2. Norms, constraints, and hegemonic pressures:

*bottle (up)* (F: 29; RF: 207.02), *control* (F: 24; RF: 171.33), *expect* (F: 70; RF: 499.71), *expectation* (F: 50; RF: 356.93), *protect* (F: 18; RF: 128.5), *provide* (F: 55; RF: 392.63), *responsibility* (F: 18; RF: 128.5), *stoic* (F:19; RF: 135.63), *strong* (F: 73; RF: 521.12), *suppose* (F: 50; RF: 357), *teach* (F: 80; RF: 571), *tough* (F: 37; RF: 264.13);

3. Mental health and therapeutic discourse:

*anxiety* (F: 28; RF: 199.88), *depression* (F: 83; RF: 593), *health* (F: 582; RF: 4,155), *help* (F: 343; RF: 2,448.57), *issue* (F: 285; RF: 2,034.52), *mental* (F: 588; RF: 4,198), *suicide* (F: 91; RF: 650), *support* (F: 201; RF: 1,434.87), *therapist* (F: 103; RF: 735.28), *therapy* (F: 196; RF: 1,399);

4. Emotion, vulnerability, and affective expression:

*cry* (F: 105; RF: 749.56), *emotion* (F: 221; RF: 1,577.65), *emotional* (F: 117; RF: 835.23), *express* (F: 69; RF: 492.57), *feel* (F: 417; RF: 2,976.83), *feeling* (F: 177; RF: 2,886), *hurt* (F:

49; RF: 799), *open* (F: 139; RF: 992.28), *sad* (F: 74; RF: 528.26), *struggle* (F: 111; RF: 792.39), *vulnerable* (F: 50; RF: 356.93), *weak* (F: 66; RF: 471.15);

5. Empathy, care and social connection:

*advice* (F: 27; RF: 192.74); *care* (F: 348; RF: 2,484.26); *community* (F: 60; RF: 428), *compassion* (F: 13; RF: 92.8); *connection* (F: 26; RF: 185.61); *empathy* (F: 37; RF: 264.13); *friendship* (F: 29; RF: 207.02); *relationship* (F: 122; RF: 870.92); *understanding* (F: 20; RF: 142.77).

### 3.2 Collocations and concordance analysis

The second phase of the corpus-based analysis involved a detailed examination of collocations and concordance lines based on data identified during the keyword and wordlist analyses. Collocation analysis, which “may be revealing both of a node’s semantic and discursive (thus, ideological) associations” (McGlashan 2023, 196), was conducted using Sketch Engine’s Word Sketch tool (Kilgarriff et al. 2004). In the present study, the tool was used to identify recurrent verbal patterns associated with the node *man*, which subsequently guided concordance analysis.

Figure 1 displays the Word Sketch summary for the lemma *man* in the MMH Corpus, focusing on two verbal categories generated by the tool: ‘verbs with *man* as object’ (first column) and ‘verbs with *man* as subject’ (second column). For each verb listed in the columns, the figure reports frequency and score<sup>3</sup>, respectively.

verbs with "man" as object				verbs with "man" as subject			
1	<b>be</b>	134	10.8 ...	1	<b>be</b>	318	11.9 ...
2	<b>think</b>	28	10.5 ...	2	<b>do</b>	94	11.3 ...
3	<b>see</b>	20	10.0 ...	3	<b>have</b>	86	11.1 ...
4	<b>expect</b>	14	9.7 ...	4	<b>need</b>	28	9.9 ...
5	<b>allow</b>	13	9.6 ...	5	<b>get</b>	25	9.7 ...
6	<b>teach</b>	11	9.3 ...	6	<b>feel</b>	18	9.3 ...
7	<b>support</b>	10	9.2 ...	7	<b>tend</b>	10	8.5 ...
8	<b>make</b>	12	9.2 ...	8	<b>struggle</b>	10	8.5 ...
9	<b>tell</b>	10	9.1 ...	9	<b>want</b>	9	8.3 ...
10	<b>want</b>	9	9.0 ...	10	<b>talk</b>	9	8.3 ...
11	<b>say</b>	9	8.9 ...	11	<b>make</b>	9	8.3 ...
12	<b>suppose</b>	8	8.9 ...	12	<b>care</b>	9	8.3 ...
13	<b>view</b>	7	8.7 ...	13	<b>suffer</b>	8	8.2 ...
14	<b>cause</b>	6	8.5 ...	14	<b>use</b>	8	8.2 ...
15	<b>help</b>	6	8.4 ...	15	<b>tell</b>	8	8.1 ...

**Fig. 1:** Word Sketch verbal collocations associated with the node *man* in the MMH Corpus (Sketch Engine)

<sup>3</sup> The typicality score (logDice) indicates how strong the collocation is: a higher score reflects a stronger association between the node and its collocate, whereas a lower score suggests that the words in the collocation also frequently combine with many other lexical items (Sketch Engine, <https://www.sketchengine.eu/guide/word-sketch-collocations-and-word-combinations/>. Last visited 31/05/2026).

The verbs in Figure 1 served as the starting point for an examination of collocational patterns, a selection of which is discussed below.

An analysis of concordance lines associated with verbs in the first column, including *be*, *expect*, *teach*, *tell*, and *suppose*, reveals recurring representations of men as recipients of social expectations, discipline, and normative pressure, as illustrated below:

- (1) Being a man and conducting yourself as one is a purpose within itself (S1).<sup>4</sup>
- (2) Men are supposed to be strong (S6).
- (3) Men are taught from an early age that showing their emotions is weak (S5).

These formulations contribute to framing masculinity as something to be learned and enforced, reproducing the hegemonic ideals of control, stoicism, and strength.

When *man* co-occurs with verbs such as *be*, *do*, and *have*, listed in the second column, these frequently appear in prescriptive statements that naturalise norms of conduct and self-control, as in the following excerpts:

- (4) A man doesn't just get over his pain and suffering. He fights it (S5).
- (5) Men don't cry. Men are Strong (S6).

By contrast, verbs including *struggle* and *suffer*, also listed in the second column, foreground men's inner conflict and vulnerability. *Struggle* highlights how men's engagement with mental health is often perceived as a marker of weakness and a source of shame, while *suffer* conveys silent endurance, reinforcing the association between masculinity and emotional repression:

- (6) Men who struggle with mental health are viewed as weak and shamed (S1).
- (7) Men suffer in silence (S2).

Such patterns suggest that men are expected to demonstrate strength and self-control, while their emotional openness remains tightly constrained, particularly in relation to mental health.

---

<sup>4</sup> The labels following the examples - S1, S2, etc. - indicate the subreddit from which the excerpt was drawn, as reported in Table 1.

However, this emphasis on repression coexists with counter-discursive traces, in which the collocations of *men* with less frequent but ideologically significant verbs such as *feel* challenge dominant norms and foreground the legitimacy of emotional expression. These uses are frequently accompanied by modal verbs such as *should*, which both advocate change and acknowledge the persistence of normative pressure:

- (8) I believe that as men we should feel free and comfortable to express our emotions and say we are sad (S5).
- (9) Men should feel more free and encouraged to get therapy (S1).

These excerpts suggest a discursive shift whereby masculinity is no longer defined solely through emotional repression but is also reconfigured around the acknowledgment of vulnerability as a shared dimension of human experience. At the same time, the presence of hedges such as *I believe* underscores the provisional and negotiated nature of these counter-narratives, which remain only partially legitimised.

Following the identification of the collocational patterns of *men* with the verbs reported in Figure 1, an in-depth analysis was conducted to explore how specific verbs – such as *expect* – are used in context. Figure 2 displays concordance lines for the construction “men are expected to,” a recurrent pattern in the MMH Corpus, extracted from the node *men*.

Details	Left context	KWIC	Right context
ⓘ	think men expect women to solve their problems though.	<b>expect</b> most	men to not feel like anybody is going to solve their problems.,3 24;This is why men's mental
ⓘ	issue of mens mental health;1 49;For me it's about male expectations in society.	<b>Men</b>	are <b>expected</b> to be competent, so even if they have unsuccessful one they would have
ⓘ	re about men, and they many times side with women's mental health issues.	<b>So, Men</b>	are <b>expected</b> to "man up" or "deal with it". Women are easily seen as "victims" ,
ⓘ	s>It gets used against them especially later on in arguments or in a courtroom.	<b>Men</b>	are <b>expected</b> to be stoic and like a rock. Definitely better to be quiet. 1 This is 1
ⓘ	› don't want to admit to it. men's mental health is not taken seriously in society because	<b>Men</b>	are <b>expected</b> to struggle while women are expected to be cared for. it's one of a few w
ⓘ	›n't prepared for it/maybe never expected it. i think society sets most of us up to <b>expect</b>	<b>men</b>	to rarely ever be like that and to expect women to rarely ever need to be supportive in ti
ⓘ	›hat were ashamed of it in the past might now be more willing to talk about it; 2.	<b>Men</b>	are usually <b>expected</b> to have money for everything and are expected to know how to s
ⓘ	men, there's still a societal expectation that men are the primary breadwinners.	<b>Men</b>	are <b>expected</b> to be the first to sacrifice their family time in pursuit of economic stability,
ⓘ	onally does the chasing.	<b>Certainly not the case for all, but it is for many.</b>	<b>Men</b> are <b>expected</b> to initiate and many don't enjoy that. Plus there's the fear of reject
ⓘ	›ch other's quirks, were brought up in a world that celebrated female achievement while	<b>men</b>	are still generally <b>expected</b> to succeed when they try, and that also supports the entire
ⓘ	s>In my mind, it is a man's version of the eurocentric beauty model for women.	<b>Men</b>	are <b>expected</b> to be and exist in a certain way within western society. There is s
ⓘ	›.	<b>Men</b>	are <b>expected</b> to handle any problems we have with stoic grace. Complaining or
ⓘ	s>We no longer know where we fit.	<b>Idk man honestly people don't really expect</b>	<b>men</b> to be depressed and it makes us feel alone Men have been beaten to believe that vuln
ⓘ	›>	<b>Men</b>	are <b>expected</b> to just deal with it and keep contributing to society for other's benefit.

Fig. 2: Concordance lines of the collocation *men are expected to*

This pattern appears across a range of posts and frames masculinity as a burdened identity, deeply tied to obligation and societal performance. Rather than reflecting men’s lived

experience, the following statements reproduce a normative script that men are expected to follow:

(10) Men are expected to be stoic and like a rock (S1).

(11) Men are expected to be and exist in a certain way within western society (S6).

These excerpts illustrate how masculinity is framed through a system of expectations that naturalises responsibility and self-control. Although this may suggest that emotional needs are seen as incompatible with prevailing masculine norms, and that help-seeking behaviours are discouraged, an examination of concordance lines of *emotion* also reveals alternative discourses that seek to subvert such affective constraints. Alongside dominant patterns of repression, the following examples challenge the idea that emotional expression undermines masculinity:

(12) Men deserve to feel open to communicating their emotions (S5).

(13) It's completely normal and healthy for men to experience and express emotions, including sadness and depression (S5).

The excerpts point to a gradual shift in the way emotional expression is understood in relation to masculinity, by challenging the traditional view that emotions are inconsistent with being a man and suggesting that emotional openness can coexist with, or even strengthen, male identity. These perspectives reflect an emerging discourse that encourages more emotionally aware and less restrictive models of masculinity.

To conclude this section, Table 3 presents collocates of *emotion* with frequency and score. Such patterns offer insight into how emotionality is discursively constructed within the MMH Corpus.

Collocates of <i>emotion</i>	Occurrence	Score
show	40	11.81
express	16	10.82
human	10	10.42
experience	10	9.88
suppress	5	9.43
bottle	5	9.36
process	5	9.33
sadness	4	9.14
strong	4	8.80
weakness	4	8.39

**Tab. 3:** Collocates of *emotion* in the MMH Corpus

Verbs such as *show* (11.81) and *express* (10.82) foreground a discourse of disclosure that legitimises the articulation of inner states and feelings. At the same time, collocates such as *suppress* (9.43), *bottle* (9.36), and *weakness* (8.39) seem to reflect the lingering presence of cultural scripts that position emotional expression as a threat to masculine strength or autonomy. The co-occurrence of *human* (10.42) and *experience* (9.88) indicates a tendency to universalise emotion, framing it as a shared existential condition rather than a gendered one. Taken together, these collocates construct a discursive field where hegemonic norms of emotional control are neither entirely rejected nor fully preserved, but rather renegotiated.

#### **4. Negotiating masculinity and mental health: insights from Reddit discourses**

The corpus-assisted investigation of digital narratives around male mental health across Reddit communities enabled the identification of recurrent linguistic patterns that were further explored to examine how language is used in the “construction of discourses (or ways of constructing reality)” (Baker 2023, 1).

This section presents five themes, or discourse threads, that emerged from an integrated analysis of the MMH Corpus, combining corpus-assisted methods with qualitative discourse analysis. Through the systematic exploration of collocations and concordance lines using Sketch Engine, recurrent discursive patterns were identified and organised into five discourse threads representing different constructions of male mental health. This qualitative analysis seeks to capture the discursive architecture through which masculinity and mental health are co-constructed, negotiated, and at times rearticulated within digital communities.

##### **4.1 The ‘Man up’ script: masculinity as emotional self-discipline**

A recurrent and ideologically relevant thread emerging from the data reveals the cultural imperative for men to suppress emotional expression. The key phrase ‘man up’ recurs throughout the corpus as a marker of hegemonic ideals and a tool of emotional silencing, as shown in the following excerpts:

- (14) Men don't cry, they tear their shirts open and scream Viking words to find courage. Man up! (S6).
- (15) Man up, pussy (S2).
- (16) You gotta “man up” and deal with it (S1).

Emotional restraint is frequently expressed also through the metaphor of bottling up emotions:

- (17) Men are culturally conditioned to bottle up their emotions in totality (S6).
- (18) I was always taught “real men” keep their issues bottled up & don't worry their wives or family with their problems (S2).

These statements reflect internalised expectations of stoicism and exemplify what Fairclough describes as “naturalized discourse” (1989, 92): “naturalization is the royal road to common sense. Ideologies come to be ideological common sense to the extent that the discourse types which embody them become naturalized.” Within this framework, the repression of emotion is not questioned but rather accepted as an ordinary, even expected, feature of masculine behaviour. Several commenters explicitly link these imperatives to their upbringing, as the following excerpts illustrate:

- (19) I'm 51, we (boys) were taught growing up that part of being a man was to not let our pain, physical or emotional, get in our way or slow us down (S2).
- (20) We are taught from a young age by society and media that it's not “manly” to show emotion, some fathers even stress that point (S6).

This theme foregrounds the gendered dimension of emotional silencing, framing it not only as a learned coping strategy but also as a performance of hegemonic norms and societal expectation, as the following comments exemplify:

- (21) It is the dreadful truth of our societal expectations of men: be stoic, handle the stress, figure it out yourself, don't show emotions, “man up,” etc (S6).
- (22) Men aren't allowed to have feelings. We're here to work, provide, and handle things (that's what the world has conditioned us to do) (S5).
- (23) We're just told by society to man up and bury our feelings (S5).

#### ***4.2 Action-oriented masculinity and mental health: discipline and bodily control***

This second thread draws attention to a model of masculinity in which emotional well-being is articulated through physical discipline, bodily control, and action-oriented practices. Activities

such as martial arts or physical routines are presented as emotionally effective because they conform to culturally approved expressions of masculinity, as the comments below illustrate:

(24) Join a fighting gym (S2).

(25) Just shooting the breeze, letting off steam and even just silently doing an activity is good for our mental health (S2).

The following excerpts construct a binary opposition in relation to men's mental health between physical action, framed as masculine, and emotional disclosure or therapy, coded as feminine, weak, or both:

(26) Getting stuck in the super feminine space that is therapy is not the solution it's made out to be (S2).

(27) Men were considered weak or feminine if they discussed men's mental health (S2).

(28) I do agree that the mental health industry has approached men's health from a mostly female lens and ignore that there are sex differences in processing and working through emotions (S7).

These examples reinforce the idea that mental health and masculine emotion should be managed through physical actions rather than through words or therapy. In this context, bodily activity, "a prime indicator of masculinity" (Connell and Messerschmidt 2005, 851), is perceived by many Redditors in the observed communities as both a form of agency and a strategy of emotional control. Physical activity becomes a culturally legitimate way of addressing emotions, enabling men to acknowledge and manage distress while preserving their gendered identity without undermining their masculine capital (de Visser and McDonnell 2013). This discourse thread thus exemplifies an embodied yet conventional model of mental health engagement, one in which values like control, autonomy, and silent endurance are foregrounded over introspection or vulnerability.

#### ***4.3 Hegemonic masculinity in crisis? Distress, vulnerability, and identity destabilisation***

Across this thematic thread, users seek to deconstruct "hegemonic identity narratives" (Reisigl and Wodak 2016, 25), as their comments articulate a profound tension between the internalised expectations of what it means to be a man and their emotional suffering. One commenter,

hoping that the increased visibility of men's mental health may signal a gradual shift toward different social norms in the future, describes how men are still expected to be:

- (29) What it means to be a man is usually. Get a career. Get married, buy a house. Have two kids (S6).

The comments in this theme reflect how dominant norms continue to frame emotional expression, weakness, and mental health issues as incompatible with dominant ideals of masculinity, thereby reinforcing internalised stigma. This perceived dissonance is often conveyed through words like 'broken,' which may evoke a sense of fragmentation, as illustrated in the following comments:

- (30) There isn't room in society for a broken man, and upset man, a lonely man, a heartbroken man. (S1).

- (31) I was tired of being viewed as a piece of steel that's supposed to be strong and unyielding. In truth, I was strong but I was starting to break (S4).

In these accounts, the sense of rupture arises from no longer being able to inhabit the dominant ideals of strength and self-mastery; as those ideals become untenable, men describe themselves as weakened and exposed, and vulnerability is represented as a behaviour, regulated by social expectations and interpersonal relationships, that is equated with weakness:

- (32) Most people tend to perceive vulnerability in men as weakness (often even the men themselves) (S8).

- (33) We can't talk to our spouses about it, because they will see us as weak and lesser of a man (S2).

- (34) When I ask most men to name a synonym for "vulnerable" the most common answer I get is "weakness" (S7).

Beyond these accounts on vulnerability, other posts also suggest an emergent reflection on masculine identity:

(35) Yeah, it is real fucking exhausting when your life has to be a never ending endurance test (S4).

(36) I've literally lost any sense of self (S2).

(37) I gave up long ago on trying to live up to anyone else's view of what I should be or do because of my sex (S5).

Taken together, these comments prompt reflection on masculine identity, and document instances of disengagement from hegemonic scripts. At the same time, they foreground how conforming to expectations of strength and emotional stoicism undermines men's mental health.

#### **4.4 'Breaking the cycle': between inherited roles and new emotional models**

A fourth discursive thread emerging from the MMH Corpus reveals a condition of liminality and ambivalence: many users recognise the inadequacy of traditional masculine scripts while simultaneously expressing unease regarding the absence of clearly defined alternatives. The tension between social identity and personality (Fairclough 2003,160-1) emerges in posts highlighting how socialisation leads to the internalisation of hegemonic ideals of masculinity:

(38) Men have been socialized to be seen as strong, capable of independence, not having strong emotions, capable of pulling themselves up, "shake it off" type attitude etc (S2).

Several posts articulate a growing awareness of the emotional repression embedded in hegemonic masculinity and reproduced through the process of socialisation of boys and young men. As one user writes:

(39) It's caused by how boys are socialised...don't talk about your feelings, [...] Instead people -- and the men included -- are looking around and going, 'this isn't working...but we don't know how else to be...' (S6).

The sentence 'we don't know how else to be...' not only signals a discursive gap, a shared absence of culturally legitimised models and roles, but also frames this uncertainty as collectively experienced and normalised, thereby constructing alignment and solidarity among participants.

(40) I have two sons. I don't intend to ever tell them 'man up, pussy,' but I'm in no way going to baby them (S2).

This utterance reflects the tension between two scripts: the old one, repressive but perceived as socially internalised, and a new one, more emotionally open but not yet well-defined. As another user reflects:

- (41) In some ways, it is harder to be a man today than it was for our grandparents. They had the role very clearly laid out for them (S6).

Whereas previous generations were bound by clear and rigid norms, contemporary men often face emotional uncertainty, lacking stable reference points or role models:

- (42) Men don't have many good examples or role models of healthy emotional communication from other men (S6).

Without adequate models, many men struggle to redefine their identity in relation to their emotional experience. Detached from hegemonic norms of the past and expressing the need to 'break the cycle,' they still seem to lack the cultural framework that might support emotionally expressive masculinities:

- (43) We (boys) were taught growing up that part of being a man was to not let our pain, physical or emotional, get in our way or slow us down [...] To this day we don't share our feelings or show "weakness." All I can do at this point is try and break the cycle with my own son (S2).

A perspective shared by some commenters is that societal progress depends on each generation learning from the past and gradually transforming inherited behaviours and cultural norms, particularly regarding mental health and gender roles:

- (44) Parents should teach their boys to deal with, express, and feel their emotions in a healthy way instead of bottling everything up (S3).

#### ***4.5 Counter-narratives of men's mental health: empathy and emotional solidarity***

The fifth thread displays several excerpts that suggest the emergence of counter-discourses surrounding the interplay between masculinity and male mental health. The awareness that deeply entrenched constructions of masculinity cannot easily be abandoned – even at the cost of one's own physical and mental health – is manifested across some comments:

(45) Boys don't cry. You bottle up your feelings and die of a heart attack in your 50s (S6).

(46) ... and causes a lot of men to simply bottle up their feeling to the point that they become depressed (S6).

Despite the dominance of traditional masculinity norms, there is growing evidence of narratives that challenge fixed constructions of masculinity, framing it as a historically contingent construct subject to cultural transformation, and seek to destigmatise mental health concerns:

(47) Concepts of masculinity have changed drastically from century to century, it is a societal construct that is created not biological (S6).

(48) Talking about mental health is less stigmatized. Now that people are more aware and open (S6).

These comments suggest a discursive shift. According to several Redditors, masculinity changes and evolves over time. As Connell and Messerschmidt (2005, 852) argue, “masculinities are configurations of practice that are constructed, unfold, and change through time.” This awareness emerges clearly from user comments that frame masculinity as a construct subject to transformation across time and generations.

Several users identify global events such as the COVID-19 pandemic as a turning point:

(49) Men in most cultures are told to be strong and not show any other emotion but strength. As the world went through covid isolation and the associated grief, men had to sit with their thoughts and emotions for the first time (S6).

To this user, the experience of prolonged isolation and collective grief forced an unprecedented confrontation with emotional states that hegemonic norms had taught them to repress or ignore.

The normalisation of emotional expression among men emerges as an ongoing and evolving phenomenon, as attested by multiple commenters. Several users reflect on a cultural shift, albeit gradual, in which men are no longer expected to suppress their emotions. One Redditor comments:

(50) There's a shift that's slowly happening in which it's no longer necessary for men to continue to stuff it all down and pretend it's all fine. They're more supported now when it comes to emotional stuff. Yes, not everyone agrees with this. Yes, some people still

see it as weak if men express emotion. But a lot more people have been trying to normalize it (S6).

This perception of a cultural transition is not merely descriptive but also performative, as many users explicitly encourage others to participate in the process of change:

(51) Stop mocking other dudes for crying at movies, music, or other works of art [...] The conversation can only change if dudes band together to make it change (S2).

Emotional openness is framed as a collective endeavour requiring solidarity among men. This entails a strategic repositioning of vulnerability: not as weakness, but as a legitimate, even necessary, dimension of masculine identity in transformation.

Some commenters appeal to a shared human experience, by framing mental health issues as human rather than gendered, and supporting a discursive shift from gender-specific expectations to shared emotional realities:

(52) Feelings are feelings no matter the sex (S5).

(53) Myself and all the friends I have take everyone's mental health equally seriously regardless of gender (S8).

Several users strongly contest the emotional isolation fostered by traditional perceptions of masculinities, advocating for a redefinition of male identity grounded in empathy and mutual care, as illustrated in the following excerpts:

(54) Lived in a society where men are constantly seen as a commodity (gender roles basically) and given less empathy than women and girls (S4).

(55) One of the consequences of patriarchy for men is that the only appropriate public emotion is anger. Men are raised not to communicate and support each other. Men need kindness, gentleness, and empathy from each other (S6).

Similarly, another contributor reflects on the absence of emotional education among men, emphasising the need for opportunities to build interpersonal connection:

- (56) We need men to have safe spaces where they can form communities dedicated to personal growth and positive community action (S4).

These voices seek to reject the solitary, stoic male archetype in favour of models in which empathy is not only permitted, but essential for healthy male identities, relationships, and psychological well-being.

## 5. Concluding remarks

The analysis of the MMH Corpus reveals a profound interrelation between masculinity and men's mental health, with hegemonic constructs of masculinity frequently depicted as key factors contributing to the deterioration of men's psychological well-being. This dynamic is exemplified by one Redditor stating:

- (57) ... work hard, be nice, be responsible, also charming, smart, funny, strong, good looking and also you need to control your primal instincts like forever. These are the things that the society expects from a "man." And every man failing to meet these achievements feels depressed, naturally (S6).

Rather than functioning as separate spheres, masculinity and mental health are shown to be discursively co-constructed: the former often acts as a structuring force that defines the emotional boundaries available to men and limits their ability to recognise and articulate distress, seek solidarity, and access mental health care. Redditors' discourse highlights that these gendered expectations are not merely abstract ideals but are embedded in everyday behaviours and practices – associated with men and defined in opposition to femininity (Whitehead and Barrett 2001) - that shape how men experience, interpret, and respond to mental health challenges.

Specific mental health-related behaviours serve as practices through which men perform masculinity, and function as strategies that uphold "strongly held cultural beliefs that men are more powerful and less vulnerable than women [...]; that asking for help and caring for one's health are feminine" (Courtenay 2000, 1389). In the context of mental health, these norms operate as powerful discursive constraints that shape how men perceive themselves and manage psychological distress. Within this framework, seeking psychological help may be perceived as incompatible with masculine ideology and norms (Addis and Mahalik 2003), particularly in cultural contexts where hegemonic norms remain deeply rooted, as "rejecting what is

constructed as feminine is essential for demonstrating hegemonic masculinity in a sexist and gender-dichotomous society” (Courtenay 2000, 1389).

Alongside these normative patterns, counter-discourses that attempt to modernise masculinity seem to emerge, aligning its ideals with a more psychologically sustainable and inclusive perspective: emotional expression is not framed as a threat to masculinity, but as integral – and even necessary – to its transformation. The discursive reconfiguration of vulnerability from a marker of weakness to a legitimate, and even empowering, form of emotional expression constitutes a powerful example of this broader shift, whereby vulnerability is constructed either as a sign of weakness (58) or as a source of emotional strength and empowerment (59):

(58) Show vulnerability and it's giving people the map to your weaknesses (S4).

(59) Remember that showing emotion is a sign of strength, not weakness (S5).

Men’s mental health, as represented in the corpus, seems to unfold along a continuum: at one end, there is persistent adherence to learned hegemonic ideals of masculinity rooted in control and emotional repression; at the other, an emerging awareness of the need to reshape these norms through empathy, emotional literacy, and relational care. A discursive trend emerges that seeks to reconstruct male mental health through the lens of emotional awareness (Lane and Schwartz 1987) and social interdependence (Johnson and Johnson 2005).

The coexistence of normative, resistant, and transitional discourses surrounding men’s psychological well-being on Reddit reflects the heterogeneity of the male experience and highlights the potential of digital discourse to foster cultural change. Through empathy, emotional expression, and mutual support, representations of male mental health are renegotiated, positioning masculinity not as a fixed identity but as a dynamic and contested space open to redefinition, in line with the view that “identities are shaped by the multiple, personal experiences each individual has in the world” (Balirano 2014, 9).

Building on these insights, future research could broaden the scope of this investigation by exploring how discourses on masculinity and mental health unfold across different digital platforms and communities of practice. Additionally, research on digital narratives surrounding mental health could address the intersection of gender with other identity dimensions such as age, culture, ethnicity, or sexual orientation. Such an approach may offer a deeper understanding of how masculinities are shaped, negotiated and redefined within online mental health discourse.

## Bionote

Maria De Santo holds a PhD in English Linguistics from the University of Naples L'Orientale, where she is Director of the Digital Learning Section of the Langue Centre. She is a member of the Editorial Board of ALLiED – Journal of Applied Linguistics and Languages in Educational Digital Settings. She has published on technology and autonomy in language learning and on the integration of corpus-based research with ELT and online testing. Her research interests lie at the intersection of Corpus Linguistics, (Critical) Discourse Analysis, and Social Media Critical Discourse Studies (SM-CDS). Her work focuses on masculinity, identity, and mental health in the digital age, as well as on the discursive constructions of hate speech and mental health on social media.

## Works cited

- Addis, Michael and James R. Mahalik. "Men, Masculinity, and the Contexts of Help Seeking." *The American Psychologist* 58.1 (2003): 5-14.
- Adolphs, Svenja, et al. "Applying Corpus Linguistics in a Health Care Context." *Journal of Applied Linguistics* 1.1 (2004): 9-28.
- American Psychological Association. *APA Dictionary of Psychology*. 2018a. <https://dictionary.apa.org>. Last visited on 28/09/2025.
- American Psychological Association. "APA Guidelines for Psychological Practice with Boys and Men." 2018b. <https://www.apa.org/about/policy/boys-men-practice-guidelines.pdf>. Last visited 28/09/2025.
- Baker, Paul. *Using Corpora in Discourse Analysis*. London: Continuum, 2023.
- Baker, Paul and Luke Collins. "'I Am a Man but I Can Cry Right Now': Representations of Masculinity in An Anxiety Support Forum." *Masculinities and Discourses of Men's Health*. Edited by Gavin Brookes and Małgorzata Chałupnik. Cham: Palgrave Macmillan, 2023. 25-47.
- Baker, Paul, Gavin Brookes and Craig Evans. *The Language of Patient Feedback: A Corpus Linguistic Study of Online Health Communication*. London: Routledge, 2019.
- Baker, Paul, et al. "A Useful Methodological Synergy? Combining Critical Discourse Analysis and Corpus Linguistics to Examine Discourses of Refugees and Asylum Seekers in the UK Press." *Discourse & Society* 19.3 (2008): 273-306.
- Balirano, Giuseppe. *Masculinity and Representation: A Multimodal Critical Discourse Approach to Male Identity Constructions*. Napoli: Loffredo, 2014.

- Balirano, Giuseppe and Rodrigo Borba, edited by. "Re-Defining Gender, Sexuality, and Discourse in the Global Rise of Right-Wing Extremism." *Anglistica AION: An Interdisciplinary Journal* 24.1 (2020).
- Berry, Natalie et al. "#WhyWeTweetMH: Understanding Why People Use Twitter to Discuss Mental Health Problems." *Journal of Medical Internet Research* 19.4 (2017): e107.
- Brezina, Vaclav. *Statistics in Corpus Linguistics: A Practical Guide*. Cambridge: Cambridge UP, 2018.
- Brezina, Vaclav and Dana Gablasova. "The Corpus Method." *English Language: Description, Variation and Context*. Edited by Jonathan Culpeper, et al. London: Palgrave Macmillan, 2018. 595-619.
- Brookes, Gavin and Luke Collins. *Corpus Linguistics for Health Communication: A Guide for Research*. Abingdon: Routledge, 2024.
- Brookes, Gavin, Sarah Atkins and Kevin Harvey. "Corpus Linguistics and Health Communication: Using Corpora to Examine the Representation of Health and Illness." *The Routledge Handbook of Corpus Linguistics*. Edited by Anne O'Keeffe and Michael J. McCarthy. London: Routledge, 2022. 615-628.
- Brown, Danielle, et al. "Reddit's Veil of Anonymity: Predictors of Engagement and Participation in Media Environments with Hostile Reputations." *Social Media + Society*. 4.4 (2018): 1-9.
- Bucci, Sandra, Matthias Schwannauer and Natalie Berry. "The Digital Revolution and Its Impact on Mental Health Care." *Psychology and Psychotherapy: Theory, Research Practice* 92 (2019): 277-297.
- Cheng, Warren. "Could Social Media Be a Means to Combat Mental Health Stigma?" *International Journal of Information Systems and Social Change* 15 (2024): 1-15.
- Christiansen, Alex, et al. "Multimodal Analysis of Stories Told by Mental Health Influencers on TikTok." *Health Expectations* 28.3 (2025): e70226.
- Collins, Luke and Paul Baker. *Language Discourse and Anxiety*. Cambridge: Cambridge University Press, 2023.
- Connell, Raewyn W. and James W. Messerschmidt. "Hegemonic Masculinity: Rethinking the Concept." *Gender & Society* 19.6 (2005): 829-859.
- Courtenay Will H. "Constructions of Masculinity and Their Influence on Men's Well-Being: A Theory of Gender and Health." *Social Science & Medicine* 50.10 (2000): 1385-1401.
- De Santo, Maria "Digital Narratives of Mental Health: Investigating Medical Communication on TikTok." *Textus, English Studies in Italy* 3 (2024): 97-120.
- de Visser, Richard O. and Elisabeth J. McDonnell. "'Man Points': Masculine Capital and Young Men's Health." *Health Psychology* 32.1 (2013): 5-14.

- Eckert, Penelope. "Communities of Practice." *Encyclopedia of Language and Linguistics*. Edited by Keith Brown. Amsterdam: Elsevier, 2006. 683-685.
- Fairclough, Norman. *Analysing Discourse: Textual Analysis for Social Research*. London: Routledge, 2003.
- . *Critical Discourse Analysis: The Critical Study of Language*. London: Longman, 1995.
- . *Language and Power*. London: Routledge, 1989.
- Fairclough, Norman and Ruth Wodak. "Critical Discourse Analysis." *Discourse Studies: A Multidisciplinary Introduction*. Edited by Teun A. van Dijk. London: Sage, 1997. 258-284.
- Ferguson, Christopher J. "The American Psychological Association's Practice Guidelines for Men and Boys: Are They Hurting rather than Helping Male Mental Wellness?" *New Ideas in Psychology* 68 (2023): 100984.
- Galderisi, Silvana. "The Need for a Consensual Definition of Mental Health." *World Psychiatry* 23.1 (2024): 52-53.
- Gough, Brendan and Irina Novikova. *Mental Health, Men and Culture: How Do Sociocultural Constructions of Masculinities Relate to Men's Mental Health Help-Seeking Behaviour in the WHO European Region?* Technical Report. World Health Organization, 2020.
- Harvey, Kevin. "Disclosures of Depression: Using Corpus Linguistics Methods to Interrogate Young People's Online Health Concerns." *International Journal of Corpus Linguistics* 17.3 (2012): 349-379.
- Horwitz, Allan V. "An Overview of Sociological Perspectives on the Definitions, Causes, and Responses to Mental Health and Illness." *A Handbook for the Study of Mental Health: Social Contexts, Theories, and Systems*. Edited by Teresa L. Scheid and Tony N. Brown. Cambridge: Cambridge University Press, 2009. 6-19.
- Hunt, Daniel and Gavin Brookes. *Corpus, Discourse and Mental Health*. London: Bloomsbury, 2020.
- Johnson, David W. and Roger T. Johnson. "New Developments in Social Interdependence Theory." *Genetic, Social, and General Psychology Monographs* 131.4 (2005): 285-358.
- Jorm, Anthony F. "Mental Health Literacy: Public Knowledge and Beliefs About Mental Disorders." *British Journal of Psychiatry* 177 (2000): 396-401.
- KhosraviNik, Majid. "Social Media Critical Discourse Studies (SM-CDS)." *Routledge Handbook of Critical Discourse Studies*. Edited by John Flowerdew and John Richardson. London: Routledge, 2017. 582-596.
- Kilgarriff, Adam. "Simple Maths for Keywords." *Proceedings of Corpus Linguistics Conference CL2009*. Edited by Michaela Mahlberg, Viviana González-Díaz and Catherine Smith. Liverpool: University of Liverpool, 2009.

- Kilgarriff, Adam, et al. "The Sketch Engine." Proceedings of the Eleventh EURALEX International Congress. Edited by Geoffrey Williams and Sandra Vessier. Lorient: Université de Bretagne-Sud, 2004. 105-116.
- Kilgarriff, Adam, et al. "The Sketch Engine: Ten Years on." *Lexicography* 1.1 (2014): 7-36.
- Lane, Richard D. and Gary E. Schwartz. "Levels of Emotional Awareness: A Cognitive-Developmental Theory and its Application to Psychopathology." *The American Journal of Psychiatry* 144.2 (1987): 133-143.
- Levant, Ronald F., et al. "Rebuttal to Christopher J. Ferguson's Critique of the American Psychological Association's Practice Guidelines for Boys and Men." *New Ideas in Psychology* 69 (2023): 101012.
- McGlashan, Mark. "(Mental) Health in the Manosphere." *Masculinities and Discourses of Men's Health*. Edited by Gavin Brookes and Małgorzata Chałupnik. Cham: Palgrave Macmillan, 2023. 189-218.
- Medvedev, Alexey N., Renaud Lambiotte and Jean-Charles Delvenne. "The Anatomy of Reddit: An Overview of Academic Research." *Dynamics on and of Complex Networks III. DOOCN 2017*. Edited by Fakhteh Ghanbarnejad, et al. Cham: Springer, 2019. 183-204.
- Naslund, John A., et al. "Social Media and Mental Health: Benefits, Risks, and Opportunities for Research and Practice." *Journal of Technology in Behavioral Science* 5 (2020): 245-257.
- Reisigl, Martin and Ruth Wodak. "The Discourse-Historical Approach." *Methods of Discourse Studies*. Edited by Ruth Wodak and Michael Meyer. London: SAGE, 2016. 23-61.
- Whitehead, Stephen M. and Frank J. Barrett. "The Sociology of Masculinity." *The Masculinities Reader*. Edited by Stephen M. Whitehead and Frank J. Barrett. Cambridge: Polity Press, 2001. 1-26.
- Wodak, Ruth and Michael Meyer. *Methods of Critical Discourse Studies*. London: SAGE, 2016.
- World Health Organization. *Gender and Mental Health*. Geneva: World Health Organization, 2002. <https://iris.who.int/handle/10665/68884>. Last visited 28/09/2025.
- . *World Mental Health Report: Transforming Mental Health for All*. Geneva: World Health Organization, 2022. <https://www.who.int/publications/i/item/9789240049338>. Last visited 28/09/2025.