PERSPECTIVES: TIM TWINING

I am thankful to have the opportunity to write a short piece focused on men's mental health for the Open Dialogue Centre Newsletter. I am no expert on Open Dialogue so I don't write the following lines with any sort of academic or positional authority. Instead, I hope sharing a little of my personal experience may aid the conversation around issues and opportunities within men's mental health more broadly.

Looking back at life with the benefit of hindsight it really amazes me how diverse the relationships and influences that shaped me were. My identity and self-narrative a kind of a blurry fusion of them all. With each new relationship and experience (getting married, becoming a father, family mental health issues, financial pressure, conflict etc) adding layers to how I viewed myself and the world. Each new experience was also associated with new resources, strengths, knowledge, and sometimes hardship, that could be utilised and shared with others along the way.

Within more traditional masculine environments like sport and male friendship groups, I learnt to value and find in myself discipline, respect, perseverance, assertiveness, problem solving and teamwork among other things. I also learnt that vulnerability was not to be accepted and was a sign of weakness and failure. This seemed like a kind of masculinity package deal. You have to take it all as it is, no questions asked. Hey, it worked for so many years so who was I to argue?

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When I first experienced real sustained sadness and burnout my first instinct was to ignore and push through as though following a well-rehearsed internalised script around dealing with hardship as a man. When that didn't work, avoidance and emotional detachment became the go to methods – better than openly acknowledging vulnerability right? That worked well for survival purposes but really took me away from any kind of connection to meaning, purpose and clarity in life.

Failure to accept the brewing crisis left stress and sadness trapped in my body and social connection waning. There was so much pushed down in my body that had not yet had the opportunity to be put into words that I was becoming physically unwell. The necessity for change in the face of crisis became something I could no longer ignore.

The path to change for me was cumulative and progressive, drawing on all of my internal and external resources and strengths. I did seek out counselling on my terms which really helped bring new perspective and language to my embodied experience. Though I have to say open and supportive conversation with my father about how he worked through similar experiences, prioritising physical activity and

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getting into a "dad band" were probably of more importance to opening room for alternative takes on masculine identity and a bit of self-directed kindness than anything I got in the therapy room.

In some ways you could argue that I am a "typical man" and my experience a "typical reflection" of the problem with men's response to hardship and distress. Reluctance to show vulnerability or reach out for help leading to potentially harmful outcomes. However, I believe trying to reduce my experience, or that of another man's, exclusively to a socially constructed gender identity is the same as trying to reduce somebody down to a DSM or ICD diagnosis. What about the other stuff? The stuff that worked from the masculine tool kit? The other aspects of my life, resources, strengths, meaning making etc? Unless the whole person in context can be included into a unique conversational space with men seeking help is there any wonder that we don't always create services that men want to be a part of?

I don't write these words from a lived and living experience perspective in the sense that it is used in the current mental health discourse. Indeed, from an intersectional lens, I can see that I have been very fortunate in life to be on the right side of many social determinants of health and wellbeing that have supported a favourable path forward. Instead, I aim to bring my experiences, personal and professional, into a human-to-human interaction with men and their networks in order to share perspectives and possibly move forward. Skills and processes from psychotherapy traditions can be added as resources but only when paired to the distinct perspective, preferences and direction of the people getting support. It is my belief that if we can set up more spaces and services in this way we can not only improve how effective they are but also optimise the individual, family and community resources to respond to current and future distress as opposed to becoming increasingly reliant on our overburdened health system

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